

# Hosted Bodies Audit & Risk Committee

Wed 16 August 2023, 09:00 - 10:00

Virtually via Microsoft Teams

## Agenda

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### 09:00 - 09:05 1. PRELIMINARY MATTERS 5 min

#### 1.1. Welcome & Introductions

Information Patsy Roseblade, Committee Chair

#### 1.2. Apologies for Absence

Information Patsy Roseblade, Committee Chair

#### 1.3. Declarations of Interest

Information Patsy Roseblade, Committee Chair

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### 09:05 - 09:10 2. CONSENT AGENDA FOR APPROVAL 5 min

#### 2.1. Unconfirmed Minutes of the meeting held on 21 June 2023

Decision Patsy Roseblade, Committee Chair

 2.1 Minutes Hosted Bodies Audit Risk Committee ARC 21 June 2023 16 August 2023.pdf (6 pages)

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### 09:10 - 09:15 3. MAIN AGENDA 5 min

#### 3.1. Action Log

Discussion Jacqueline Evans, Committee Secretary and Associate Director of Corporate Services

 3.1 Hosted Bodies Audit & Risk Committee Action Log ARC 16 August 2023.pdf (2 pages)

#### 3.2. Matters Arising not contained within the Action log

Discussion Patsy Roseblade, Committee Chair


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### 09:15 - 09:50 4. IMPROVING CARE 35 min

#### 4.1. EASC Update (to include an update on Non Emergency Patient Transport Services and the Integrated Commissioning Action Plan )

Discussion Stephen Harray, Chief Ambulance Services Commissioner

 4.1.1 EASC Risk register EASC July 2023\_ARC16\_Aug2023.pdf (3 pages)

 4.1.2 EASC Assurance Framework\_EASC\_18\_Jul\_2023\_ARC16Aug2023.pdf (26 pages)

 4.1 EASC Report to ARC 16 Aug 2023.pdf (15 pages)

- 📄 4.1.3 ASI Public Narrative\_EASC\_18\_Jul\_2023\_ARC16Aug2023.pdf (13 pages)
- 📄 4.1.5 EASC Action Plan June 2023\_EASC\_18\_Jul\_2023\_ARC16Aug2023.pdf (8 pages)
- 📄 4.1.6 NEPTS - Long Term Strategy\_EASC\_18\_July\_2023\_ARC16Aug2023.pdf (5 pages)
- 📄 4.1.4 Performance Dashboard\_EASC\_18\_Jul\_2023\_ARC16Aug2023.pdf (23 pages)
- 📄 4.1.7 EASC IMTP Tracker EASC 18\_Jul2023\_ARC16Aug2023.pdf (13 pages)
- 📄 4.1.8 Host Org Letter Duty of CandourQuality signed EASC to CTM 14 June 2023\_EASC 18Jul\_2023\_ARC16Aug2023.pdf (2 pages)

## 4.2. WHSSC Corporate Risk Assurance Framework and Risk Register

*Discussion*                      *Jacqueline Evans, Committee Secretary and Associate Director of Corporate Services*

- 📄 4.2c Appendix 2 - Summary of Risk Activity from December 2022 - June 2023 ARC 16 August 2023.pdf (7 pages)
- 📄 4.2a WHSSC CRAF Cover Report - ARC August 16 August 2023.pdf (8 pages)
- 📄 4.3a WHSSC Audit Tracker Report ARC 16 August 2023.pdf (8 pages)
- 📄 4.3b Audit Recommendations Progress Tracker 2023 for August ARC 16 August 2023.pdf (2 pages)
- 📄 4.2b Appendix 1 - CRAF June 2023 ARC 16 August 2023.pdf (26 pages)

## 4.3. WHSSC Audit Recommendations Tracker

*Discussion*                      *WHSSC Director of Finance*

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## 09:50 - 09:55 5. ANY OTHER BUSINESS

5 min

*Discussion*                      *Patsy Roseblade, Committee Chair*

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## 09:55 - 10:00 6. DATE AND TIME OF NEXT MEETING WEDNESDAY 18 OCTOBER AT 9:00AM

5 min

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)  
Hosted Bodies Audit & Risk Committee held on the 21 June 2023 as a  
Virtual Meeting via Microsoft Teams**

**Members Present:**

Patsy Roseblade	Independent Member (Chair)
Jayne Sadgrove	Health Board Vice Chair
Carolyn Donoghue	Independent Member
Ian Wells	Independent Member

**In Attendance:**

Paul Dalton	NWSSP – Internal Audit & Assurance
Emma Samways	NWSSP – Internal Audit & Assurance
Sara Utlej	Audit Wales
Mark Jones	Audit Wales
Jacqui Evans	Committee Secretary/Associate Director of Corporate Services (WHSSC)
Stuart Davies	Director of Finance (WHSSC)
Steve Spill	Independent Member (WHSSC)
Stephen Harray	Chief Ambulance Services Commissioner (EASC)
Sally May	Director of Finance CTMUHB
Owen James	Head of Corporate Finance
Cally Hamblyn	Assistant Director of Governance & Risk
Emma Walters	Corporate Governance Manager (Secretariat)

**Agenda  
Item**

**1.0.0 PRELIMINARY MATTERS**

**1.1 Welcome & Introductions**

The Chair welcomed everyone to the meeting.

The format of the proceedings in its virtual form were noted. Members also **noted** that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members **noted** that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.

**1.2 Apologies for Absence**

Apologies for absence have been received from Gwenan Roberts, Committee Secretary EASC / Deputy Director Corporate NCCU

### **1.3 Declarations of Interest**

There were no additional declarations of interest to those declared previously.

### **2.0.0 CONSENT AGENDA – FOR APPROVAL**

#### **2.1 Unconfirmed Minutes of the Meeting held on the 19 April 2023**

Resolution: The minutes were **APPROVED** as a true and accurate record

### **3.0.0 MAIN AGENDA**

#### **3.1 Audit & Risk Committee Hosted Bodies Action Log**

J Evans presented Members with the action log.

The Committee Chair made reference to the update provided in relation to Action Log Reference 4.2 which stated that the risks were amended to reflect that the consequences had not changed and reported to EASC, which did not make sense and asked for a review to be undertaken of the update provided if the action was going to remain on the action log. S Harry agreed to review the wording provided.

In response to a query raised by C Donoghue, J Evans confirmed that acronym CDGB stood for Corporate Directors Group Board.

Resolution: The Action Log was **NOTED**.

Action: Review to be undertaken of the wording provided in relation Action Log reference 4.2 as it does not read correctly.

#### **3.2 Matters Arising not considered within the minutes or the Action Log**

There were no matters arising identified.

### **4.0.0 IMPROVING CARE**

#### **4.1 WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register**

J Evans presented Members with the report and highlighted the key matters for the attention of Committee members.

I Wells expressed concern in relation to the two new risks that had been added to the risks register, risks 47 and 48. In relation to Risk 47, which appeared to affect the entire population of Wales, I Wells sought clarity as to what mitigations had been put in place regarding this risk. S Davies advised that whilst the service had identified problems with long term sustainability, there

was nothing to suggest there were any short term risks that would cause an immediate collapse in the service. Members noted that whilst it was the ambition of WHSSC to maintain and expand the service at Cardiff & Vale UHB, at present this service was not within the list of current priorities for the Health Board.

In relation to Risk 48, I Wells advised that further detail was required in relation to the seven major concerns and the timescales to address this. A discussion was held as to whether the information in relation to this risk was publicly available and J Evans agreed to enquire as to whether this information could be shared publicly as it related to Swansea Bay UHB.

I Wells made reference to Risk 29 which related to Individual Patient Funding Requests (IPFR) and sought clarity as to whether the meeting being held with Joint Committee on 18 July 2023 would finally resolve the issue. J Evans advised that progress was being made in this area and advised that the Terms of Reference for the IPFR panel were agreed in March 2023 by the Joint Committee. Members noted that a review of the All Wales IPFR Policy had been undertaken, with an extensive engagement exercise undertaken during December 2022 and January 2023, with feedback received from all seven Health Board's. Members noted that the Policy would be presented to the Joint Committee in July 2023 for endorsement and would then be presented to Health Board's for formal approval. J Evans added that it was anticipated this policy would be operational from September 2023 and would greatly assist with ensuring quoracy at future panels. Members noted that a report was also being presented to the Joint Committee in relation to the recruitment of a substantive Chair of the IPFR Panel.

In response to a question raised by the Committee Chair as to whether the recruitment of the Chair would be concluded in time for the departure of J Hehir, the current Interim Chair of the IPFR panel, who leaves the Health Board in September 2023, J Evans confirmed that WHSSC were aware of J Hehir's term of office coming to an end in September and advised that the recruitment process should be completed by September.

In response to a question raised by the Committee Chair as to where WHSSC generally ended the year in relation to its financial position and whether there would be a likely need for additional funding at year end, S Davies advised that WHSSC had previously ended the year at either a break even position or with a significant underspend. S Davies added that he believed at this present time there was no major risk of an overspend for 2022/2023 resulting in WHSSC requiring additional resources this year. Members noted that WHSSC had also received assurances from Welsh Government that they would fund the inflationary risks identified earlier in the year from NHS England and would also fund any excess pay award sitting within NHS England.

S Spill advised that a discussion had been held at the WHSSC Integrated Governance Committee in relation to the deficit being forecasted by Health Board's in Wales which now stood at 800m, which would not be funded by

Welsh Government and the realisation that Health Board's may run out of cash by January which would impact on their ability to pay bills. In response to this, S May advised that the submission of plans to Welsh Government as at the 31 May 2023 indicated an overall deficit of £648m, with the forecast for Month 2 being consistent with this figure. S May advised that if you were to straight line the performance as at Month 2 this would result in an overall deficit of £840m. Members noted that no Health Board's had submitted plans which had indicated a likely overall outturn of £840m. S May advised that Cwm Taf Morgannwg were forecasting a deficit of £79.6m. Members noted that Welsh Government would not be able to cover this level of deficit and at this point it was likely that Health Board's would find themselves in cash management territory in the latter part of the year and work would need to be undertaken with partners, including WHSSC as to how this could be managed.

Resolution: The report was **NOTED**.

Action: In relation to Risk 48, further detail was requested in relation to the seven major concerns and the timescales to address this. J Evans agreed to enquire as to whether this information could be shared publicly as it related to Swansea Bay UHB.

#### 4.2 **WHSSC Audit Recommendations Tracker**

S Davies presented Members with the report.

In response to a comment made by the Committee Chair in relation to the planned recruitment of the Public Health Associate Medical Director being on hold pending the proposed government announcement of the future of commissioning bodies, S Davies advised that the Ministers conclusion on this was still awaited and added that final scope of the organisation would inform the mix of the senior staff required. Members noted that the Minister hoped to make a recommendation prior to the summer recess and noted that this would be at the Ministers discretion.

Resolution: The report was **NOTED**.

#### 4.3 **Emergency Ambulance Services Committee (EASC) Update**

S Harrhy presented Members with the report and highlighted the key matters for the attention of the Committee. S Harrhy recognised and acknowledged the efforts being made by Cwm Taf Morgannwg Health Board in relation to the work being undertaken to address ambulance handover delays which was also being recognised nationally.

S Harrhy provided Members with an update in relation to the work being undertaken regarding the Emergency Medical Retrieval Service (EMRTS) and advised that an options appraisal had been developed and a public engagement exercise was being undertaken in relation to the future service model.

Members noted that an update would be presented to the EASC Joint Committee in July and it was hoped that a recommendation would be made in the Autumn of this year.

C Donoghue highlighted an error contained on page 4 of the report and advised that instead of the sentence stating that in apologising to EASC the following actions have been taken, this should read in apologising to the Welsh Language Commissioner the following actions have been taken.

C Donoghue expressed concern that despite the number of action plans in place in relation to ambulance handover performance, there does not appear to be any sustained improvement and sought clarity whether S Harrhy was confident that sustained performance would continue with an expected improvement in the position. S Harrhy confirmed that he fully suspected an improvement in the position and added that at the next meeting a more positive picture would be reported with an improving trend being seen.

I Wells advised that he was assured by the update that had been provided by S Harrhy in relation to the improvement trajectory. I Wells made reference to the number of risks that had been given a risk score of 25 and sought clarity as to when these risks scores would likely see a reduction. S Harry advised that in relation to capacity issues, a number of Demand & Capacity reviews were being undertaken within WAST at present, with the number of red calls impacting on the capacity position. Members noted that a Red Call improvement plan was now in place. S Harrhy advised that he would be happy to provide an update on progress at a future meeting and added that he would be looking to undertake a risk assessment at the end of the third quarter to see what impact the plans that had been put in place had affected the risk scoring position.

The Committee Chair commented that there were a number of risks on the register, from risk 4506, which had a review date of April 2023 which needed to be reviewed. S Harrhy advised that this was an alignment of reporting issues and would be addressed in time for the next meeting.

The Committee Chair made reference to the assurance framework and advised that section one, risk number three includes multiple and very different issues and queried how the risk score allocated related to each individual aspect of the risk. S Harrhy agreed to undertake a review of this risk outside the meeting and added that he would provide clarity in the next report to the Committee.

Resolution: The report was **NOTED**

Action: Review to be undertaken of risk three, contained within section one of the assurance framework to determine how the risk score allocated related to each individual aspect of the risk

**5.0.0 ANY OTHER BUSINESS**

C Donoghue advised Members that she had recently been appointed as an Independent Member of the WHSSC Joint Committee which was effective from 1 July 2023 which meant that she would no longer be attending future meetings of the Audit & Risk Committee as this would be classed as a conflict of interest with her role as Independent Member within Cwm Taf Morgannwg Health Board.

The Committee Chair extended her thanks to C Donoghue for the contribution she had made during her time as Member of the Audit & Risk Committee.

**6.0.0 DATE AND TIME OF NEXT MEETING**

The next meeting would take place at 9:00am on Wednesday 16 August 2023.

**7.0.0 CLOSE**

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG  
FOLLOWING MEETINGS HELD ON 21 JUNE 2023**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT August 2023
4.1	19/04/2023	National Imaging Academy for Wales (NIAW) Risk Register	Risk 4689 to be re phrased for the next report as it implied that HEIW were not giving NIAW the numbers of trainees required  Glossary of terms to be included in the next iteration of the report  Make-up of the risk to be included in the next iteration of the report, for example, the consequence times the probability of the risk/impact of the risk.	October 2023	NIAW Academy Manager	<b>In progress</b> This will be updated for the October 2023 meeting
4.3	19/04/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Reference to be made within future reports as to the rationale behind the capacity within Wales in relation to Mental Health beds.	June 2023 Now August 2023  Now September 2023	WHSSC Director of Finance	<b>In Progress</b> The demand and capacity report has been further delayed and we are anticipating receipt of the final report in late September. The delays have been attributed to difficulties in obtaining the data from HBs, however all data has now been received and we do not anticipate any further delays at this stage.
4.3	19/04/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Explanation to be included in future reports as to why the consequence and impact of risks had changed.	June 2023 Now December 2023	WHSSC Committee Secretary	<b>In progress</b> This remains a work in progress. Training will be offered to staff to coincide with a revised Risk Management Strategy when this work is completed. Due to competing work pressures this work is currently delayed and will be taken forward during Quarter 3/4.
4.1	21/06/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	In relation to Risk 48, further detail was requested in relation to the seven major concerns and the timescales to address this. A discussion was held as to whether the information in relation to this risk was publicly available and J Evans agreed to enquire as to whether this information could be shared publicly as it related to Swansea Bay UHB.	August 2023 Now October 2023	WHSSC Committee Secretary	<b>In progress</b> The WFI risk was reported at the SBUHB QPSC Committee and detailed in their External Inspections Report and details around the areas of non-compliance were reported to the QPS Committee <a href="https://sbuhb.nhs.wales/about-us/key-documents-folder/quality-and-safety-committee-papers/quality-and-safety-committee-may-2023/4-3-external-inspections-report-pdf/">sbuhb.nhs.wales/about-us/key-documents-folder/quality-and-safety-committee-papers/quality-and-safety-committee-may-2023/4-3-external-inspections-report-pdf/</a>  The service has been escalated to level 3 in line with the WHSSC Escalation framework, in line with the framework an action plan has been requested with

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT August 2023
						measurable milestones, an update on escalation is being prepared through the escalation trajectory for discussion at the August WHSSC QPS meeting. Due to the timing of reporting this comprehensive update will not appear in the June 2023 CRAF which will be received at the August ARC meeting. It will be reported in the July 2023 CRAF that will be discussed at the August WHSSC IGC and QPSC meetings.
4.3	21/06/2023	Emergency Ambulance Services Committee (EASC) Update	Review to be undertaken of risk three, contained within section one of the assurance framework to determine how the risk score allocated related to each individual aspect of the risk	August 2023	Chief Ambulance Services Commissioner	<p><b>In progress</b></p> <p>Risk no 3/4503 - Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers</p> <ol style="list-style-type: none"> <li>1. Meeting the requirements of the EASC Regulations 2014 'provide that the seven Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions, Local Health Boards will establish the joint committee'.</li> <li>2. The commissioning approach is one of 'collaboration' and 'jointly exercising' the functions; also, in line with the CAREMORE methodology adopted by the Committee in 2016 for the quality and delivery frameworks in operation.</li> </ol>
<b>COMPLETED ACTIONS</b>						
4.2	19/04/2023	EASC Update	Integrated Commissioning Action Plan to be included in future reports.	June 2023 Now August 2023	Chief Ambulance Services Commissioner	<b>Completed</b> Updated within the EASC report on the agenda for the August 2023 meeting
4.2	19/04/2023	EASC Update	Explanation to be provided in future reports as to why the consequences of risks 4506 and 4507 had changed. Review to be undertaken of the wording of risks 5370 and 4507 to determine whether they were the same risk.	June 2023 Now August 2023	Assistant Director of Corporate Services (EASC)	<b>Completed</b> Risk Register updated and approved at EASC in July 2023

## EASC RISK REGISTER

Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4260	Chief Ambulance Services Commissioner	Set the Strategic Commissioning direction	Failure to produce agreed Commissioning Frameworks and Commissioning Intentions	<p><b>IF:</b> There is a failure to produce and agree Commissioning Frameworks and commissioning intentions</p> <p><b>Then:</b> The commissioned providers would not be clear regarding expectations for the quality, effectiveness and efficiency of services within an agreed financial plan.</p> <p><b>Resulting in:</b> Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> <li>Ensuring a programme approach to developing commissioning frameworks for delivery with focus on monitoring progress through the EASC Sub Groups</li> <li>Commissioning Intentions collaboratively developed and agreed with quarterly updates to be provided</li> <li>Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans</li> <li>Regular reporting of the Commissioning Update from EASC Sub Groups to the EAS Joint Committee on progress</li> <li>Commitment from the EASC for commissioning cycles</li> <li>EMS Commissioning Framework refreshed</li> <li>Local integrated commissioning action plans developed by HBs and WAST, process supported by EASC Team</li> </ul>	EASC Commissioning Cycle in place to set out the process and timeline for the development of Commissioning Intentions and Commissioning Frameworks; Commissioning Intentions agreed for EMS, NEPTS and EMRTS monitored at each EASC Management Group (bi-monthly) meeting and with quarterly updates to EASC; Commissioning Frameworks enacted for all commissioned services, Refreshed Emergency Ambulance Services Commissioning Framework agreed at September EASC meeting	<ul style="list-style-type: none"> <li>EASC Commissioning Cycle</li> <li>EASC Commissioning Intentions</li> <li>Commissioning Frameworks – reported to EASC every meeting (quarterly information)</li> <li>Minutes of EASC Sub Group meetings monitoring progress against plans</li> <li>Quarterly updates against EASC IMTP and Commissioning Intentions and EASC IMTP tracker</li> </ul>	4x1 = 4	CXL 4x1=4	↔	01/08/2020	Reviewed July 2023 Next review January 2024  To remain on risk register
4502	Chief Ambulance Services Commissioner	Meet the Ministerial direction to produce an EASC IMTP	Failure to develop an agreed EASC IMTP for endorsement by the Joint Committee seeking approval from the Welsh Government	<p><b>IF:</b> There is no agreement for the EASC IMTP</p> <p><b>Then:</b> The Commissioning Frameworks and Commissioning Intentions would not be supported</p> <p><b>Resulting in:</b> Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> <li>CASC Quality and Delivery meeting held monthly to discuss quality and performance matters</li> <li>Detailed work to deliver EASC IMTP overseen by EASC Management Group</li> <li>EASC IMTP (2022 to 2025) approved by EASC (March 2022)</li> <li>EASC IMTP Quarterly update reports via EASC Commissioning Update reports to EASC</li> <li>CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly</li> <li>CASC meetings with Welsh Government planning department</li> <li>EASC IMTP 2022-25 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year</li> </ul>	EASC IMTP submitted to WG Awaiting response Quarterly updates to be provided IMTP Tracker developed for overall EMS performance ambitions	<ul style="list-style-type: none"> <li>Consistency between EASC IMTP with WAST IMTP and also with Health Boards</li> <li>Awaiting letter of support from the Welsh Government</li> <li>EASC Approval of the plan</li> <li>Quarterly IMTP updates to EASC and its sub groups and EASC IMTP Tracker</li> </ul>	4x1=4	CXL 4x1= 4	↔	01/08/2020	Reviewed July 2023 Next review Jan 2024 (or following response from WG) To remain on Risk Register
4503	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	<p><b>IF:</b> The EASC fail to plan and secure services and maintain effective collaborative relationships with providers</p> <p><b>Then:</b> The purpose and effectiveness of the EAS Joint Committee would not be met</p> <p><b>Resulting in:</b> Potential Ministerial and Welsh Government intervention</p>	<ul style="list-style-type: none"> <li>Agreed collaborative commissioning methodology</li> <li>Review and refine commissioning arrangements and refresh Commissioning Frameworks</li> <li>Effective function of the EASC Joint Committee</li> <li>Independent Chair</li> <li>Effective governance arrangements in place</li> <li>CASC and Welsh Government IQPD meetings (bi-monthly)</li> <li>Minister meets with the Chair and CASC quarterly</li> <li>Meet regularly with providers to ensure continued development of open and transparent relationship</li> <li>Model Standing Orders agreed for EASC</li> <li>July 2021 Special meeting of EASC with Minister and clear expectations received</li> <li>Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost)</li> <li>Committee reviews its effectiveness annually – undertaken in May 2023 – no specific areas of concern identified re commissioning</li> <li>Chair and CASC annual visits with all health boards in Wales planned</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning framework and monitoring at EASC and its sub groups</li> <li>Annual Governance Statement produced</li> <li>Monitoring of EASC IMTP at EASC and sub groups</li> <li>Review and refine governance arrangements</li> <li>Maintaining close working and collaborative relationships during unprecedented system pressures</li> <li>EASC action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans</li> </ul>	<ul style="list-style-type: none"> <li>Internal and external audit</li> <li>Welsh Government</li> <li>EASC Committee members</li> <li>Annual Governance Statement</li> <li>Strategic Commissioning intentions and Commissioning Frameworks</li> <li>Continued engagement with the commissioning process and EASC Governance</li> <li>EASC Action Plan with monthly update</li> <li>Chair's appraisal letter with Minister</li> </ul>	5x3=15	CXL 5x1=5	↔	01/08/2020	Reviewed July 2023 Next review October 2023
4504	Chief Ambulance Services Commissioner	Outcome measurement	Failure to respond to requirements identified within commissioned work related to the ambulance services	<p><b>IF:</b> Work commissioned is failed to be acted upon</p> <p><b>Then:</b> risks and issues identified will not be acted upon and implemented</p> <p><b>Resulting in:</b> a missed opportunity to improve services for patients leading to harm</p>	<ul style="list-style-type: none"> <li>Forward plan (Annual Business Plan) for EASC and all sub groups</li> <li>Development of action plans which are received, endorsed and approved by the EASC for action</li> <li>Action log for EASC and all sub groups</li> <li>Regular review of Ambulance Service Indicators and publication of ASIS</li> <li>Commissioning intentions - including measurement across the system</li> <li>Commissioner request for system wide measures</li> <li>Ongoing refresh of the Commissioning Frameworks</li> </ul>	<ul style="list-style-type: none"> <li>Governance and planning for EASC and all sub groups and supporting meetings</li> <li>Reviews of the commissioning frameworks</li> <li>EASC Action Plan and monthly monitoring return commitment</li> <li>Work with providers and their partners to ensure services are delivered in line with the expectations of the joint Committee</li> </ul>	<ul style="list-style-type: none"> <li>Amber Review</li> <li>ORH Report D&amp;C</li> <li>Emergency Ambulances Framework - updated Sept 2022</li> <li>McClelland Review of Welsh Ambulance Services (2013)</li> <li>Internal and external audit</li> <li>CASC IQPD meetings with Welsh Government</li> <li>Annual Governance Statement</li> <li>New D&amp;C for EMS planned to start</li> <li>D&amp;C for NEPTS services completed</li> </ul>	4x3=12	CXL 4x2 = 8	↔	01/08/2020	Reviewed July 2023 Next review October 2023

## EASC RISK REGISTER







Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4505	Chief Ambulance Services Commissioner	Ministerial direction	Failure to achieve the agreed Chair's objectives with the Minister	<p><b>IF:</b> The agreed Chair's objectives with the Minister are not delivered</p> <p><b>Then:</b> Then the confidence of the Minister will be potentially compromised</p> <p><b>Resulting in:</b> The Minister not being assured that necessary progress has been made in the commissioning of ambulance services and the wider connections to unscheduled care services in Wales</p>	<ul style="list-style-type: none"> <li>Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements</li> <li>Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner support for commissioning</li> <li>EASC Commissioning intentions</li> <li>Refresh Commissioning Frameworks</li> <li>EASC IMTP</li> <li>'Focus on' sessions at EASC to discuss wider system issues</li> <li>Review term of office – 31 October 2023</li> </ul>	<ul style="list-style-type: none"> <li>Minister's response following Chair's appraisal</li> <li>Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4</li> <li>Updated objectives for Chair received</li> </ul>	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	<p>Reviewed July 2023</p> <p>Next review October 2023</p> <p>To remain on risk register</p>
4506	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	<p><b>IF:</b> The red performance level is less than 65% response rate within 8 minutes across Wales as a whole on a monthly basis</p> <p><b>Then:</b> The core target will be missed</p> <p><b>Resulting in:</b> Unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP</li> <li>Performance monitoring on a daily basis and month to date position</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported;</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Implementation of the new Demand and Capacity Review</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers</li> <li>Agreement to maintain front line capacity which will also support the Cymru High Acuity Response Unit (CHARU)</li> </ul>	5x5=25	CXL 5x3= 12	↔	Aug-20	<p>Reviewed July 2023</p> <p>Next review October 2023</p> <p>Until target met, to remain at score 25</p>
4507	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance for amber category calls	<p><b>IF:</b> The average and longest times for amber incidents do not reduce</p> <p><b>Then:</b> Patients will not receive the care they need in a timely manner</p> <p><b>Resulting in:</b> unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP/ Annual Plan</li> <li>performance monitoring on a daily basis and month to date position</li> <li>CASC Monthly quality and delivery meetings with WAST</li> <li>Bi monthly CASC Quality and Delivery meeting with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff</li> </ul>	<ul style="list-style-type: none"> <li>EASC IMTP accepted with accountability conditions awaiting outcome of WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>Weekly dashboard of management information developed and shared across NHS Wales to capture progress</li> <li>EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Implementation of the Demand and Capacity Review</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers (multiple arenas)</li> </ul>	5x4=20	CXL 5x3= 12	↓	Aug-20	<p>Reviewed July 2023</p> <p>Next review October 2023</p> <p>(Has improved by 3 hours)</p>
4508	Chief Ambulance Services Commissioner	Set the Strategic Commissioning Direction	Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of responsibility during times of escalation	<p><b>IF:</b> The system does not utilise the arrangements in place at EASC</p> <p><b>Then:</b> The governance and purpose of EASC will be undermined</p> <p><b>Resulting in:</b> a lack of consistency, duplication of services and resources, poor governance and non compliance with the Statutory Instrument leading to unnecessary system pressures</p>	<ul style="list-style-type: none"> <li>Accountable officers of health boards are members of EASC</li> <li>Memorandum of understanding and commitment from all EASC members</li> <li>Sharing information on service developments</li> <li>Alignment to the 6 Goals for Urgent and Emergency Care Programme Board</li> <li>Model Standing Orders agreed and reviewed annually</li> <li>Commissioning Frameworks reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative commissioning agreements</li> <li>EASC Management group representing all organisations</li> <li>Aligning EASC IMTP with WAST and Health board IMTPs</li> <li>CASC meeting with Welsh Government planners</li> <li>CASC IQPD meeting with Welsh Government</li> <li>CASC Quality and Delivery meeting with WAST</li> <li>Chair of EASC and CASC meetings with Health Boards</li> <li>CASC Member of NHS Leadership Board</li> </ul>	<ul style="list-style-type: none"> <li>Memorandum of understanding</li> <li>Independent Chair Governance arrangements</li> <li>Commitment to collaborative nature of working</li> <li>External audit</li> <li>Welsh Government and Commissioner support for EASC</li> <li>EASC Action Plan</li> <li>EASC Standing orders and Standing Financial Instructions</li> </ul>	4x2=8	CXL 4x1= 4	↔	Aug-20	<p>Reviewed July 2023</p> <p>Next review October 2023</p>
5005	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	<p><b>IF:</b> Commissioning actions are not taken to manage patient safety and minimise clinical risks</p> <p><b>Then:</b> Patients are more likely to come to harm</p> <p><b>Resulting in:</b> poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</p>	<ul style="list-style-type: none"> <li>Discussion at EASC Committee</li> <li>Discussion at EASC Management Group</li> <li>CASC and WAST Quality &amp; Delivery meeting</li> <li>Sought clarification from WAST re Equality Impact Assessment</li> <li>Agree red lines for handover delays to improve ambulance availability</li> <li>Securing of funding for additional emergency ambulance capacity</li> <li>Quality and Safety Report received at every EASC meeting</li> </ul>	<ul style="list-style-type: none"> <li>Joint escalation plan developed and approved at NHS Leadership Board now led by the NHS Executive</li> <li>Provide necessary funding to WAST</li> </ul>	<ul style="list-style-type: none"> <li>WAST Equality Impact Assessment (to be completed)</li> <li>Commitment to collaborative nature of working and implementation of system-wide escalation policy</li> <li>Ongoing discussions around system-wide escalation</li> <li>EASC Management Group two task and finish groups now completed</li> <li>1. Response to Healthcare Inspectorate Wales review related to handover delays</li> <li>2. Appendix B</li> </ul>	5x4=20	CXL 5x1= 5	↔	Dec-21	<p>Reviewed July 2023</p> <p>Next review October 2023</p> <p>Task and finish group information to be removed at next review</p>

### EASC RISK REGISTER

5006	Chief Ambulance Services Commissioner	Outcome measurement	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	<p><b>IF:</b> Timely and quality assured data is not provided</p> <p><b>Then:</b> EASC will be unable to publish data or assure itself of the quality of service provision</p> <p><b>Resulting in:</b> a lack of consistency and public confidence, duplication of services and resources, poor governance and non compliance with reporting requirements set out in the commissioning framework</p>	<ul style="list-style-type: none"> <li>Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements</li> <li>Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff</li> </ul>	<ul style="list-style-type: none"> <li>Provide oversight on operational performance</li> <li>Implementation plans for new information systems (ECNS, ePCR)</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Ambulance Service Indicator Group meetings</li> </ul>	3x2= 6	CXL 3x2 = 6	↓	Dec-21	<p>Reviewed July 2023</p> <p>Suggest to close at next review October 2023</p>
5370	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to secure sufficient ambulance capacity to meet the needs of the population	<p><b>IF:</b> sufficient ambulance capacity is not available</p> <p><b>Then:</b> organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</p> <p><b>Resulting in:</b> increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p> <p>Lack of compliance with statutory requirements for EASC.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on quality and safety</li> <li>Development of WAST performance improvement plan</li> <li>EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities</li> <li>Actions from the Ministerial summit on handover improvement</li> <li>Integrated Commissioning Action Plan (ICAP) work maturing</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers</li> <li>EASC receive a quality and safety report at each meeting</li> <li>New D&amp;C for EMS (starting summer 2023)</li> <li>ICAPS</li> </ul>	5x5= 25	CXL 5x2= 10	New	Jan 23	<p>Developed on 9 Jan 2023</p> <p>Reviewed July 2023</p> <p>Next review October 2023</p> <p>Review position when red and amber performance improve dramatically</p>

## EMERGENCY AMBULANCE SERVICES COMMITTEE EASC ASSURANCE FRAMEWORK

### Section 1 - Summary

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory
1.	Failure to produce agreed Commissioning Frameworks and commissioning intentions	<b>Set the Strategic Commissioning plan</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	<b>4</b> (C4xL1)	
2.	Failure to develop an agreed EASC IMTP for endorsement by the Joint Committee seeking approval from the Welsh Government	<b>Meet the Ministerial direction to produce an EASC IMTP</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	<b>4</b> (C4xL1)	
3.	Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	<b>Effective Commissioning</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	<b>15</b> (C5xL3)	
4.	Failure to respond to requirements identified within commissioned work related to the ambulance services	<b>Outcome measurement</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	<b>12</b> (C4xL3)	
5.	Failure to achieve the agreed Chair's objectives with the Minister	<b>Ministerial direction</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	<b>6</b> (C3xL2)	
6.	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	<b>Securing safe ambulance services</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee  Audit and Risk Committee	<b>25</b> (C5xL5)	



Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory
7.	Failure to achieve agreed performance standard for amber category calls	<b>Securing safe ambulance services</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee  Audit and Risk Committee	<b>20</b> <b>(C5xL4)</b>	
8.	Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of responsibility during times of escalation	<b>Set the Strategic Commissioning Plan</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee  Audit and Risk Committee	<b>8</b> <b>(C4xL2)</b>	
9.	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	<b>Effective Commissioning</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee  Audit and Risk Committee	<b>20</b> <b>(C5xL4)</b>	
10.	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	<b>Outcome measurement</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee  Audit and Risk Committee	<b>6</b> <b>(C3xL2)</b>	
11.	Failure to secure sufficient Ambulance capacity to meet the needs of the population	<b>Effective Commissioning</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee  Audit and Risk Committee	<b>25</b> <b>(C5xL5)</b>	

CTMUHBs Risk Management Strategy A	updated July 2023
CTMUHBs Risk Domain and Scoring Matrix	updated July 2023

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

<b>1-6</b>	<b>Low</b>	This type of risk is considered low and should be reviewed and progress on actions updated at least every six months.
<b>8-12</b>	<b>Moderate</b>	This type of risk is considered moderate and should be reviewed and progress on actions updated at least quarterly
<b>15-25</b>	<b>High</b>	This type of risk is considered high and should be reviewed and progress on actions updated, at least every two months. If scored 20 or above the risk should be reviewed on a monthly basis.

## Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey italic*


Consequence	5		3	9	6, 7, 11	
	4		4 / 4	8 / 6, 7		
	3		5 / 5,10	10		
	2					
	1	1,2 / 1,2,3,8,9				
CxL	1	2	3	4	5	
		Likelihood				

## **RISK REVIEW**

It is essential to continue to reduce risks to their lowest level practicable through ongoing monitoring and review. It is best conducted through normal day-to-day management. A review must be undertaken whenever there are any changes to the existing risk assessment. Risk assessments should also be reviewed on a regular basis as determined below:

### Section 3 – Strategic Risks

<b>Strategic Goal: Set the Strategic Commissioning plan</b>		<b>Risk score 4</b>
<b>Strategic Risk: Failure to produce an agreed Strategic Commissioning plan and commissioning intentions (Risk No 1 / 4260)</b>		
<b>If</b> There is a failure to produce and agree Commissioning Frameworks and Commissioning Intentions	<b>Then:</b> The commissioned providers would not be clear regarding expectations for the quality, effectiveness and efficiency of services within an agreed financial plan.	<b>Resulting in:</b> Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)

	Consequence	Likelihood	Score	Risk Trend 
Inherent	4	1	4	
<b>Current</b>	4	1	4	
Target	4	1	4	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Committee
<p><b>Strategies and Plans</b> Ensuring a program approach to commissioning, planning and delivery with focus on monitoring progress through the EASC Sub Groups</p> <p><b>Governance Structures</b> Regular reporting from EASC Sub Groups to the EAS Joint Committee on progress</p> <p>Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans</p> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Commissioning Intentions collaboratively developed and agreed</li> <li>Commitment from the EASC for strategic commissioning cycles</li> <li>Ongoing work to refresh the EMS Commissioning Framework</li> <li>Local integrated commissioning action plans (ICAPs) developed by HBs and WAST, process supported by EASC Team and now on version 5.</li> </ul>	<ul style="list-style-type: none"> <li>Performance Report (and dashboard)</li> <li>Quality and Safety Report (and dashboard)</li> <li>EASC Commissioning Cycle for the development of Commissioning Intentions and Commissioning Frameworks agreed</li> <li>Commissioning Intentions agreed for EMS, NEPTS and EMRTS monitored at each EASC Management Group (bi-monthly) meeting</li> <li>Commissioning Frameworks enacted for all commissioned services</li> </ul> <p>Bi monthly reporting via report to EASC – the EASC Commissioning Update report including:</p> <ul style="list-style-type: none"> <li>Commissioning Framework</li> <li>Integrated Medium Term Plan</li> <li>Commissioning Intentions</li> <li>Integrated Commissioning Action Plans</li> </ul>

<b>Improvement Programmes</b>	
<ul style="list-style-type: none"> <li>Not applicable for this risk</li> </ul>	
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li>None currently identified</li> </ul>	<ul style="list-style-type: none"> <li>EASC IMTP (awaiting confirmation as acceptable by WG) and tracker for the commitments</li> <li>EASC Commissioning Cycle</li> <li>EASC Commissioning Intentions</li> <li>Minutes of EASC Sub Group meetings monitoring progress against plans</li> <li>Commissioning Frameworks</li> <li>Local Integrated Commissioning Action Plans</li> </ul>


<b>Linked National Priority Measures</b>	<b>Current Performance - Highlights</b>
<b>Six Goals of Urgent and Emergency Care</b> 11. Percentage of total conveyances taken to a service other than a Type One Emergency Department	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4508	Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of responsibility during times of escalation	<b>8</b>

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<b>Strategic Goal: Meet the Ministerial direction to produce an EASC IMTP</b>		<b>Risk score</b>
<b>Strategic Risk: Failure to develop an agreed EASC IMTP for endorsement by the Joint Committee seeking approval from the Welsh Government (Risk 2 / 4502)</b>		<b>4</b>
<b>If</b> There is no agreement for the EASC IMTP	<b>Then:</b> The Commissioning Frameworks and commissioning intentions would not be supported	<b>Resulting in:</b> Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)

	Consequence	Likelihood	Score	Risk Trend  
Inherent	4	1	4	
Current	4	1	4	
Target	4	1	4	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Committee
<p><b>Strategies and Plans</b></p> <p>EASC IMTP 2022-2025 approved by EASC March 2022</p> <p>EASC IMTP 2023-2026 submitted to WG – awaiting response (July 2023)</p> <p>EASC IMTP (2020 to 2023) approved by EASC (January 2020)</p> <p>EASC Annual Plan 2021-22 approved EASC 9 March 2021</p> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>CASC Quality and Delivery meeting held monthly to discuss Quality and performance matters</li> <li>Detailed work to deliver EASC IMTP overseen by EASC Management Group – IMTP Tracker of commitments developed (July 2023)</li> <li>Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans</li> <li>CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly</li> <li>CASC meetings with Welsh Government planning department</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>EASC IMTP 2023-26 submitted to Welsh Government with bi-monthly updates in-year</li> </ul>	<ul style="list-style-type: none"> <li>Consistency between EASC IMTP with WAST IMTP and also with Health Boards;</li> <li>Awaiting letter of support from the Welsh Government;</li> <li>EASC Approval of the plan;</li> <li>Bi-monthly IMTP updates to EASC</li> </ul> <p>EASC IMTP 2023-2026 awaiting response from WG</p>


<b>Improvement Programmes</b>	
<ul style="list-style-type: none"> <li>Within IMTP</li> </ul>	
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li>Awaiting response from WG</li> </ul>	Bi monthly reporting via report to EASC – the EASC Commissioning Update: <ul style="list-style-type: none"> <li>Commissioning Framework</li> <li>Integrated Medium Term Plan</li> <li>Commissioning Intentions</li> <li>Integrated Commissioning Action Plans</li> </ul>

<b>Linked National Priority Measures</b>	<b>Current Performance - Highlights</b>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score

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<b>Strategic Goal: Effective Commissioning</b>		<b>Risk score 15</b>
<b>Strategic Risk:</b> Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers (Risk No 3 /4503)		
<b>If</b> The EASC fail to plan and secure services and maintain effective collaborative relationships with providers	<b>Then:</b> The purpose and effectiveness of the EAS Joint Committee would not be met	<b>Resulting in:</b> Potential Ministerial and Welsh Government intervention

	Consequence	Likelihood	Score	Risk Trend
Inherent	5	1	5	
<b>Current</b>	<b>5</b>	<b>3</b>	<b>15</b>	
Target	5	1	5	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Committee
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>July 2021 Special meeting of EASC with Minister and clear expectations received</li> <li>Minister meets with the Chair quarterly;</li> <li>Continue to meet regularly with providers to ensure continued development of open and transparent relationship</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Regular reporting to the EAS Joint Committee on progress</li> <li>Effective function of the EASC Joint committee</li> <li>Independent Chair</li> <li>Effective governance arrangements in place</li> <li>CASC and Welsh Government IQPD meetings (bimonthly)</li> <li>Model Standing Orders agreed for EASC</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Agreed collaborative commissioning methodology (CAREMORE)</li> <li>review and refine commissioning arrangements and refresh Commissioning Framework;</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>within EASC IMTP</li> </ul>	<ul style="list-style-type: none"> <li>Internal and external audit</li> <li>Welsh Government scrutiny</li> <li>EASC Committee members</li> <li>Annual Governance Statement</li> <li>Strategic Commissioning Intentions and Commissioning Frameworks</li> <li>Continued engagement with the commissioning process and EASC Governance</li> <li>EASC Action Plan</li> <li>Chairs appraisal letter with Minister</li> <li>Integrated Commissioning Action plans – implementation plan agreed</li> </ul>


Gaps in Controls and Assurances	Actions and mitigations
	<ul style="list-style-type: none"> <li>• Commissioning framework and monitoring at EASC and its sub groups</li> <li>• Annual Governance Statement</li> <li>• Monitoring of EASC IMTP at EASC and sub groups</li> <li>• Review and refine governance arrangements</li> <li>• Maintaining close working and collaborative relationships during unprecedented system pressures</li> <li>• EASC action plan for Ministerial priorities and monthly monitoring in Integrated Commissioning Action Plans</li> </ul>

Linked National Priority Measures	Current Performance - Highlights

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
5005	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	<b>15</b>

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<b>Strategic Goal: Outcome measurement</b>		<b>Risk score 12</b>
<b>Strategic Risk: Failure to respond to requirements identified within commissioned work related to the ambulance services (Risk No 4 / 4504)</b>		
<b>IF:</b> Work commissioned is failed to be acted upon	<b>Then:</b> risks and issues identified will not be acted upon and implemented	<b>Resulting in:</b> a missed opportunity to improve services for patients

	Consequence	Likelihood	Score	Risk Trend
Inherent	4	1	4	
<b>Current</b>	4	3	<b>12</b>	
Target	4	1	4	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Board and committees
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>Forward plan (Annual Business Plan) for EASC and all sub groups</li> <li>Development of action plans which are received, endorsed and approved by the EASC for action</li> <li>EASC IMTP awaiting confirmation from WG (July 2023)</li> <li>EASC Action Plan and actions within the Integrated Commissioning Action Plans</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Forward plan (Annual Business Plan) for EASC and all sub groups</li> <li>Regular review of Ambulance Service Indicators</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Commissioning intentions - including measurement across the system</li> <li>Commissioner request for system wide measures</li> <li>Refresh of Commissioning Frameworks</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Within the IMTP</li> </ul>	<ul style="list-style-type: none"> <li>Amber Review</li> <li>ORH Report D&amp;C EMS</li> <li>Emergency Ambulance Services Framework - updated and approved at EASC in September 2022</li> <li>McClelland Review of Welsh Ambulance Services (2013)</li> <li>Internal and external audit</li> <li>CASC IQPD meeting with Welsh Government</li> <li>EASC Annual Governance Statement</li> <li>Various reports received at all meetings including Performance report and dashboard; Quality and Safety report and dashboard; EASC Commissioning Update report including frameworks, intentions and Integrated Commissioning Action Plans</li> </ul>
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Governance and planning for EASC and all sub groups and supporting meetings</li> <li>review of the commissioning frameworks</li> <li>EASC action plan and actions within the Integrated Commissioning Action Plans</li> </ul>




Linked National Priority Measures	Current Performance - Highlights

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
5006	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	<b>6</b>

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<b>Strategic Goal: Ministerial Direction</b>		<b>Risk score</b> <b>6</b>
<b>Strategic Risk: Failure to achieve the agreed Chair's objectives with the Minister (Risk No 5 / 4505)</b>		
<b>IF:</b> The agreed Chair's objectives with the Minister are not delivered	<b>Then:</b> Then the confidence of the Minister will be potentially compromised	<b>Resulting in:</b> The Minister not being assured that necessary progress has been made in the commissioning of ambulance services and the wider connections to unscheduled care services in Wales

	Consequence	Likelihood	Score	Risk Trend 
Inherent	3	2	6	
<b>Current</b>	3	2	6	
Target	3	2	6	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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<b>Controls</b>	<b>Assurances reported to Board and committees</b>
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Regular meetings with the Minister</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Identified within EASC IMTP (and IMTP tracker in use)</li> </ul>	<p>Minister's response following Chair's appraisal Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4</p> <p>Updated Chair's Objectives received (July 2023)</p>
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li>Chair's tenure completes on 31 October 2023</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner support for commissioning</li> <li>Commissioning intentions</li> <li>Refresh Commissioning Frameworks</li> <li>EASC IMTP</li> <li>'Focus on' sessions at EASC to discuss wider system issues</li> </ul>

Linked National Priority Measures	Current Performance - Highlights
<b>Six Goals of Urgent and Emergency Care</b> 11. Percentage of total conveyances taken to a service other than a Type One Emergency Department	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score

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**Strategic Goal: Securing Safe Ambulance Services** **Risk score 25**

**Strategic Risk:** Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes (Risk No 6 / 4506)

<b>IF:</b> The red performance level is less than 65% for each health board area and across Wales as a whole on a monthly basis	<b>Then:</b> The core target will be missed	<b>Resulting in:</b> Unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.
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	Consequence	Likelihood	Score	Risk Trend 
Inherent	<b>5</b>	<b>3</b>	<b>15</b>	
<b>Current</b>	<b>5</b>	<b>5</b>	<b>25</b>	
Target	<b>5</b>	<b>3</b>	<b>15</b>	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Board and committees
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP</li> <li>performance monitoring on a daily basis and month to date position</li> <li>EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Identified within EASC IMTP (and IMTP Tracker in use)</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports sent to whole system</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Continued implementation of the Demand and Capacity Review and participation in new process</li> <li>EASC Action Plan and actions within the Integrated Commissioning Action Plans</li> <li>CASC liaison with Chief Operating Officers</li> <li>Quality and Safety Report presented at every EASC meeting (with Q&amp;S dashboard)</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored closely</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported</li> <li>Integrated Commissioning Action Plans</li> </ul>
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> <li>Identified within the ICAPs processes, agreed between HBs and WAST (EASC hosted)</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> </ul>

- Role of the EASC Management Group to provide oversight on operational performance
- Development of WAST performance improvement plan
- Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU)

Linked National Priority Measures	Current Performance - Highlights
<p><b>Six Goals of Urgent and Emergency Care</b> 11. Percentage of total conveyances taken to a service other than a Type One Emergency Department</p>	<p>Until target met, to remain at score 25</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4507	Failure to achieve agreed performance standard for amber category calls	<b>25</b>

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**Strategic Goal: Securing Safe Ambulance Services** **Risk score 20**

**Strategic Risk: Failure to achieve agreed performance standard for category amber calls (Risk No 7 / 4507)**

<b>IF:</b> The average time for amber performance calls does not reduce year on year	<b>Then:</b> Patients will not receive the care they need in a timely manner	<b>Resulting in:</b> unsatisfactory service for the people of Wales (or within specific health board areas with increased likelihood of harm, disability and death.
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	Consequence	Likelihood	Score	Risk Trend  
Inherent	<b>5</b>	<b>3</b>	<b>15</b>	
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>	
Target	<b>5</b>	<b>3</b>	<b>15</b>	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Board and committees
<p><b>Strategies and Plans</b> The necessary resources secured in the EASC IMTP</p> <p>EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities</p> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>performance monitoring on a daily basis and month to date position and shared across system</li> <li>CASC Monthly quality and delivery meetings with WAST</li> <li>Bi monthly CASC Quality and Delivery meeting with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Identified within the EASC IMTP and Commissioning Intentions and Frameworks</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports shared across the system</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Continued implementation of the Demand and Capacity Review and of the ongoing work</li> <li>EASC Action Plan for Minister and actions within the Integrated Commissioning Action Plans</li> <li>CASC liaison with Chief Operating Officers</li> </ul>


Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of EASC IMTP and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement</li> <li>• Role of the EASC Management Group to provide oversight on operational performance</li> <li>• Performance report and dashboard</li> <li>• Weekly dashboard of management information developed and shared across NHS Wales to capture progress</li> <li>• Quality and Safety Report presented at every EASC meeting</li> <li>• Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff</li> </ul>

Linked National Priority Measures	Current Performance - Highlights
<p><b>Six Goals of Urgent and Emergency Care</b> 11. Percentage of total conveyances taken to a service other than a Type One Emergency Department</p>	<p>Performance has improved by on average 3 hours</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4506	Failure to achieve agreed performance standard for category red calls	<b>25</b>

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<b>Strategic Goal: Set the Strategic Commissioning plan</b>		<b>Risk score 8</b>
<b>Strategic Risk:</b> Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of responsibility during times of escalation (Risk No 8 / 4508)		
<b>If</b> The system does not utilise the arrangements in place at EASC	<b>Then:</b> The governance and purpose of EASC will be undermined	<b>Resulting in:</b> a lack of consistency, duplication of services and resources, poor governance and non compliance with the Statutory Instrument leading to unnecessary system pressures

	Consequence	Likelihood	Score	Risk Trend 
Inherent	4	1	4	
<b>Current</b>	<b>4</b>	<b>2</b>	<b>8</b>	
Target	4	1	4	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Committee
<p><b>Strategies and Plans</b> EASC IMTP developed and submitted (awaiting response from WG July 2023)</p> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Accountable officers are members of EASC</li> <li>Memorandum of understanding and commitment from all EASC members</li> <li>Model Standing Orders agreed and reviewed annually</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Sharing information on service developments</li> <li>Alignment to the 6 Goals for Urgent and Emergency Care Policy Steering Board</li> <li>Commissioning Frameworks reviewed</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Within the EASC IMTP and IMTP Tracker developed</li> </ul>	<ul style="list-style-type: none"> <li>Memorandum of understanding and commitment from all EASC members</li> <li>Independent Chair</li> <li>Governance arrangements</li> <li>Commitment to collaborative nature of working</li> <li>External audit</li> <li>Welsh Government and Commissioner support for EASC</li> <li>EASC Standing orders and Standing Financial Instructions</li> <li>EASC Action Plan and actions within the Integrated Commissioning Action Plans</li> <li>Accountable officers of health boards are members of EASC</li> <li>Sharing information on service developments</li> <li>Alignment to the 6 Goals for Urgent and Emergency Care Programme Board</li> <li>Model Standing Orders agreed and reviewed annually</li> <li>Commissioning Frameworks reviewed</li> </ul>
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Collaborative commissioning agreements</li> <li>EASC Management group representing all organisations</li> </ul>

- Aligning EASC IMTP with WAST and Health board IMTPs
- CASC meeting with Welsh Government planners
- CASC IQPD meeting with Welsh Government
- CASC Quality and Delivery meeting with WAST
- Chair of EASC and CASC meetings with Health Boards
- CASC Member of NHS Leadership Board
- Ongoing EASC led Integrated Commissioning Action Plans

Linked National Priority Measures	Current Performance - Highlights
<p><b>Six Goals of Urgent and Emergency Care</b> 11. Percentage of total conveyances taken to a service other than a Type One Emergency Department</p>	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4260	Failure to produce an agreed Strategic Commissioning plan and commissioning intentions	<b>4</b>

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**Strategic Goal: Effective Commissioning** **Risk score 20**

**Strategic Risk:**  
Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation  
(Risk No 9 / 5005)

<b>If</b> Commissioning actions are not taken to manage patient safety and minimise clinical risks	<b>Then:</b> Patients are more likely to come to harm	<b>Resulting in:</b> poorer patient outcomes and patient experience, increased serious adverse incidents, litigation and reputational damage
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	Consequence	Likelihood	Score	Risk Trend 
Inherent	5	1	5	
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>	
Target	5	1	5	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to committee
<p><b>Strategies and Plans</b></p> <p>EASC IMTP developed and submitted (awaiting WG response July 2023)</p> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Discussion at EASC Committee</li> <li>Discussion at EASC Management Group</li> <li>CASC and WAST Quality &amp; Delivery meeting</li> <li>Agreed red lines for handover delays to improve ambulance availability</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Sought clarification from WAST re Equality Impact Assessment</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Identified in EASC IMTP and IMTP tracker identified</li> </ul>	<ul style="list-style-type: none"> <li>WAST Equality Impact Assessment (to be completed)</li> <li>Commitment to collaborative nature of working and implementation of system-wide escalation policy</li> <li>Ongoing discussions around system-wide escalation</li> <li>Agreed red lines for handover delays to improve ambulance availability</li> <li>Securing of funding for emergency ambulance capacity</li> <li>EASC Management Group agreed to set up two task and finish groups               <ol style="list-style-type: none"> <li>Response to Healthcare Inspectorate Wales review related to handover delays</li> <li>Appendix B</li> </ol> </li> </ul>

Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Joint escalation plan developed and approved at NHS Leadership Board</li> <li>Commissioning Operational Delivery Unit to avoid unilateral WAST decision-making</li> <li>Provide necessary funding to WAST</li> </ul>




Linked National Priority Measures	Current Performance - Highlights
	Task and finish group information to be removed at next review

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4503	Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	<b>15</b>

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<b>Strategic Goal: Outcome measurement</b>		<b>Risk score 6</b>
<b>Strategic Risk: Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR) (Risk No 10 /5006)</b>		
<b>IF:</b> Timely and quality assured data is not provided	<b>Then:</b> EASC will be unable to publish data or assure itself of the quality of service provision	<b>Resulting in:</b> a lack of consistency and public confidence, duplication of services and resources, poor governance and noncompliance with reporting requirements set out in the commissioning framework

	Consequence	Likelihood	Score	Risk Trend 
Inherent	3	2	6	
<b>Current</b>	3	3	6	
Target	3	2	6	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Board and committees
<p><b>Strategies and Plans</b></p> <p>EASC IMTP developed and submitted (awaiting response from WG July 2023)</p> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements</li> <li>Weekly dashboard of management information developed and shared</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Commissioning updates provided to every EASC meeting</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>To be confirmed</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Ambulance service indicator group recommenced</li> </ul>
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Provide oversight on operational performance</li> <li>Implementation plans for new information systems (ECNS, ePCR)</li> </ul>



Linked National Priority Measures	Current Performance - Highlights
	Intentions for implementation met ~Suggest close and remove at next review

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4504	Failure to respond to requirements identified within commissioned work related to the ambulance services	<b>12</b>

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**Strategic Goal: Effective Commissioning** **Risk score 25**

**Strategic Risk: Failure to secure sufficient ambulance capacity to meet the needs of the population (Risk number 5370)**

<b>IF:</b> sufficient ambulance capacity is not available	<b>Then:</b> organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response	<b>Resulting in:</b> increasing numbers of patients not received an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death
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	Consequence	Likelihood	Score	Risk Trend 
Inherent	5	5	25	
<b>Current</b>	<b>5</b>	<b>5</b>	<b>25</b>	
Target	5	2	10	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Board and committees
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP</li> <li>Performance monitoring on a daily basis and month to date position</li> <li>D&amp;C for NEPTS services completed</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Quality and Safety Report (and dashboard) presented at every EASC meeting</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Commissioning updates provided to every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports, shared widely across the system</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Ambulance service indicator group</li> <li>EASC Action Plan and actions within the Integrated Commissioning Action Plans</li> <li>CASC liaison with Chief Operating Officers</li> <li>Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU)</li> <li>EASC receive a quality and safety report at each meeting (and Q&amp;S dashboard)</li> </ul>

<b>Improvement Programmes</b>	
<ul style="list-style-type: none"> <li>Within the EASC IMTP and IMTP tracker developed</li> </ul>	
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on quality and safety</li> <li>Development of WAST performance improvement plan</li> <li>EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities and actions within the Integrated Commissioning Action Plans</li> <li>Actions from the Ministerial summit on handover improvement</li> </ul>

<b>Linked National Priority Measures</b>	<b>Current Performance - Highlights</b>
	Review position when red and amber performance improve dramatically

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4504	Failure to respond to requirements identified within commissioned work related to the ambulance services	<b>12</b>



<b>AGENDA ITEM</b>
4.1

**AUDIT AND RISK COMMITTEE**

**EASC UPDATE**

<b>Date of meeting</b>	16/08/2023
------------------------	------------

<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Gwenan Roberts, Committee Secretary / Assistant Director Corporate
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<b>Presented by</b>	Stephen HARRY
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<b>Approving Executive Sponsor</b>	Chief Ambulance Services Commissioner
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<b>Report purpose</b>	NOTE
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
EAS Joint Committee	July 2023	Approved
EASC Management Group	June 2023	Endorsed

**ACRONYMS**

DAG	Delivery Assurance Group
EMRTS	Emergency Medical Retrieval and Transfer Service
NEPTS	Non-Emergency Patient Transport Service
WAST	Welsh Ambulance Services NHS Trust

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of the report is to provide an EASC update to the CTMUHB Audit and Risk Committee (as host body) for assurance purposes.
- 1.2 The following areas are included:
  - EASC Risk Register
  - EASC Assurance Framework
  - Ambulance Service Indicators
  - EASC Performance Dashboard
  - EASC Action Plan
  - Non-Emergency Patient Transport Services (NEPTS) update
  - Integrated Commissioning Action Plans
  - EASC Integrated Medium Term Plan
  - Investigation by the Welsh Language Commissioner
  - Emergency Medical Retrieval and Transfer (EMRTS) Service Review
  - Letter to host organisation related to Duty of Candour and Duty of Quality
  - National Commissioning Review.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The Risk Register has been reviewed in line with the new Cwm Taf Morgannwg (CTMUHB) Risk Management Policy.
- 2.2 The risk register includes information related to the ongoing system pressures and the impact on patients and the increasing risk of harm.
- 2.3 The updated Risk Register is attached at **Appendix 1**.
- 2.4 The Red risks are as follows:
  - Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers (4503)
  - Failure to achieve agreed performance standard for category red calls (4506)
  - Failure to achieve agreed performance standard for amber category calls (4507) **this risk has been reduced to 20.**
  - Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation (5005)
  - Failure to secure sufficient ambulance capacity to meet the needs of the population (5370).

- 2.5 All of the risks are included on the Datix Risk Management System in line with the requirements of the host body Cwm Taf Morgannwg UHB.
- 2.6 EASC has agreed to review its risk appetite. In line with the host body arrangements, the CTMUHB risk appetite statement was shared for discussion and it was suggested and agreed that it would be utilised until a new approach for commissioning risks was agreed by the new National Commissioning entity.

### **EASC Assurance Framework**

- 2.7 The updated EASC Assurance Framework is attached as **Appendix 2** which reflects the current EASC Risk Register.
- 2.8 This Framework is in line with the requirements of the host body and has been updated following the review of the Risk Register.

### **Ambulance Service Indicators**

- 2.9 The Welsh Ambulance Services NHS Trust (WAST) delivers emergency ambulance services for the population of Wales and anyone visiting Wales. The seven Local Health Boards through the Emergency Ambulance Service Committee (EASC) commission these services. To monitor these services EASC developed with WAST a set of Ambulance Service Indicators (ASI) which are reported on the second to last Thursday of the month across the Five Step Ambulance Care Pathway (5-step model).
- 2.10 The 5-step model is designed to ensure that ambulance service resources are dispatched to calls where there is an immediate need to save life or for other less serious cases, alternative treatments such as referrals to other parts of the NHS or telephone advice will be provided. The 5-step model is intended to ensure the ambulance service is providing the right response for a patient dependent on their clinical need.
- 2.11 The aim of the clinical response model is to ensure that patients receive the right clinical care at the right time and allows WAST to quickly identify the clinical need of a 999 caller. This allows the correct response to be provided, this may be an ambulance or a paramedic in a rapid response car for **RED** or serious **AMBER** calls. For many lower priority **AMBER** and **GREEN** incidents, advice may be provided for the caller over the telephone by a nurse or paramedic.

Category	Description
RED	Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within 8 minutes.
AMBER	Serious but not immediately life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via "hear & treat" services over the telephone. Patient experience and clinical indicator data will be used to evaluate the effectiveness of the ambulance response to amber calls.
GREEN	999 calls received and categorised as green are neither serious or life threatening. Conditions such as earache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage.
GREEN HCP	Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. These transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP.

2.12 The narrative and overview document for the latest reporting period – May 2023 is available at **Appendix 3**.

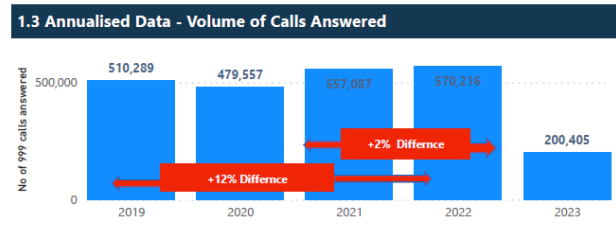
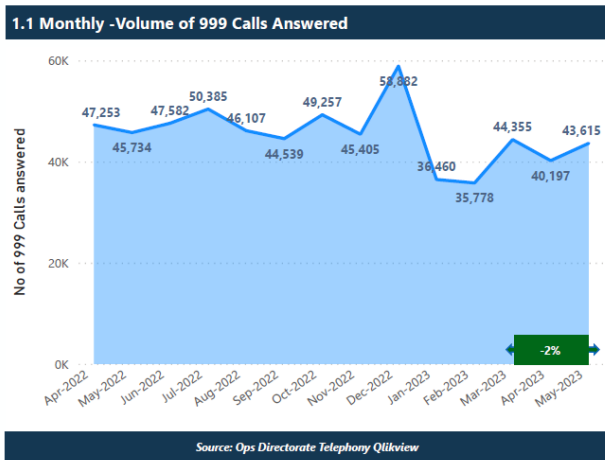
2.13 Full public access to the ASI information for all publications is available at <https://easc.nhs.wales/asi/>

### **EASC Performance Dashboard**

2.14 The Performance Dashboard is available at **Appendix 4**.

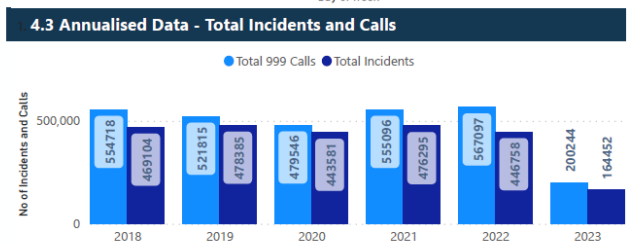
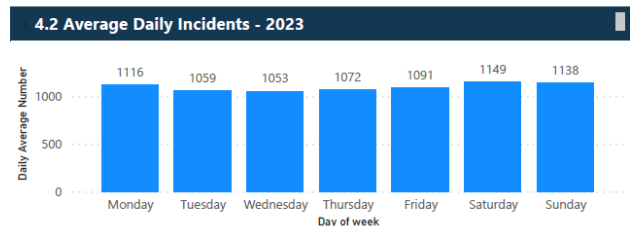
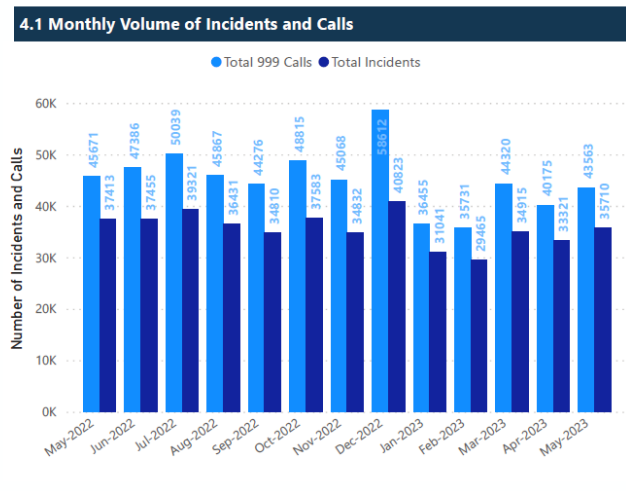
2.15 The dashboard presents time series information across a number of periods, including daily, monthly and annual time periods.

- 2.16 Of particular note within the dashboard for this reporting period:
- 999 call volumes are around 8% lower than the same period last year.



- 4% reduction in incidents in May 2023 compared to May 2022

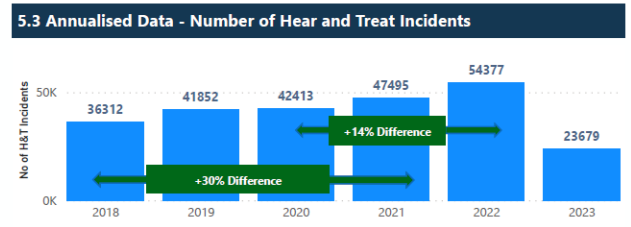
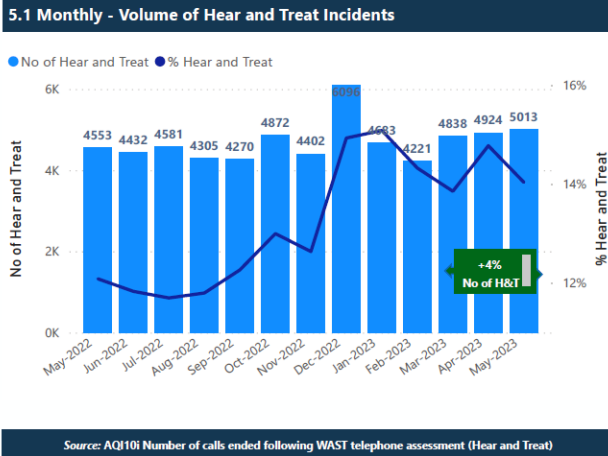
There is an overall reducing trend in call and incidents. May 2023 saw a 5% reduction in calls and a 4% reduction in incidents compared to May 2022



Source: AQIS Total number of incidents; Avg Daily Incidents - WAST SQL Data Academy

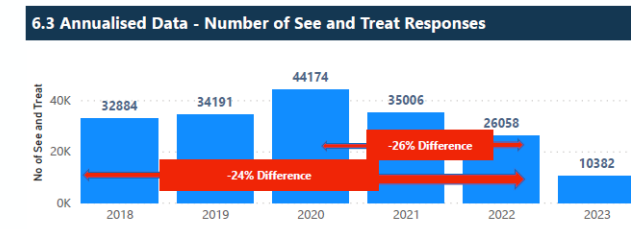
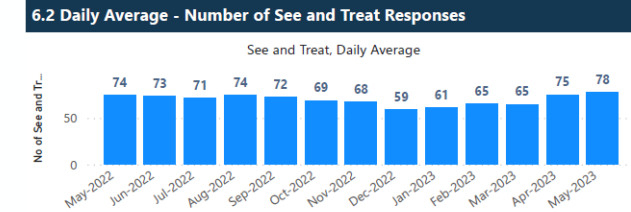
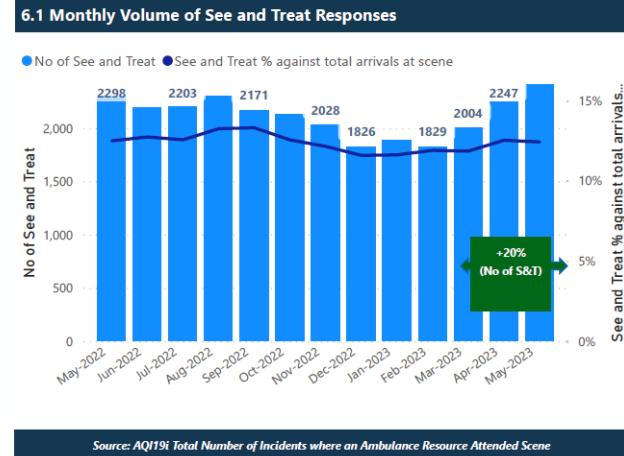
- Hear and Treat rates continue to climb, they were 10% (460 incidents) higher in May 2023 compared to May 2022

The number and % of Hear and Treat Incidents has an upward trend for the period shown. The number of Hear and Treat incidents May 2023 is 10% higher than that for the same period last year. The % of Hear and Treat against total incidents is 2% higher in May 2023, as compared to May 2022.



- See and Treat incidents are increasing returning to historic norms

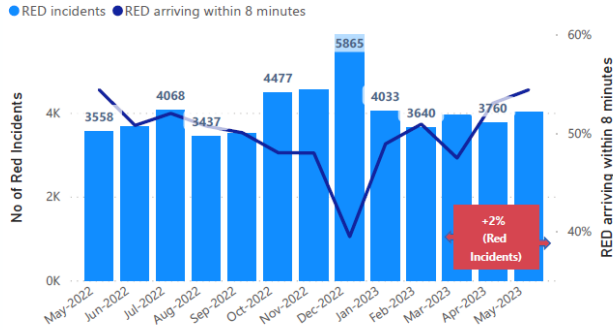
See and Treat levels are relatively static over the period, whilst there was a dip in the number over the winter of 2022/23, numbers are now returning to historical norms. May 2023 shows the highest number of See and Treat incidents for the period shown and is 5% higher than May 2022. The % of See and Treat Incidents in May 2023 is consistent with the same period last year.



- Red median, 65th and 95th percentile are on an improving trajectory

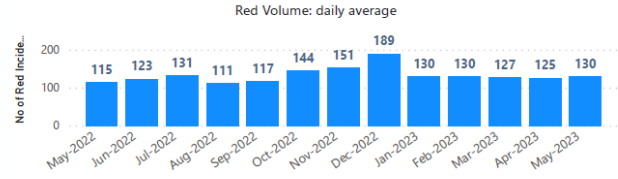
Since December 2022, there is a downward trend of the number red incidents, whilst the 8 minute % performance has been steadily increasing. The number of red incidents in May 2023 was 13% higher as compared to May 2022, although the 8 min % performance was consistent for the same time period.

7.1 Monthly Volume of Red Incidents and Red % Performance

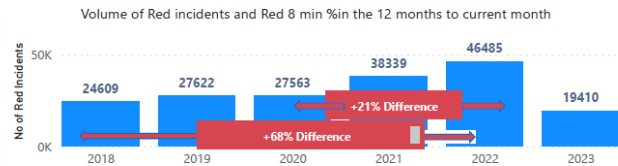


Source: AQ11 Number of RED category incidents resulting in an emergency response

7.2 Daily Average - Red Volume



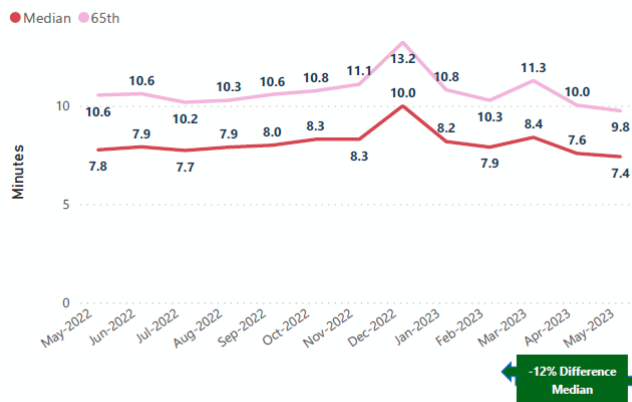
7.3 Annualised Data - Volume of Red Incidents and Red 8 min %



- The longest waiting Red had reduced

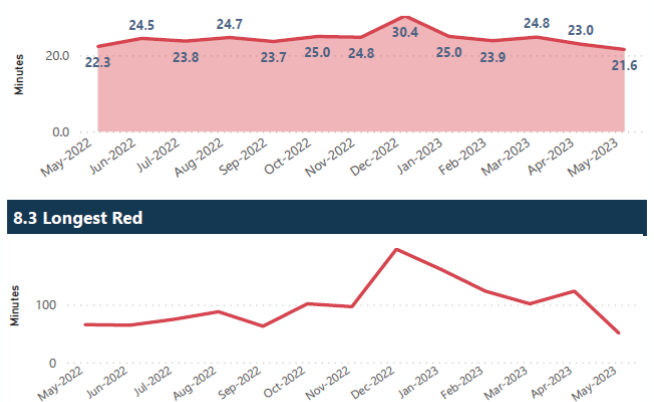
Despite seeing red median and 65th peak to a all-time high in December 2022, red median and 65th has been slowly reducing throughout the time period reported. Red Median in May 2023 was the lowest it had been for the period reported and was 5% lower than May 2022. The longest red in was also at its lowest in May 2023, for the period reported.

8.1 Median and 65th Percentile Red Response Time (Minutes)



Source: AQ11 Red Category Median, 65th and 95th Response Minutes

8.2 95th Percentile Red Response Time (Minutes)

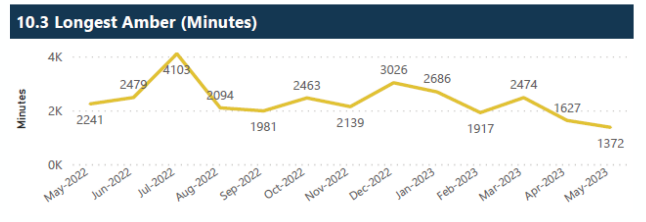
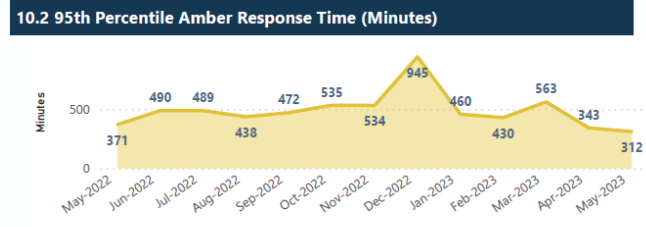
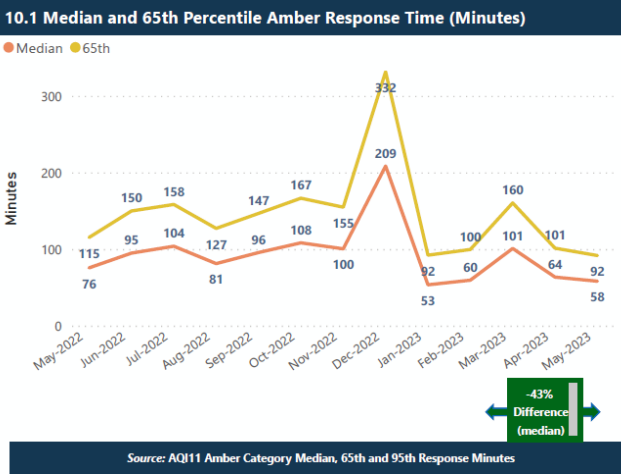


8.3 Longest Red



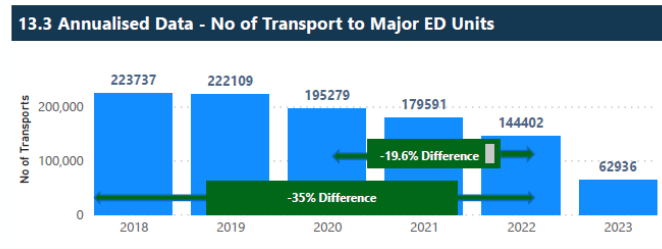
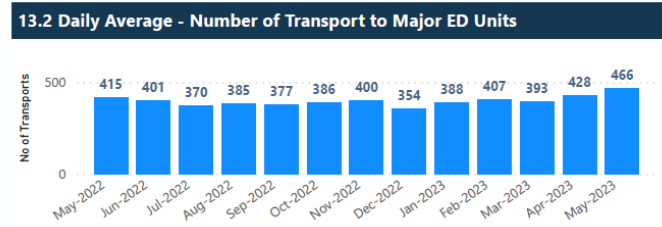
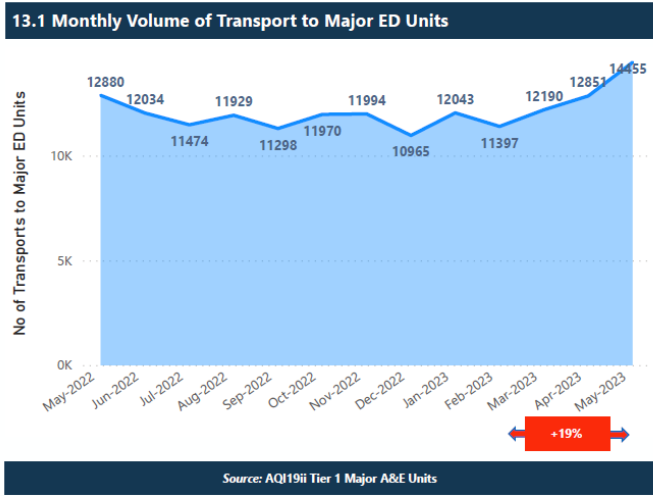
- Amber, median, 65<sup>th</sup>, 95<sup>th</sup> and the longest Amber waits have improved

Amber Median in May 2023 was 17 minutes lower than 2022, Amber 65th was 23 minutes and Amber 95th was 59 minutes lower in May 2023 as compared to May 2022.



- The volume of incidents transported to a Tier 1 site (Major ED) has increased, 11% higher in May 2023 compared to May 2022

The number of incidents transported to Tier 1 sites has been steadily increasing since February 2023. In May 2023, the number of incidents transported to Tier 1 sites was 12% higher than May 2022. The daily number of incidents was 51 incidents (11%) higher in May 2023 as compared to May 2022.



- Ambulance handover times are improving on a number of metrics, including total lost hours, % handed over in 15 min and handovers over 4 hours

## **EASC Action Plan**

2.14 The actions within the EASC Action Plan (**Appendix 5**) continue to be monitored via Chief Ambulance Services Commissioner (CASC) Quality and Delivery meetings with WAST, as well as the monthly tripartite Integrated Commissioning Action Plan (ICAP) meetings and the Welsh Government Integrated Quality and Performance Delivery (IQPD) meetings.

## **Non-Emergency Patient Transport Services (NEPTS)**

2.15 Work to review the Non-Emergency Patient Transport Services (NEPTS) Commissioning Framework has now begun, the detail of this work will take place at the NEPTS Delivery Assurance Group (DAG) prior to endorsement by EASC Management Group at the end of Quarter 2 prior to onward submission for approval at EASC.

2.16 The NEPTS DAG and EASC Management Group recently supported a report (at **Appendix 6**) to develop a new long term strategy for NEPTS which was supported by EASC. The likely timescales for this work will be that it will be completed before the end of the financial year.

2.17 As part of the Commissioning Framework review, it was agreed by EASC to introduce in year deliverable actions aligned to service Commissioning Intentions. Working with WAST, the EASC Team have revised the Commissioning Intentions for 23/24 and developed in-year deliverable actions against the Commissioning Intentions. The revised Commissioning Intentions and newly developed in year deliverables will be presented to the NEPTS DAG on 4 August 2023, for review by members.

2.18 The EASC Team have started to produce a draft weekly performance dashboard for NEPTS which is shared with all health boards. The new dashboard provides health boards with the ability to understand local demand and performance in order to work with WAST on identifying areas for improvement; the dashboard will be shared with Members at the next meeting.

## **Integrated Commissioning Action Plans (ICAPs)**

2.19 The EASC Team have continued to progress with the development of the ICAPS, working with health boards and WAST to transition actions from the development to the delivery phase.

2.20 The meeting programme for ICAPS have recently been revised to a monthly cycle.

- 2.21 Version 5 of the ICAPS are currently being submitted by each health board. These plans set out the health board areas of focus on improvements for ambulance services for their population. This work is done in partnership with the Welsh Ambulance Services NHS Trust staff and the staff from EASC. As such, each plan is very different and unique to the needs of the health board population although to share learning across the system a menu of options for ambulance service improvement is continuing to be added to. This has led to ongoing improvements across the system.
- 2.22 Work is ongoing to review the progress that has been made in the delivery of actions within each ICAP in addition to this Management Group will receive a summary of meetings and progress at each meeting to provide further oversight to the process.
- 2.23 Health boards have been requested to submit handover improvement trajectories against no patient waits over 4 hours and no patient waits over 1 hour. The EASC Team will now be aligning the work set out in the ICAPs with the submitted handover improvement trajectories. The ICAPs will monitor the delivery of actions against the planned performance trajectory improvements. The outcomes of these meetings will be reported to EASC Joint Committee and Welsh Government.
- 2.24 Some concerns have been raised by health boards in light of the most recent additional financial saving plans requirements. The concerns raised relate to the finances being available for the delivery of actions. Health boards ambitions are to achieve the planned improvement trajectories but acknowledge there may be delays in achieving this in the planned timescales due to a reduction in the funding available to change or introduce new services.

### **EASC Integrated Medium Term Plan (IMTP)**

- 2.25 The outcome of the review of the EASC IMTP by Welsh Government officials is awaited.
- 2.26 A tracker presentation for the IMTP performance improvements and enablers is attached at **Appendix 7**. This tracker will be updated each month to monitor progress against each of the IMTP commitments.

### **Investigation by the Welsh Language Commissioner**

- 2.27 Members are asked to note the ongoing investigation by the Welsh Language Commissioner (WLC).

- 2.28 Ongoing work is taking place supported by the Welsh Language Team at Cwm Taf Morgannwg UHB. The Commissioner has asked that changes are made to the website software and work has started with Digital Health and Care Wales to ensure this is completed.
- 2.29 The EASC Team are taking steps to ensure that content cannot be published on one site without the other and provide written evidence that enforcement action has been completed.
- 2.30 A further update will be provided when the work has been completed.

### **Emergency Medical Retrieval and Transfer Service (EMRTS) Review**

- 2.31 The formal engagement process related to the EMRTS Service Review being taken by the Chief Ambulance Services Commissioner for EASC has been completed.
- 2.32 Phase one of the process started on 15 March and completed on 12 June 2023. Work is now underway to capture all issues raised and develop options for consideration by EASC in the autumn.
- 2.33 Members should note that the way the EMRT service is provided will not change. Further information is available here <https://easc.nhs.wales/engagement/sdp/>.

### **Letter to Host Organisation in relation to the Statutory Duty of Candour and Duty of Quality**

- 2.34 Attached at **Appendix 8** is a letter which will form an appendix to the hosting agreement of EASC with Cwm Taf Morgannwg University Health Board (last signed in September 2021).
- 2.35 The letter confirms that EASC will use its reasonable endeavours to comply with the legislation and its activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.
- 2.36 A formal report on the EASC compliance will be included in next year's Annual Governance Statement.

## **National Commissioning Review**

- 2.37 The Review commissioned by Welsh Government was completed in May and the Director of NHS Wales has written to members of the Emergency Ambulance Services Committee (EASC) confirming that the Minister has accepted the recommendations made.
- 2.38 An Oversight Board will be established by Welsh Government and will be supported by NHS implementation arrangements.
- 2.39 The development of a new entity is an opportunity to improve commissioning in NHS Wales, however there is a risk that ambulance services could be side lined within an expanding agenda although this will be closely monitored.
- 2.40 The new Joint Committee will be hosted by Cwm Taf Morgannwg University Health Board and the hosting arrangement will need to be reviewed after the new entity is established.
- 2.41 The proposal is for the new Joint Committee to be established by 1 April 2024. Further updates will be provided in due course.

## **3. KEY RISKS/MATTERS FOR ESCALATION**

- 3.1 The updated EASC risk register captures the key actions being taken to mitigate and control the risks relating to red performance. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm.
- 3.2 The controls that are in place are included in the WAST Performance Improvement Plan (PIP) and the EASC Action Plan coordinated by the Chief Ambulance Services Commissioner (CASC) these are monitored at:
- bi-monthly Quality and Delivery meetings between the EASC Team and WAST.
  - The PIP focuses on the actions being taken by WAST to mitigate risks and to increase capacity and emergency ambulance performance including red performance
  - monthly meetings with Welsh Government officials with a focus on the actions being taken across the urgent and emergency care system (including the commissioning of additional emergency ambulance clinician capacity, system escalation and demand management).

- 3.3 As reported above the work to mitigate and control the risks relating to red performance is ongoing with progress monitored on a commissioner-provider level, via the EASC governance arrangements and also with oversight by Welsh Government.
- 3.4 Members should note that the Integrated Commissioning Action Plan meetings continue to take place between the EASC Team, key operational health board staff and WAST to further develop and monitor progress of health board handover improvement plans. The process to date has delivered:
- Collaborative Infrastructure to develop thinking, identify innovation and establish local commissioning arrangements for emergency ambulance services
  - Local ambulance handover improvement plans for each local health board in Wales
  - Commitment through board structures to deliver ambulance handover actions operationally
  - An all Wales composite handover delay plan that identifies similarity and areas for targeted investment
  - Weekly dashboards to support and monitor performance against agreed trajectories
  - Internal Audit have recently provided substantial assurance on the process and the report will be taken through the EASC governance routes. One recommendation was made and has been immediately actioned.
- 3.5 Work is being continued to deliver Goal 4 for the Six Goals for Urgent and Emergency Care Programme (Goal 4 lead Stephen Harray). The Integrated Commissioning Action Plans (iCAPS) for each health board have been developed and will support the national delivery of Goal 4.
- 3.6 Work is continuing to quantify the level of harm to patients and concerns regarding the safety of patients due to the number of handover delays and lost hours in the previous six months, although these have reduced.
- 3.7 Further updates will be provided in relation to the investigation by the Welsh Language Commissioner.

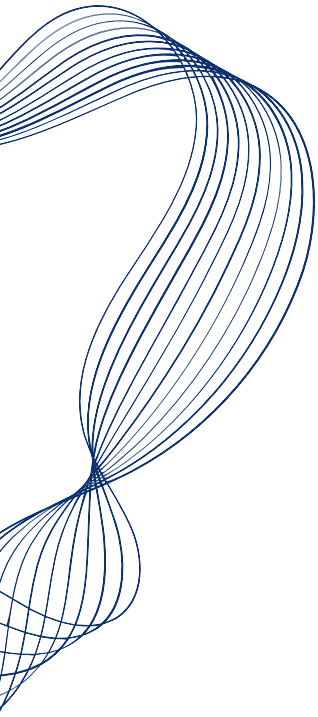
#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	The impact of handover delays will inevitably affect the patient experience and also quality and safety aspects of patient care. Specific mitigations are the responsibility of the health boards and the Welsh Ambulance Services NHS Trust working together. Learning lessons of peaks in demand will be really important
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Commissioning Intentions</b>	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.
<b>Link to Main WBFG Act Objective</b>	Commitment to corporate social responsibility and improving health & social equity, work with our staff, partners and communities to build strong local relationships and solid foundations of the past

#### 5. RECOMMENDATIONS

- 5.1 The Audit and Risk Committee is asked to:
- **NOTE** the updated EASC Risk Register
  - **NOTE** the updated EASC Assurance Framework
  - **NOTE** the Ambulance Service Indicators (ASIs)
  - **NOTE** the EASC Performance and Dashboard

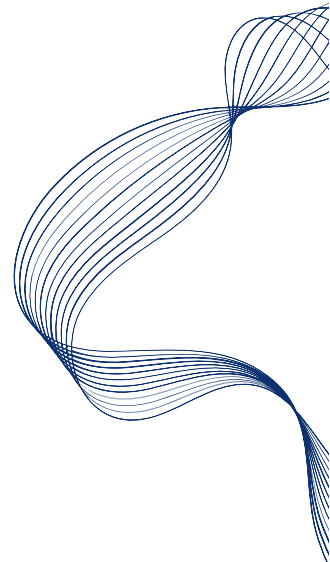
- **NOTE** the EASC Action Plan
- **NOTE** the ongoing work to develop a long term strategy for NEPTS
- **NOTE** the ongoing work on the Integrated Commissioning Action Plans (ICAPS)
- **NOTE** the plan to report on the EASC IMTP using the IMTP Tracker once approved by the Welsh Government
- **NOTE** the ongoing investigation by the Welsh Language Commissioner
- **NOTE** the completion of Phase 1 of the EMRTS Service Review of the formal engagement process and the agreement for Phase 2
- **NOTE** the letter sent to the host body in relation to EASCs intention to meet the requirements of the Duty of Candour and the Duty of Quality
- **NOTE** the position in relation to the National Commissioning Review.



# Ambulance Service Indicators

## Narrative and Overview

### May 2023



# CONTENTS

Narrative and Overview

Clinical Response Model

Five Step Ambulance Care Pathway

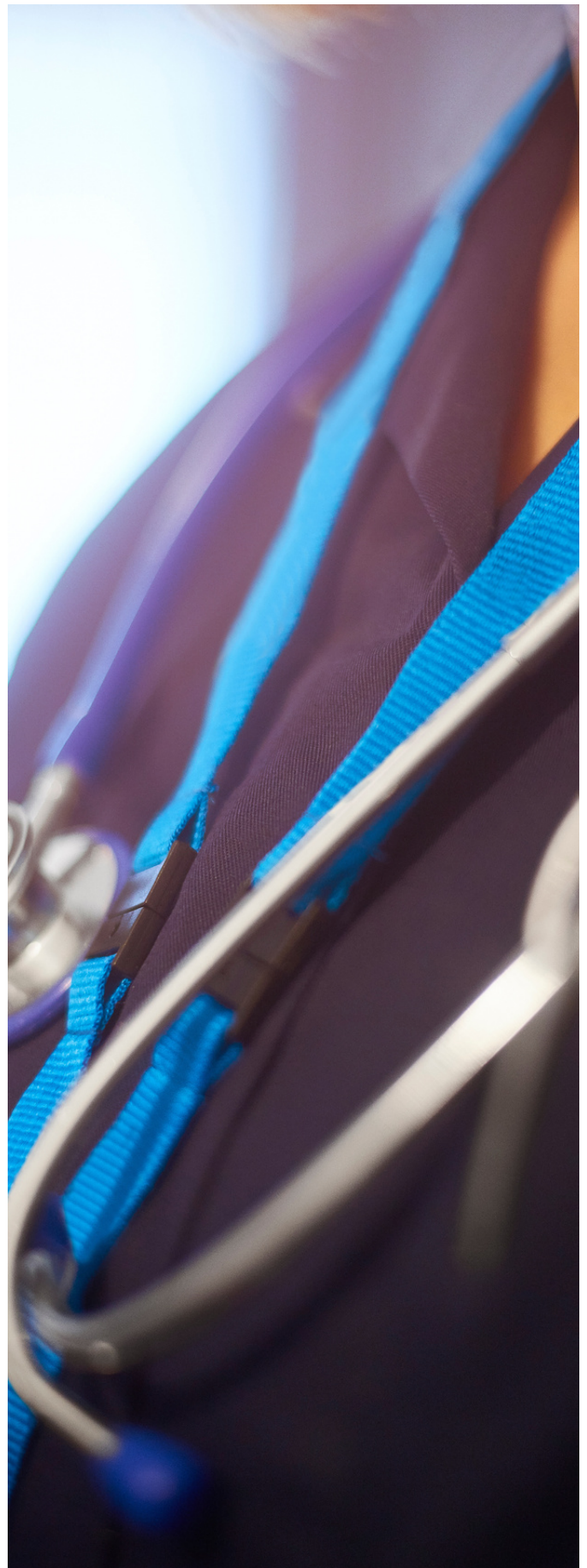
Step 1 - Help me choose

Step 2 - Answer my Call

Step 3 - Come to see me

Step 4 - Give me treatment

Step 5 - Take me to hospital





# NARRATIVE AND OVERVIEW

The Welsh Ambulance Services NHS Trust (WAST) delivers emergency ambulance services for the population of Wales and anyone visiting Wales.

The seven Local Health Boards through the Emergency Ambulance Service Committee (EASC) commission these services. To monitor these services EASC developed with WAST a set of Ambulance Service Indicators (ASI) which are reported on the second to last Thursday of the month across the Five Step Ambulance Care Pathway (5-step model).

The 5-step model is designed to ensure that ambulance service resources are dispatched to calls where there is an immediate need to save life or provide treatment. For other less serious cases, alternative treatments such as referrals to other parts of the NHS or telephone advice will be provided.

The 5-step model is intended to ensure the ambulance service is providing the right response for a patient dependent on their clinical need.

This ASI release focus on the period: **May 2023**. The Ambulance Service Indicators (formerly Ambulance Quality Indicators) have been produced since October 2015, to export a full copy of the Wales-level dataset or Local Health Board dataset please visit the Emergency Ambulance Services Committee Website. Metadata is also available as is a full list of indicator descriptors.

WAST also provide the NHS 111 Wales service across Wales with a website providing patients with access to health information including symptom checkers, service and defibrillator locations.

NHS 111 Wales also provides a 24/7 telephone advice service which patients can ring if they are unsure as to their healthcare need.

WAST provides a range of services which are coordinated through Clinical Contact Centres which, receive calls for help from the public and health care professionals who need to access emergency assistance for a patient.



Figure 1 - Five Step Ambulance Care Pathway

# CLINICAL RESPONSE MODEL

The aim of the clinical response model is to ensure that patients receive the right clinical care at the right time and allows WAST to quickly identify the clinical need of a 999 caller.

This allows the correct response to be provided, this may be an ambulance or a paramedic in a rapid response car for RED or serious AMBER calls. For many lower priority AMBER and GREEN incidents, advice may be provided for the caller over the telephone by a nurse or paramedic.

Category	Description
RED	Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within 8 minutes.
AMBER	Serious but not immediately life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via "hear & treat" services over the telephone. Patient experience and clinical indicator data will be used to evaluate the effectiveness of the ambulance response to amber calls.
GREEN	999 calls received and categorised as green are neither serious or life threatening. Conditions such as earache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage.
GREEN HCP	Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. These transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP.

Table 1 - Clinical Response Model



# FIVE STEP AMBULANCE CARE PATHWAY

## STEP 1 - HELP ME CHOOSE

In this reporting period, May 2023, there were **382,105** visits to the NHS 111 Wales website (AQI4i).

*Note: Measuring the number of visits to the NHS 111 Wales website helps identify periods of high demand and examine links to call volumes to both NHS 111 Wales and the Emergency Clinical Contact Centres.*

Dental problems are the top reason for the public calling NHS 111 Wales / NHS Direct Wales totaling **2,767** calls (AQI4ii).

*Note: Identifying the top 10 reasons for calling NHS Direct Wales helps identify the topics for advice that NHS Direct Wales needs to be able to provide. It also allows Local Health Boards to develop services where there is an unmet need.*

Frequent callers are defined as people who dial an emergency service more than five times in a month or 12 times in three months.

**226** frequent callers generated **2,331** incidents over the reporting period, this equated to **6.5%** of the total WAST incidents (**35,710**) (AQI5).

*Note: Identifying frequent callers helps WAST manage the needs of this group of callers, many of whom are vulnerable adults who have an unmet need. Simply sending ambulances to these patients does not necessarily mean they get the help they need. Frequent caller patient needs are managed via multi-disciplinary teams including primary, secondary care and clinical managers in the Local Health Boards and WAST. This may involve WAST referring a patient to a GP service or a specialist team such as a mental health service.*



## STEP 2 - ANSWER MY CALL

### HEALTH CARE PROFESSIONAL CALLS

There were **3,826** calls for an urgent (1-4 hour) admission from health care professionals over the reporting period (AQI6).

Note: A health care professional is defined as a Doctor usually a General Practitioner, Paramedic, Nurse, Midwife, Dentist or Approved Social Worker. Measuring the number of calls from healthcare professionals helps WAST plan and develop strategies to manage the needs of these patients.

### 999 CALLS

**43,563** 999 calls were answered (AQI7i) with **35,710** calls taken through the Medical Priority Dispatch System (MPDS) (AQI8). The top 10 calls are shown below:

Protocol	Description	Number of incidents
06	Breathing Problems	3,863
17	Falls	4,401
10	Chest Pains	3,705
26	Sick Person (Specific Diagnosis)	2,693
31	Unconscious / Fainting (Near	1,929
UGA1	Upgrade to AMBER 1	2,084
U	Unknown - User Left Call	1,271
21	Haemorrhage / Lacerations	1,279
28	Stroke (CVA/TIA)	1,403
12	Convulsions / Fitting	1,302

Table 2 - Top 10 call protocols taken through MPDS

Note: MPDS is a system that WAST use to assess the severity of 999 calls.

## HEAR AND TREAT

5,013 (14.0%) calls were ended following WAST telephone assessment; 'Hear and Treat' (AQI9i).

Note: 'Hear and Treat' is the telephone clinical advice that callers who do not have serious or life threatening conditions receive from WAST. This may mean an ambulance response will not necessarily be sent immediately. Instead, patients may be given more appropriate healthcare advice based on what they tell the clinician over the phone. They may receive advice on how to care for themselves or where they might go to receive appropriate assistance, for example a GP or a Pharmacy. They may also be advised to make their own way to hospital where this is safe or be provided with alternative transport rather than an ambulance.

Note: Re-contact rates measure the number of patients who dial 999 after receiving telephone advice ('hear and treat') services or after being treated at the scene ('see and treat'); this may be for an unexpected or new problem within the following 24 hours. To ensure WAST is providing safe and effective care, first time, this indicator measures how many patients call WAST back within 24 hours of the initial call being made.

Of the 5,013 calls ended following 'hear and treat' (AQI9i) there were 750 re-contacts within 24 hours (AQI10i).

## SEE AND TREAT

Of the 2,411 treated at scene ('see and treat') (AQI10ii), there were 22 (AQI10ii) re-contacts within 24 hours.



## STEP 3 - COME TO SEE ME

### RED RESPONSE CATEGORY

There were 4,028 RED calls over the reporting period (AQ111).

The Wales national target for a response arriving to RED calls in 8 minutes is 65%. At an all Wales level, this target was not met for this month.



Table 3 – Monthly National RED Percentage Response Target

The target for each Health Board area is 60% and was not achieved by any Health Board for this month.

Local Health Board	May 2023
Aneurin Bevan LHB	56.1%
Betsi Cadwaladr UHB	56.5%
Cardiff and Vale UHB	58.8%
Cwm Taf Morgannwg UHB	47.2%
Hywel Dda UHB	51.7%
Powys tHB	46.2%
Swansea Bay UHB	56.3%

Table 4 – Monthly Local Health Board Percentage Response Target

## RED RESPONSE CATEGORY

RED calls are immediately life threatening so it is important to measure not just how WAST performs against the Wales national target, but the distribution of performance.

Category	May 2023
RED Median	00:07:25
RED 65th Percentile	00:09:45
RED 95th Percentile	00:21:33

Table 5 – Monthly RED Response Time (HH:MM:SS)

## AMBER RESPONSE CATEGORY

There was 17,501 AMBER over the reporting period. AMBER calls are serious, but not immediately life threatening and are measured by the standard of care provided by WAST (AQ12).

Category	May 2023
AMBER Median	00:58:10
AMBER 65th Percentile	01:31:41
AMBER 95th Percentile	05:12:21

Table 6 – Monthly AMBER Response Time (HH:MM:SS)



## GREEN RESPONSE CATEGORY

There were **1,642** GREEN calls over the reporting period. GREEN calls are 999 calls received that are considered neither serious nor life threatening (AQI13).

Category	May 2023
GREEN Median	01:02:50
GREEN 65th Percentile	01:44:22
GREEN 95th Percentile	07:24:04

Table 7 – Monthly GREEN Response Time (HH:MM:SS)

## RESOURCE ARRIVAL

**Note:** It is important to make the best use of available ambulance resources and to measure the number of resources that are allocated to an incident. There are occasions when it is appropriate for more than one ambulance to be allocated, for example, a multiple response to a very serious call where there is an immediate threat to life (categorised as RED) or multi-casualty incidents such as road traffic collisions.

Over the reporting period, 1 resource arrived on scene to **74.2%** of incidents, 2 resources to **19.8%** of incidents, 3 resources to **4.6%** of incidents and 4 or more resources to **1.3%** of incidents (AQI14).

## COMMUNITY RESPONSE

Community First Responders are volunteers trained by WAST who are sent to certain incidents to provide immediate care before the arrival of an ambulance. These volunteers are vital to saving lives across Wales.

Community First Responders attended **923** incidents over the reporting period and were first on scene in **779 (84.4%)** of these incidents (AQI15).



## STEP 4 - GIVE ME TREATMENT

Treatment given by ambulance clinicians before a patient reaches hospital is a major factor in their chances of survival and recovery. Ambulance clinicians use packages of care, assessment and treatment known as care bundles. Care bundles are a series of assessments, treatments and actions that are clinically recognised to improve a patient's outcome and experience.

This information is gained from clinical patient records completed by staff using their digital pens. In this release, we have highlighted the performance against seven key clinical indicators for cardiac arrests, strokes, heart attacks (called STEMI), fractured hips (known as neck of femur injuries), febrile convulsion and sepsis.

**Publication Note:** WAST introduced a new Electronic Patient Clinical Record (ePCR) System across the service in December 2021.

As the data collection process has changed, the EASC advised that publication clinical indicator reporting was paused from December 2021 to March 2022. Clinical indicators will be brought online as they are checked and validated. Below are those included in this months publication.

**ROSC:** return of spontaneous circulation is the resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest. Of the **294** patients who had resuscitation attempted following a cardiac arrest, **20.1%** of patients were documented as ROSC at the hospital door.

**Stroke:** a stroke happens when the supply of blood to the brain is suddenly interrupted. This indicator measures the number and percentage of suspected stroke patients assessed face to face who received all the elements of the stroke care bundle. The measures include a F.A.S.T (Face Arm Speech Test) assessment, the recording of blood glucose and blood pressure readings. **74.5%** of patients were documented as receiving the appropriate stroke care bundle (AQI16ii).

**Fractured hip:** (known as neck of femur injuries): fractured hips cause significant pain, which can be exacerbated by movement. Pain control for patients with a fractured neck of femur in the immediate post-trauma period is paramount to promoting recovery and patient experience. This reduces suffering and the detrimental effects uncontrolled pain may have, **59.5%** were documented as receiving the appropriate care bundle (including analgesia) (AQI16iii).

**STEMI patients:** there were **99** STEMI patients, of these **47 (47.5%)** received the appropriate care bundle. (AQI16iv). **Hypoglycemic patients:** there were **317** hypoglycemic patients, of these **149 (47.0%)** received the appropriate care bundle. (AQI16vii).

Over the reporting period, **4,080** incidents did not result in a conveyance to a hospital or another destination. The reason for non-conveyance is that **2,383** of these incidents were treated at scene and **1,697** were referred to an alternative provider (AQI17).

## STEP 5 - TAKE ME TO HOSPITAL

14,991 patients who called 999 were conveyed to a hospital or another destination over the reporting period (AQI19i).

NHS Wales guidance is that the handover of care of patients from an ambulance crew to hospital staff should be within 15 minutes. Across Wales, this occurred in 24.2% of cases (AQI20i).

**Note:** The handover of care is important as taking more than 15 minutes means the patient remains in the ambulance, which means the ambulance is not available to respond to other calls in the community.

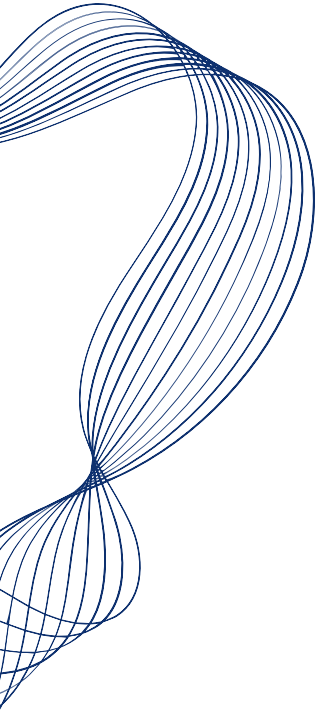
Over the reporting period, 20,399 hours were lost to delayed handovers of care (AQI21).

**Note:** Once an ambulance crew has handed over the care of a patient to a hospital or other destination NHS Wales guidance is that ambulances clear and be ready for the next call within 15 minutes or less.

Over the reporting period, 80.5% of ambulances cleared within 15 minutes or less (AQI22i).

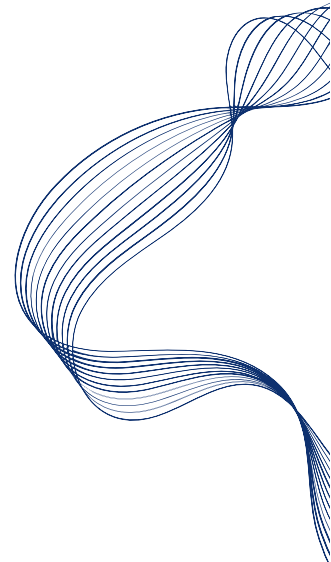
The handover to clear is an important efficiency measure, this quarter's data shows 534 hours were lost to delayed handovers to clear (AQI24).





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Pictures © Welsh Ambulance Services NHS Trust



## Emergency Ambulance Services Committee: Action Plan

This spreadsheet contains data tables pertaining to the Welsh Ambulance Services NHS Trust Ambulance Service on both a daily and yearly basis. We have edited these data tables and the accompanying cover sheet, table of contents and notes worksheet to meet the legal accessibility regulations. It is intended to be an accessible spreadsheet. The data has been quality assured by the Welsh Ambulance Services NHS Trust Health Informatics Department prior to submission.

Also included is the Emergency Ambulance Services Committee action plan

### Source

Welsh Ambulance Services NHS Trust Qlik Management Information  
Welsh Ambulance Services EMS Performance Tracker

### Caveats

- \* Data is correct at time of collection
- \* Area and Dates Covered: All Wales for date period
- \* For information relating to Incidents - the patients local health board has been used to determine the national figure
- \* For information relating to hospital handovers and hospital lost hours - the hospital attended has been used to determine the national figure

### Disclaimer

The information presented has been prepared using sources believed by the National Collaborative Commissioning Unit to be reliable and accurate. It must be used as management information only unless otherwise stated and is not for public release.

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## Table of contents

Worksheet name	Worksheet description	Date this data was first published	Next publication date	Source
Action Plan	EASC Action Plan	Friday, August 05, 2022	Thursday, February 10, 2022	Emergency Ambulance Services Committee Local Health Boards
Wales_Overview_Daily	Welsh Ambulance Services NHS Trust: National Daily view (1 month)	Friday, August 05, 2022	Thursday, February 10, 2022	Welsh Ambulance Services NHS Trust
Wales_Overview_12month	Welsh Ambulance Services NHS Trust: National 12-month overview	Friday, August 05, 2022	Thursday, February 10, 2022	Welsh Ambulance Services NHS Trust

**WAST Actions**

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
1	Red Variation Modelling		CASC Q&D	CASC Q&D	21st Oct	Low	On Track	High	Presented to EAS Committee on 6 September 2022 Further work ongoing through CASC Q&D - Red Deep Dive - include Q&D update. Red improvement plan, review of resources through forecast calls.	<a href="#">Red Variables</a>
1.1	Spring Modelling	Spring Modelling Forecast 2023/24	Normal Business	CASC Q&D	TBC	TBC	TBC	TBC	Not to be included in future updates. Superseded by summer modelling	
1.1	Winter Modelling	Winter modelling forecast 2022/23	Normal Business	CASC Q&D	End Oct	Low	On Track	High	Implementation of Tactical forecasting & modelling for seasons	
1.1	Summer Modelling		Normal Business	CASC Q&D	W/C 4th July	Low	On Track	High	Implementation of Tactical forecasting & modelling for seasons	
1.2	Roster Review Implementation	Revised Rosters as per 2019 D&C Review. Equivalent efficiency of 74 WTE	Commissioning Intentions (CI2-A3)	CASC Q&D / EASC	Complete	High	On Track	High	Roster Review Complete	EASC Provider Report (Jan 23) Extract * Final batch of EMS rosters went live mid-Nov, marking the end of a 2.5yr project including 146 rosters, 80 working parties, and 1,800 staff. The project will now be evaluated to support longer-term benefits realisation and learning. Complete
1.3	Sickness Improvement Plan	40 Point improvement plan and trajectory	Commissioning Intentions (CI2-A1)	CASC Q&D	2023	High	Limited	Medium	Improvement seen, but risk remain around delivery of trajectory. • <b>Managing Attendance Programme</b> – the programme plan pulls together the activities already being delivered across WAST and introduces new activities to support attendance in a connected, supportive and sensitive way. Standard agenda item of Q&D meeting	<a href="#">Sickness Absence &amp; Staff Wellbeing Presentation</a>
1.4	Post Production Lost Hours Improvement	Modernised workforce practice policy implementation and reduction in lost hours	Commissioning Intentions (CI3-A1 & CI3-P1)	CASC Q&D		High	Off Track	Low	Work currently paused due to ongoing industrial action.	
1.5	Daily Missed Red Review by ODU				Complete	Medium	On Track	High	Missed reds are discussed, reviewed daily by exception on the 0930 and 2030 huddles. Local management teams provided with a subscribed report and reds are reviewed by the Locality Management Teams. Development of protocol for immediate release requests. System to monitor and validate immediate release requests.	
1.6	Cymru High Acuity Response Unit (CHARU)				Sep-22	High	Limited	Medium	Proposal being developed/implemented to accelerate full roll out of CHARU	<a href="#">Cymru High Acuity Response Unit Presentation</a>
1.7	Emergency Communication Nurse System (ECNS) Optimisation	Roll out plan for optimisation / expansion of ECNS system following go live	CASC Q&D	CASC Q&D	Ongoing	Medium	On Track	High	Review of remote clinical support commissioned by the CASC.	
1.8	£3m recruitment	Initial commitment to deliver 100 WTE by the end of 2022. Baseline for growth 1691 WTE		CASC Q&D / EASC	Feb-23	High	On Track	High	Action Complete. Assumptions in both EASC and WAST IMTP 2023/24 of central support for ongoing funding.	

**Health Board Actions**

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2	25% Reduction in avg lost mins per arrival	reduction in minutes lost per ambulance arrival from October 2021 levels (~74min) by end of September 2022	EASC Commitment / 6 Goal Update 19th May 2022	Fortnightly Tripartite Meetings / WG IQPD	Sep-22	High	Limited	Low	We have kept the rating the same and are seeing improvement in some areas	<a href="#">Ambulance Handover Improvement Trajectories Presentation</a> <a href="#">Ambulance Handover Improvement Trajectories</a>
2.1	No 4 hour offload delays	Eradication of ambulance handover delays over 4 hours by end of September 2022	EASC Commitment / 6 Goal Update 19th May 2023	Fortnightly Tripartite Meetings / WG IQPD	Sep-22	High	Limited	Low	Progress is being made but is not consistent currently across Wales	<a href="#">Ambulance Arrival 4-hour Improvement Trajectories Presentation</a> <a href="#">Ambulance Arrival 4-hour Improvement Trajectories</a> <a href="#">Weekly handover by time band</a>
2.2	Goal 4 Priorities	Goal 4 agreed programme priorities	6 Goals Programme	Bi-monthly Programme Board / Intergration Group	Ongoing				Goal 4 actions to be included. Actions and progress available in Goal 4 Highlight report.	<a href="#">Goal 4 Highlight Report (To be embedded)</a>
2.3	Health Board Handover Improvement Plans	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	High	Limited	Medium	Incorporated into iCAPS	<a href="#">Health Board Handover Improvement Plans</a>

2.4	Front door flow and ED capacity	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	High	Limited	Medium	Incorporated into ICAPS	<a href="#">Health Board Handover Improvement Plans</a>
2.5	Internal capacity and flow (including Surge Capacity)	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	Medium	Limited	Medium	Incorporated into ICAPS	<a href="#">Health Board Handover Improvement Plans</a>
2.6	Community and social care	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	High	Off Track	Low	Incorporated into ICAPS	<a href="#">Health Board Handover Improvement Plans</a>

### Health Board and WAST Actions

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
3	Immediate Release Compliance			Fortnightly Tripartite Meetings / WG IQPD	01-Aug-22	Low	Limited	Low	Recognise work being undertaken at health board and site level to support immediate release requests. Development of protocol for immediate release requests. System to monitor and validate immediate release requests.	<a href="#">Immediate Release Policy</a> <a href="#">Red / Amber Release Requests</a>
3.1	Admission avoidance schemes			Fortnightly Tripartite Meetings / WG IQPD		High	Limited	Medium	Incorporated into ICAPS	<a href="#">Health Board Handover Improvement Plans</a>
3.2	Transfer and discharge			Fortnightly Tripartite Meetings / WG IQPD		Medium	On Track	Medium	Additional regional NEPTS resource purchased by WAST for winter 2022/23 - WAST IMTP Q4 23/24 Development of a proof of concept for the delivery of a national transfer and discharge service. DCMO letter. Ongoing requests by BCUHB, HDUHB and SBUHB.	

### Health Board ICAP Progress (ABUHB)

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	<a href="#">January ICAP Updated Document</a>
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.4	Clinically safe alternatives to admission to hospital	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.5	Rapid response in a physical or mental health crisis	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.6	Optimal hospital care and discharge practice from the point of admission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.7	Home first approach and reduce the risk of readmission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	

### Health Board ICAP Progress (BCUHB)

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	<a href="#">January ICAP Updated Document</a>
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
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### Health Board ICAP Progress (CTMUHB)

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	<a href="#">January ICAP Updated Document</a>
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.4	Clinically safe alternatives to admission to hospital	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
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#### Health Board ICAP Progress (CVUHB)

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	<a href="#">January ICAP Updated Document</a>
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.4	Clinically safe alternatives to admission to hospital	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
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#### Health Board ICAP Progress (HDUHB)

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	<a href="#">January ICAP Updated Document</a>
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.4	Clinically safe alternatives to admission to hospital	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
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2.7	Home first approach and reduce the risk of readmission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	

#### Health Board ICAP Progress (PTHB)

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	

2.4	Clinically safe alternatives to admission to hospital	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	<a href="#">January ICAP Updated Document</a>
2.5	Rapid response in a physical or mental health crisis	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.6	Optimal hospital care and discharge practice from the point of admission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
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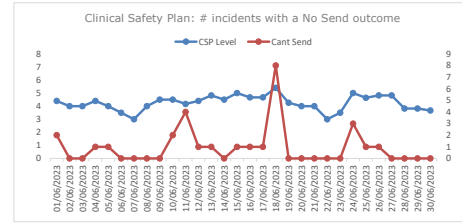
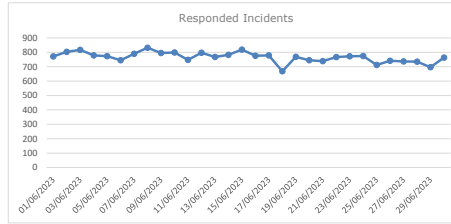
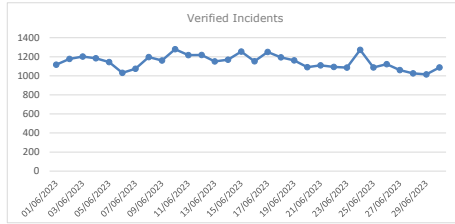
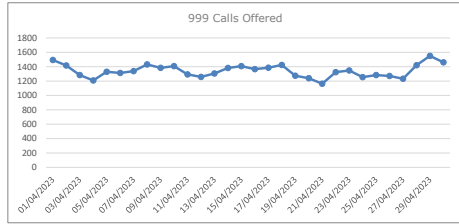
**Health Board ICAP Progress (SBUHB)**

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	<a href="#">January ICAP Updated Document</a>
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.4	Clinically safe alternatives to admission to hospital	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.5	Rapid response in a physical or mental health crisis	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.6	Optimal hospital care and discharge practice from the point of admission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	
2.7	Home first approach and reduce the risk of readmission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing				To be updated July 2023	

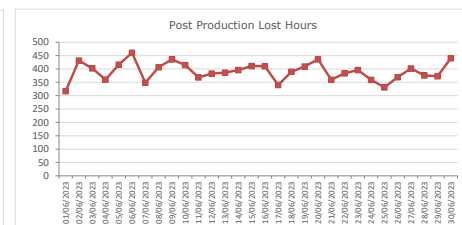
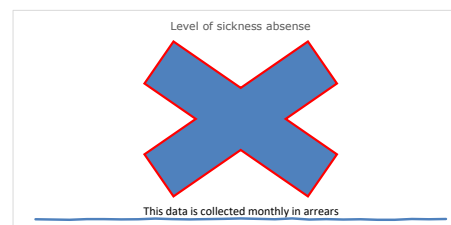
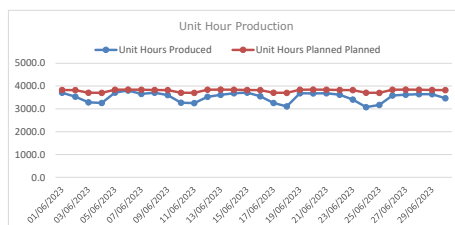
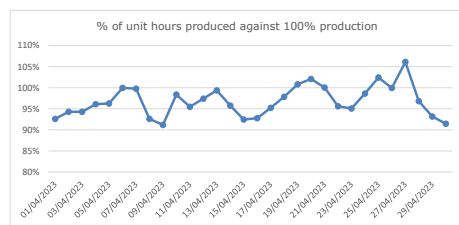
# Welsh Ambulance Services NHS Trust: National Daily view (1 month)

Please note: the current months data is updated following the WAST data upload at 10:30am

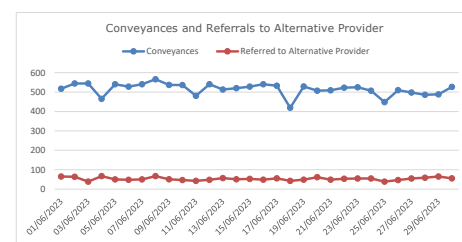
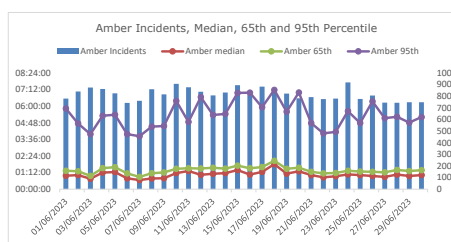
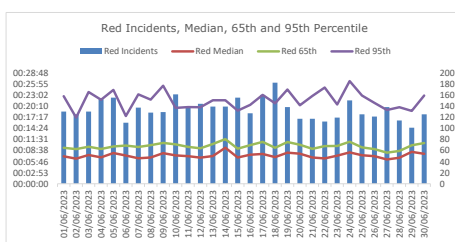
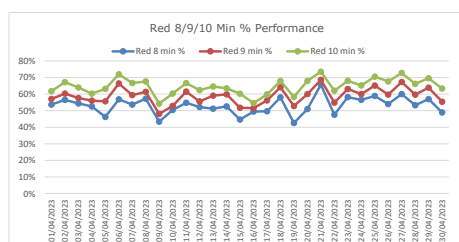
## Demand



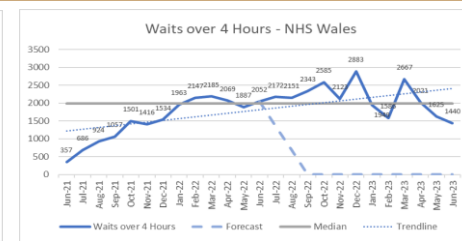
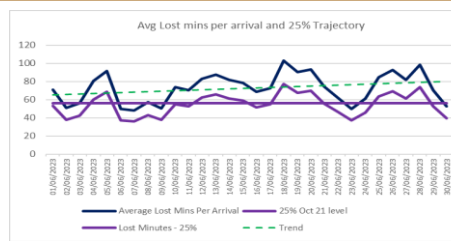
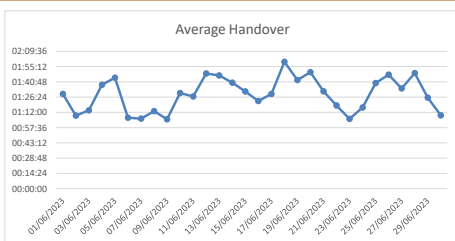
## Capacity



## Outcome



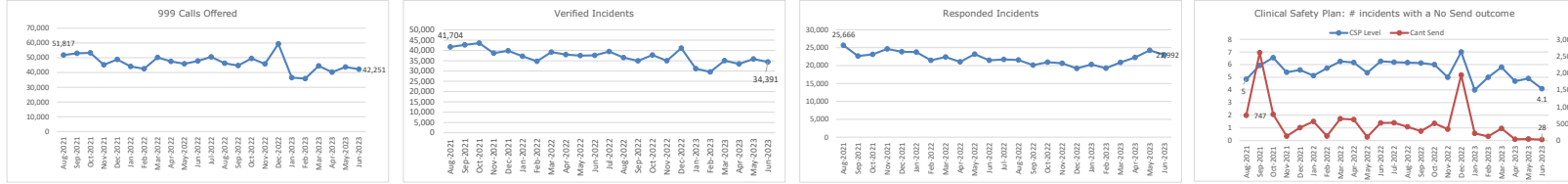
## System Efficiency



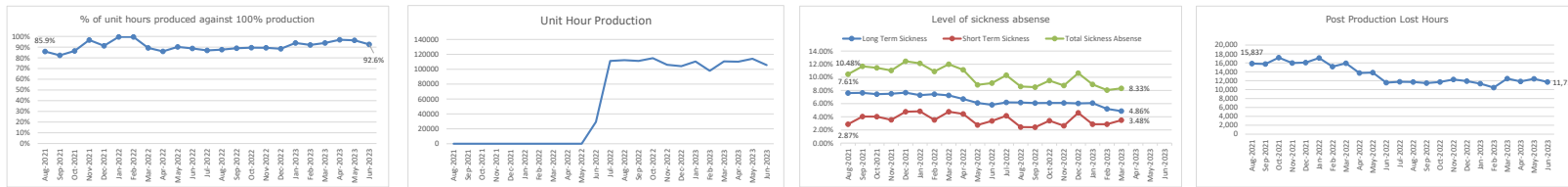
# Welsh Ambulance Services NHS Trust: National 12-month overview

Please note: the current months data will always be lower than previous months as the data builds over the month

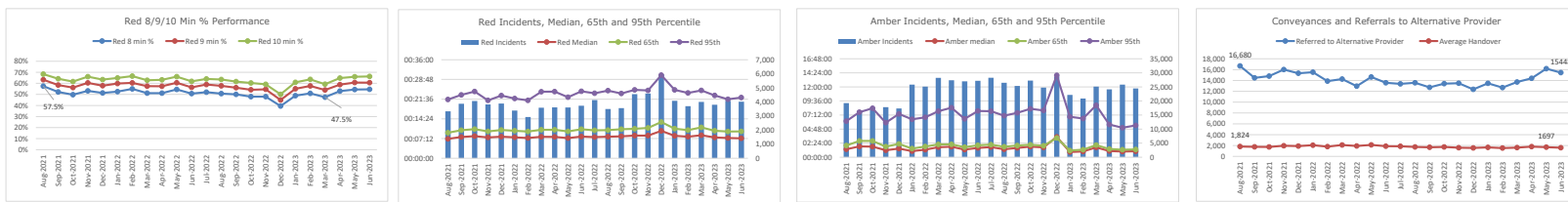
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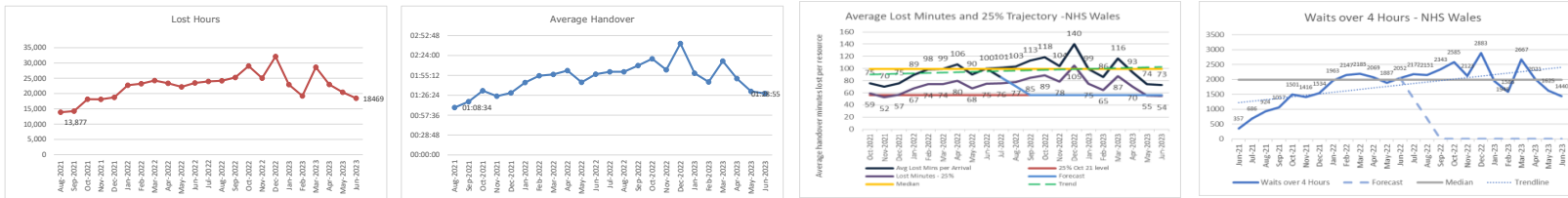
## Capacity



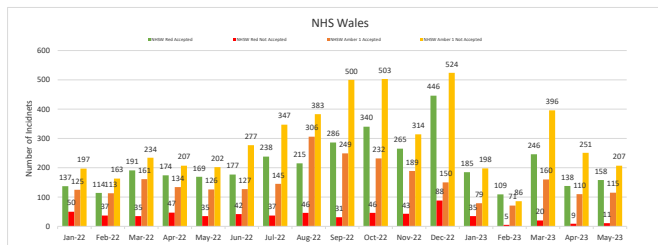
## Outcome



## System Efficiency



## Release Availability





<b>AGENDA ITEM</b>

**NON-EMERGENCY PATIENT TRANSPORT DELIVERY ASSURANCE GROUP**

**COMMISSIONING FRAMEWORK REVIEW AND DEVELOPMENT OF A LONG TERM STRATEGY FOR NON-EMERGENCY PATIENT TRANSPORT**

<b>Date of meeting</b>	1 June 2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Phill Taylor – Head of Commissioning & Performance (National Collaborative Commissioning Unit)
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<b>Presented by</b>	Phill Taylor – Head of Commissioning & Performance (National Collaborative Commissioning Unit)
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<b>Approving Executive Sponsor</b>	Chief Ambulance Services Commissioner
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<b>Report purpose</b>	ENDORSE FOR EASC APPROVAL
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>

**ACRONYMS**

NEPTS	Non-Emergency Patient Transport Service
WAST	Welsh Ambulance Services NHS Trust
EASC	Emergency Ambulance Services Committee
CASC	Chief Ambulance Services Commissioner
WG	Welsh Government
DAG	Delivery Assurance Group



## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this paper is to advise members on the process to be taken to review and revise the Quality and Delivery Commissioning Framework for Non-Emergency Patient Transport Services (NEPTS) in 2023/24. It will also outline the opportunities to develop a long-term strategy for NEPTS, reflective of the current and future changes to Planned Care services in Wales.
- 1.2 Services that are commissioned via the Emergency Ambulance Services Committee (EASC) are commissioned and monitored via quality and delivery assurance frameworks. The quality and delivery assurance frameworks are a mechanism for monitoring improvements in the quality and delivery of services, to provide assurance to health boards that services are being developed and delivered in line with the requirements of health boards and their patients.
- 1.3 As part of an ongoing commissioning review cycle, the quality and delivery assurance frameworks are reviewed periodically. For 2023/24 the EASC Team will be reviewing the NEPTS Quality and Delivery Assurance Framework.
- 1.4 In 2006, the Welsh Government approved a business case for the modernisation of NEPTS. As part of the business case objectives, NEPTS would become a nationally commissioned service, commissioned via a single body using a national commissioning framework.
- 1.5 The principles of the business case were centered around improving service outcomes through creating efficiency savings for reinvestment. To achieve this a range of improvement areas were set out in the business case's objectives:
- Single national commissioning body
  - Dedicated Management Team
  - Re-branding of Patient Care Services (PCS)
  - Extended service hours between 6am and 8pm
  - Creation of a Patient Reference Group
  - Establish a service for bariatric patients
  - Expert Commissioning Group Monitoring Performance.
  - Establish text messaging service that provides service users with transport updates both before and on the day of travel by March 2016
  - No instances of patients requesting to cut short their treatment in order to accommodate transport provision by September 2016
  - Reduce year on year the number of patient accidents that occur whilst in the care of the transport provider



- Introduce enhanced key performance indicators (KPIs) for renal, oncology and end of life care pathways by September 2016
- By March 2016, establish dedicated organisational capacity and capability that is fit for purpose to deliver current and future NEPTS strategies, without detriment to WAST Emergency Medical Services (EMS) and the introduction of a new clinical model
- Invest in a pilot between health and local authority that explores opportunities to integrate NEPTS with Social Service and Special Educational Needs (SEN) transport services - Produce a Strategic Outline Case (SOC).
- National service standards for enhanced users - Renal (Kidney).
- National service standards for enhanced users such as for end of life
- Implement the plurality model nationwide to allow greater access to the public.
- National service standards for enhanced users Oncology.
- National service standards for enhanced users Transfer and Discharge service.
- Introduce a NEPTS single point of access for all patients and NHS staff.
- Deliver month on month, all specified contractual KPIs
- Implement standardised booking and national call taking
- Improve services for the elderly or mentally infirm (EMI) patients
- Demonstrate a 10% increase in online bookings & subsequently reduce required whole time equivalent (WTE).
- Reduce abortive journeys by 5%.
- Increase ambulance Unit Hour Utilisation (UHU) by 0.3 per hour.
- Introduce systems of work that automatically seek out the most cost-effective transport option – demonstrate a 1% year on year reduction in average unit journey costs.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 At the NEPTS DAG meeting in June 2022, WAST presented a paper to members on the progress against the improvement areas aligned to the business case. The paper indicated that overall the majority of the improvement areas had been completed and now embedded as part of core business.
- 2.2 Additionally, there were some improvement areas which were at the final stages of completion, and others that on a further review were not viable.



- 2.3 Since the inception of the NEPTS DAG in 2017, the EASC Team have worked with health boards and WAST on the delivery of the business case objectives and emerging issues to ensure the continuous improvement of the service.
- 2.4 It is recognized that since the approval of the NEPTS Business Case in 2016, there have been changes to how 'Planned Care Services' are delivered in Wales and there are further plans for future changes.
- 2.5 Changes to 'Planned Care' services are outlined in health boards IMTP's. For 2023/26 IMTP's the areas of change to Planned Care services which will directly impact on NEPTS is the regionalisation of services, providing care closer to home and extend operating hours.
- 2.6 The NEPTS Quality and Delivery Framework includes Commissioning Intentions, which are set out annually. The Commissioning Intentions are designed to provide strategic direction on the key areas of focus for NEPTS. For 2023/24, additional in year deliverables aligned to each Commissioning Intention will be introduced to provide specific deliverable actions aligned to health boards and WASTs IMTP. The in-year deliverables will be developed in collaboration with health boards and WAST.
- 2.7 With the core objectives of the NEPTS Business Case now completed, the introduction of changes to Planned Care services, the inclusion of in year deliverables and the scheduled revision of the NEPTS Quality and Delivery Framework, the CASC and EASC Team believe this is prime opportunity to bring the 2016 NEPTS Business Case to a close and to develop a new long-term strategy for NEPTS.
- 2.8 The development of a new long-term strategy would ensure that NEPTS continue to deliver upon the fundamental work of the NEPTS Business Case but also allow the service to evolve in order to reflect the changes to Planned Care services and meet the needs of the population.
- 2.9 The development of a new long-term strategy for NEPTS would be developed in collaboration with health boards, WAST, Trusts and other stakeholders.

### **3. KEY RISKS/MATTERS FOR ESCALATION**

- 3.1 The inability to effectively deliver NEPTS Services, could result in patients not being able to attend planned care appointments.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Safe Care
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
<b>Link to Commissioning Intentions</b>	The Committee’s overarching role is to ensure its Commissioning Strategy for Non-Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) ‘Quadruple Aim’ are being progressed.
<b>Link to Main WBFG Act Objective</b>	Commitment to corporate social responsibility and improving health & social equity, work with our staff, partners and communities to build strong local relationships and solid foundations of the past

#### 5. RECOMMENDATION

5.1 The NEPTS DAG is asked to:

- **NOTE** the 2023/24 review of the NEPTS Quality and Delivery Assurance Framework.
- **ENDORSE** of the development of a new NEPTS long-term strategy for EASC approval.

Latest data loaded

**31 May 2023**



# Emergency Ambulance Services Committee

## Ambulance Data Portal | Performance Report

Click here to enter

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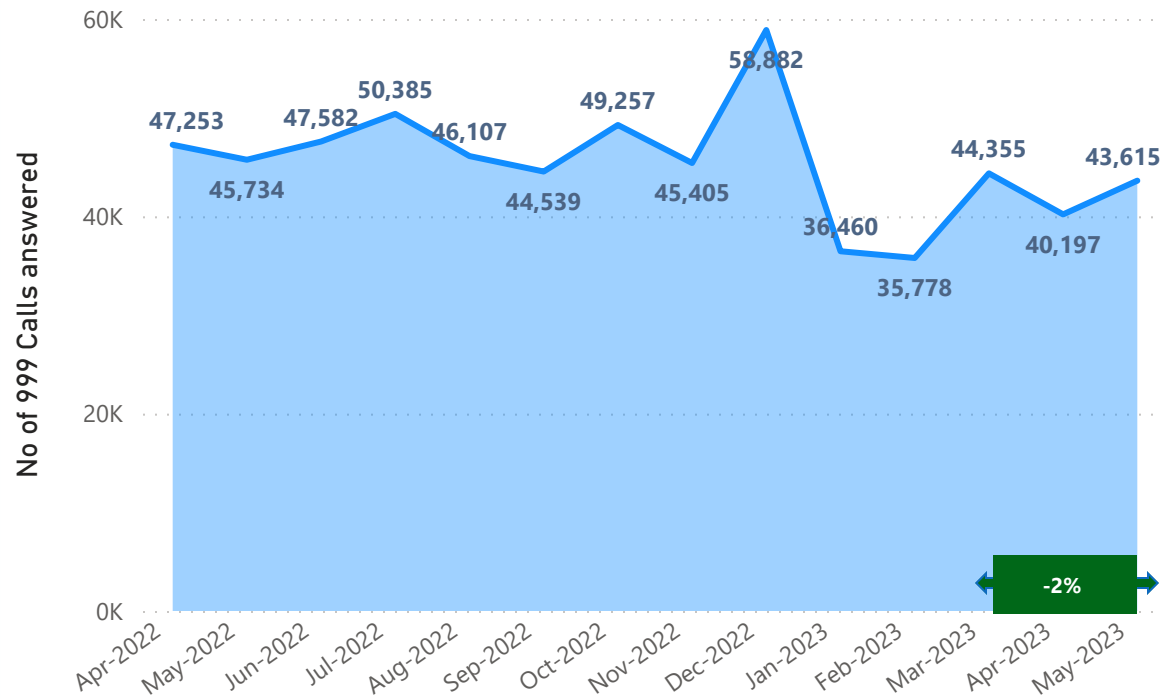


# Performance Report | 999 calls demand



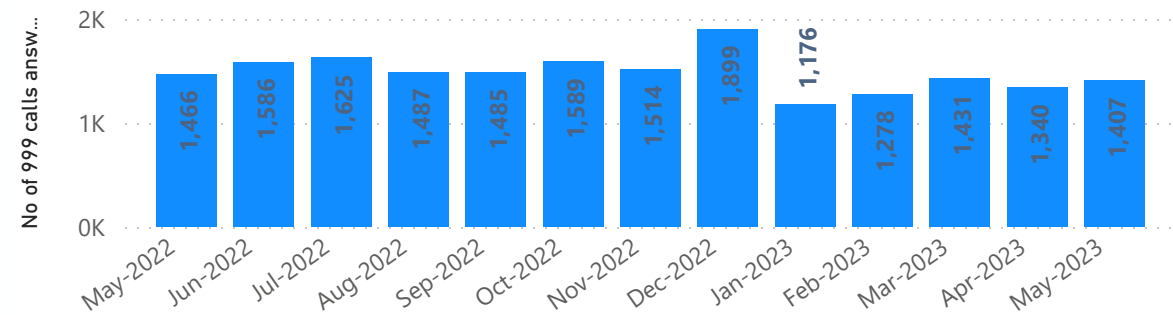
The number of 999 calls saw an 9% increase from April 2023 to May 2023. 999 calls are 8% lower in May 2023 as compared May 2022. The average number of 999 calls answered remains constant in May 2023 as compared to May 2022.

## 1.1 Monthly - Volume of 999 Calls Answered

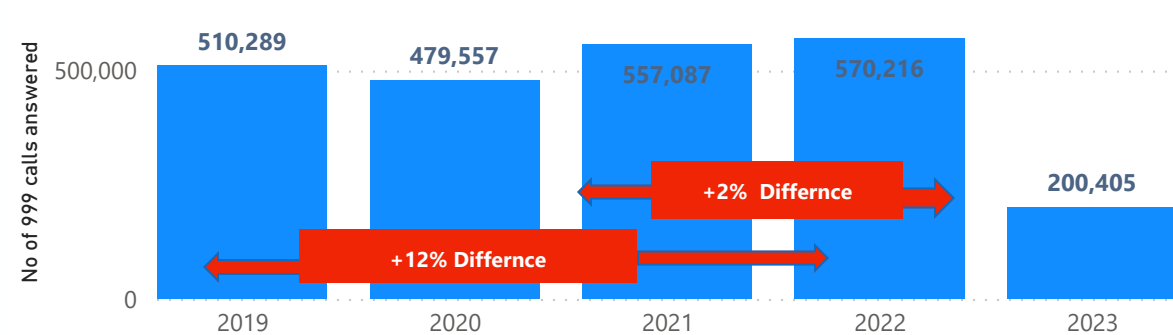


Source: Ops Directorate Telephony Qlikview

## 1.2 Daily Average - 999 Calls Answered



## 1.3 Annualised Data - Volume of Calls Answered



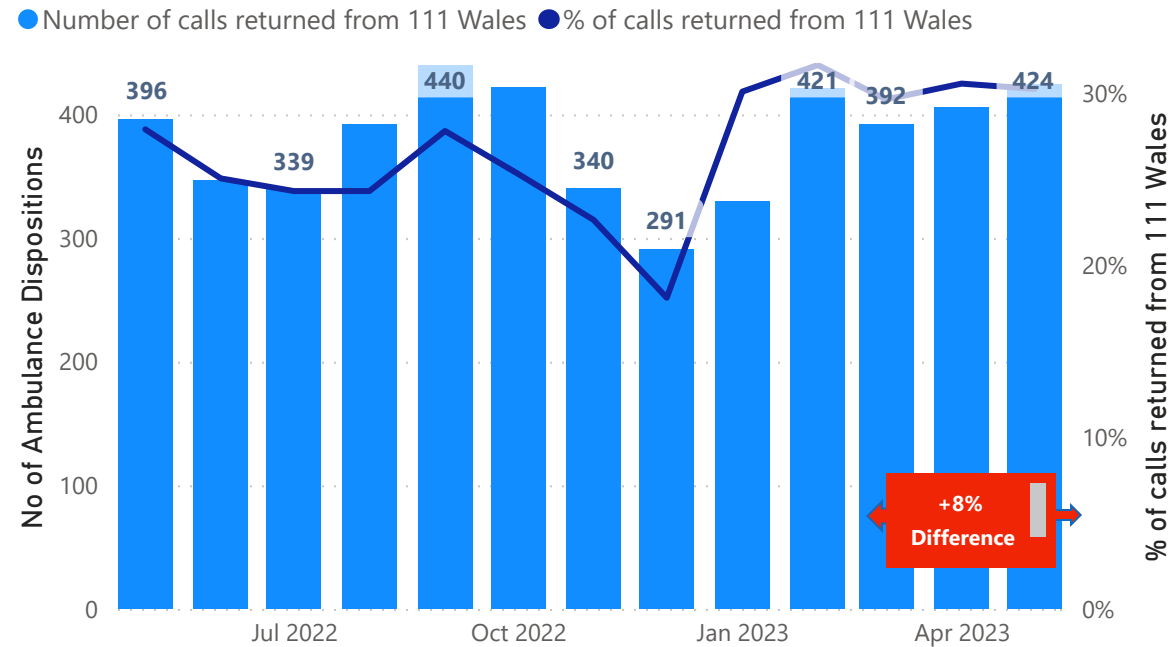
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# Performance Report | 111 Wales to 999 Transfers

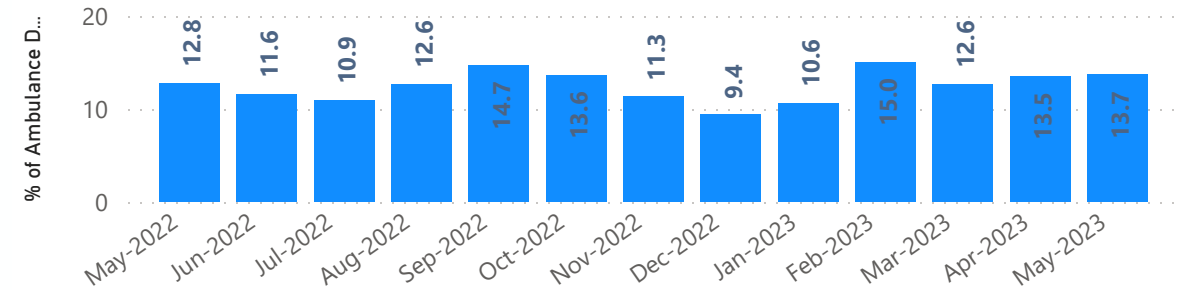


Despite a downward trend for both the number and % calls returned until December 2023, the number and % calls returned from 111 Wales have been increasing since December. In May 2023, the number of calls returned is 7% higher than May 2022, with the % calls being 3% higher in May 2023.

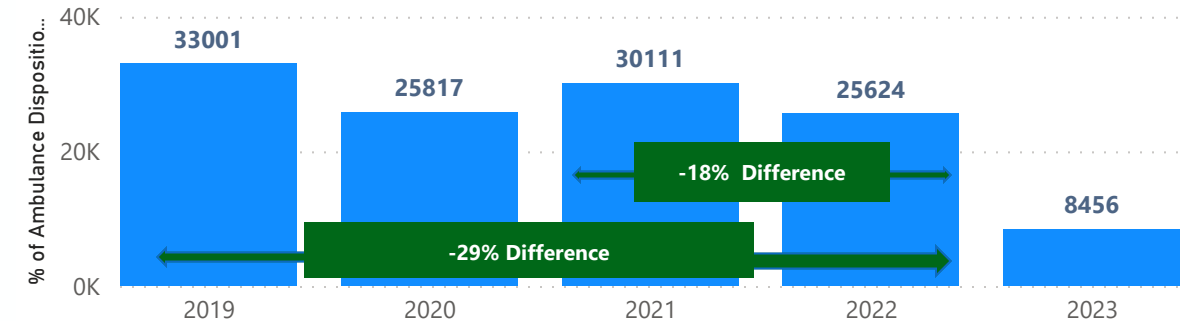
## 2.1 Monthly - Calls returned from 111 Wales



## 2.2 Daily Average - Calls Returned from 111 Wales



## 2.3 Annualised Data - Total Calls Returned from 111 Wales



Source: AQ19ii Calls Returned from NHS Direct with an Outcome of "Ambulance Required"

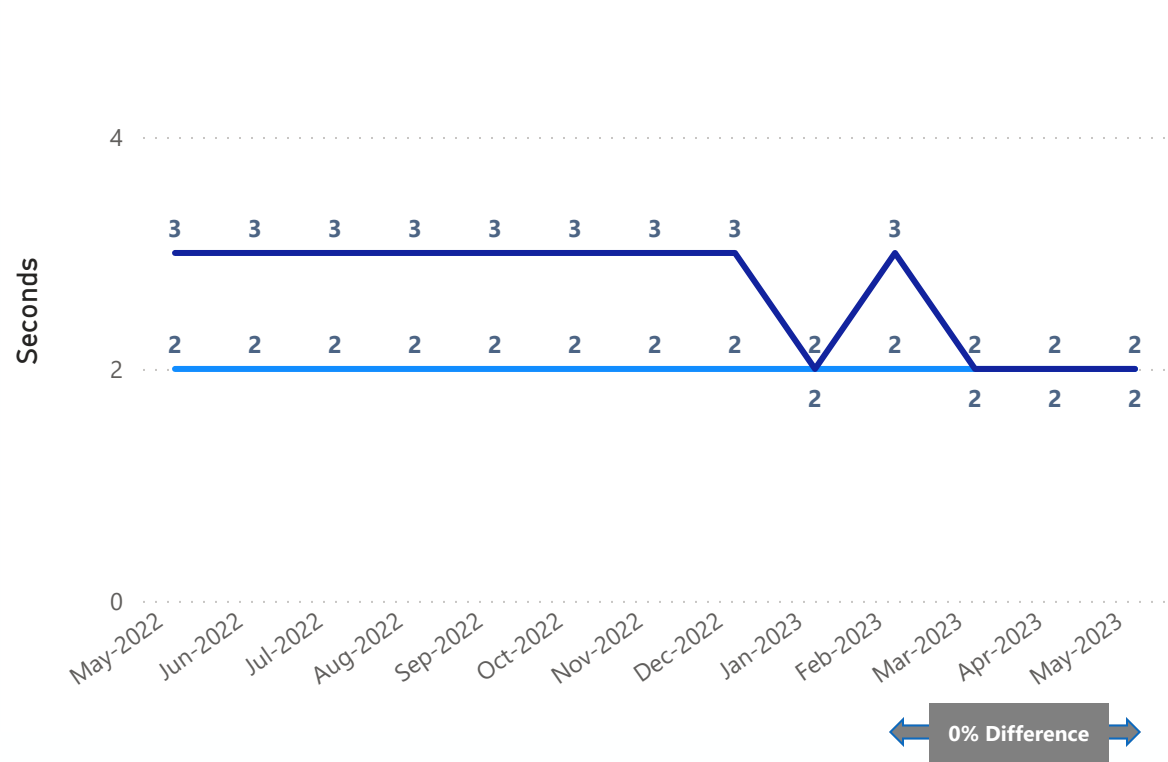
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# Performance Report | 999 call answer times

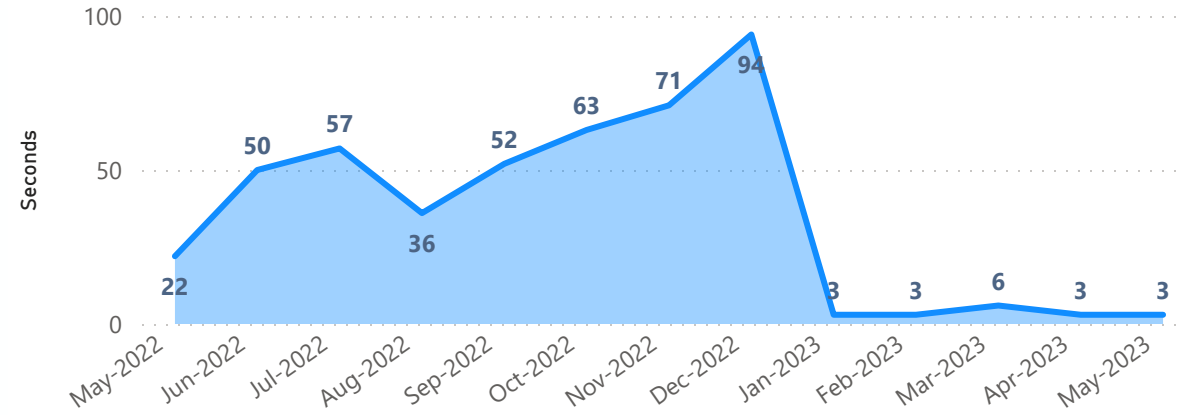
999 call answer times have remained constant. The 95th percentile showed a steady increase up to December 2022 and then reduced substantially from January 2023 onwards.

## 3.1 Median and 65th - 999 Calls: Time to Answer

● Median ● 65th



## 3.2 95th Percentile



## 3.3 Call Abandonment - TBC

Source: AQ17ii 999 Calls: Time to Answer Median, 65th and 95th percentile (in seconds)

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[CTM\\_CASC\\_EASC@WALES.NHS.UK](mailto:CTM_CASC_EASC@WALES.NHS.UK)  
[@NCCU\\_CYMRU](https://twitter.com/NCCU_CYMRU)

NB. Ambulance indicator and performance data is published on the penultimate Thursday of the month with the exception of February 2023 when it is the last Thursday. As such only those in the public domain are shown on this slide.

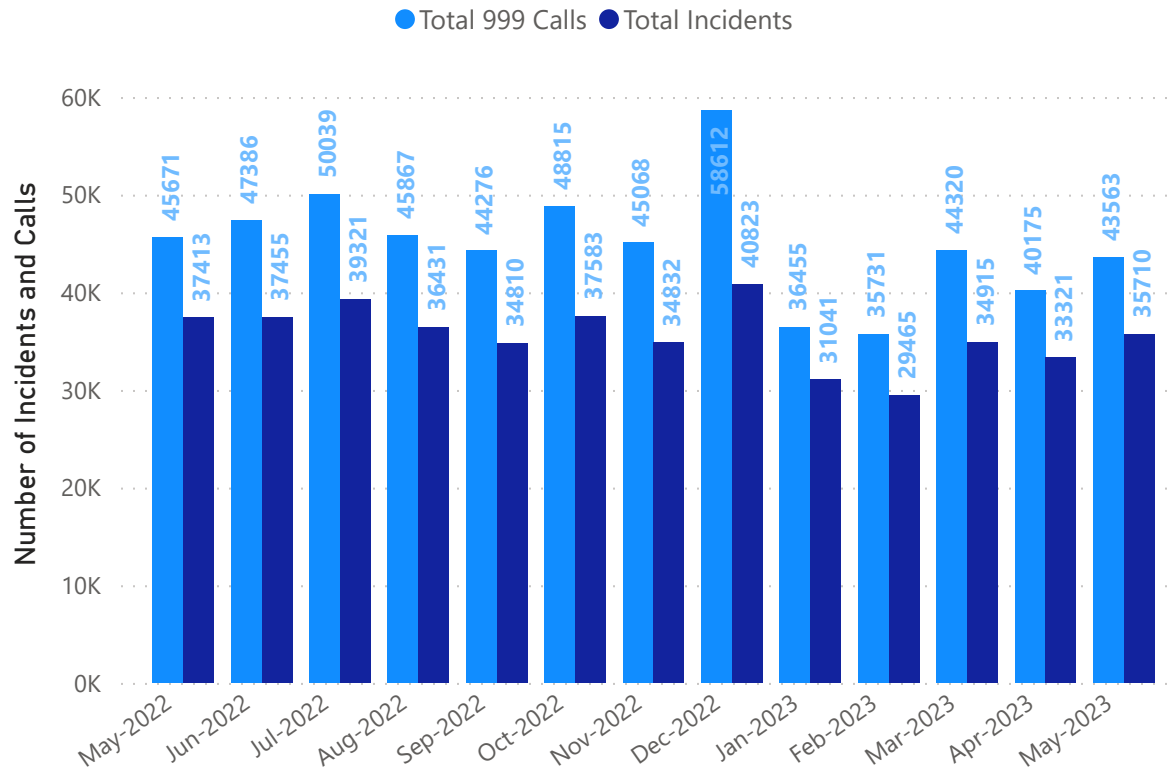


# Performance Report | All incidents

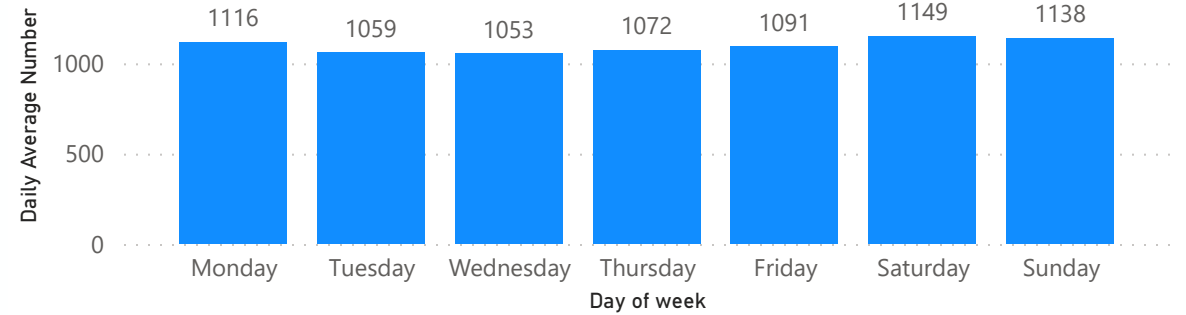


There is an overall reducing trend in call and incidents. May 2023 saw a 5% reduction in calls and a 4% reduction in incidents compared to May 2022

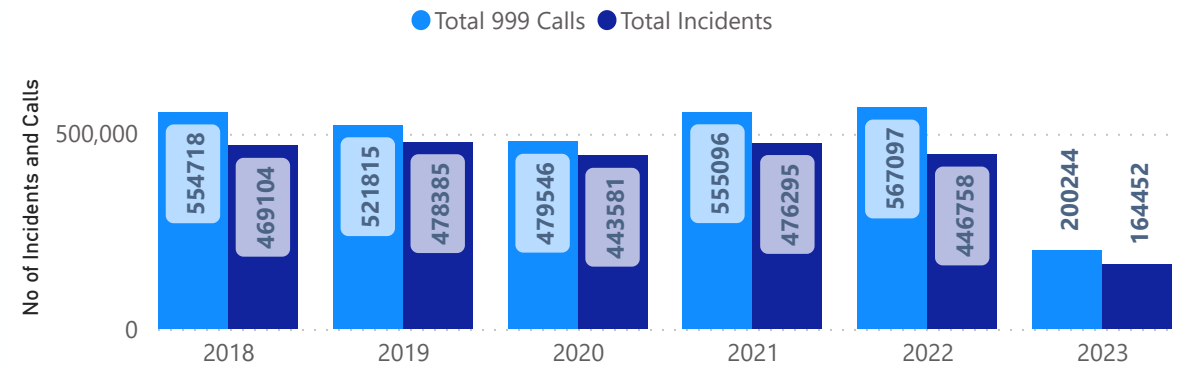
## 4.1 Monthly Volume of Incidents and Calls



## 4.2 Average Daily Incidents - 2023



## 4.3 Annualised Data - Total Incidents and Calls



Source: AQ15 Total number of incidents; Avg Daily Incidents - WAST SQL Data Academy

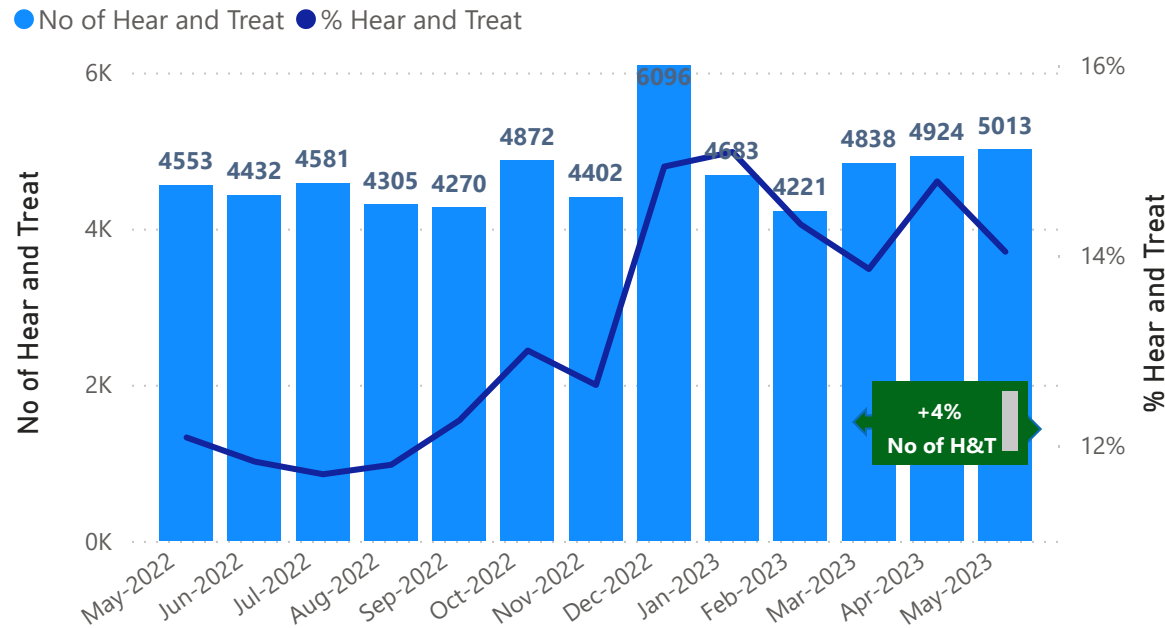
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# Performance Report | Hear and Treat



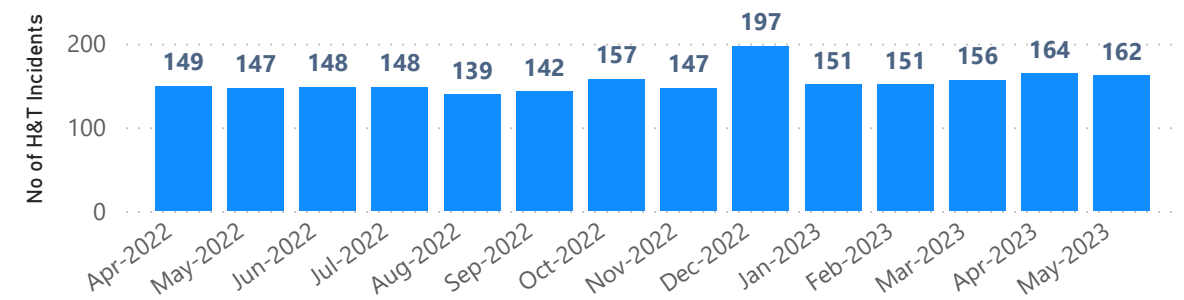
The number and % of Hear and Treat Incidents has an upward trend for the period shown. The number of Hear and Treat incidents May 2023 is 10% higher than that for the same period last year. The % of Hear and Treat against total incidents is 2% higher in May 2023, as compared to May 2022.

## 5.1 Monthly - Volume of Hear and Treat Incidents

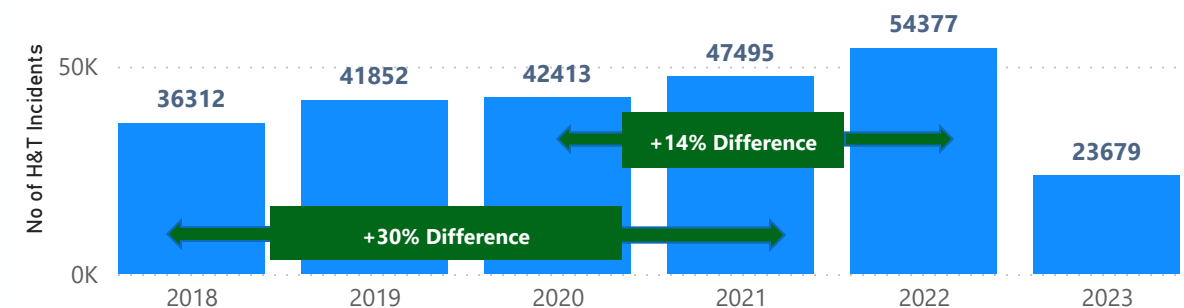


Source: AQI10i Number of calls ended following WAST telephone assessment (Hear and Treat)

## 5.2 Daily Average - Number of Hear and Treat Incidents



## 5.3 Annualised Data - Number of Hear and Treat Incidents



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NB. Ambulance indicator and performance data is published on the penultimate Thursday of the month with the exception of February 2023 when it is the last Thursday. As such only those in the public domain are shown on this slide.

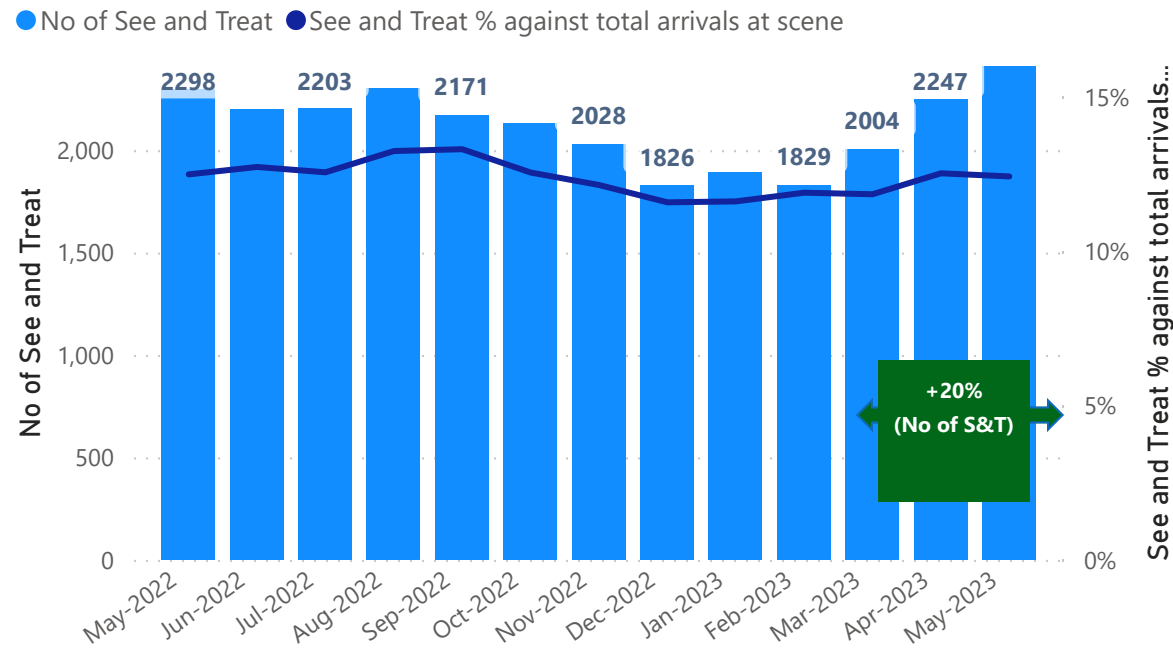


# Performance Report | See and Treat



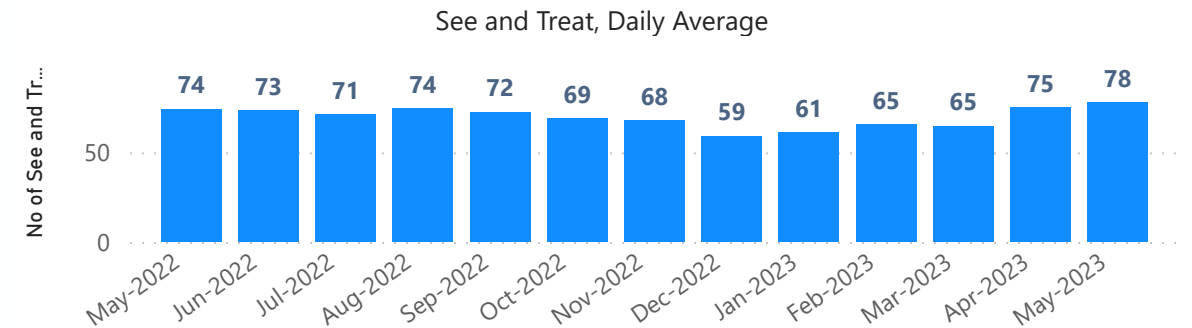
See and Treat levels are relatively static over the period, whilst there was a dip in the number over the winter of 2022/23, numbers are now returning to historical norms. May 2023 shows the highest number of See and Treat incidents for the period shown and is 5% higher than May 2022. The % of See and Treat Incidents in May 2023 is consistent with the same period last year.

## 6.1 Monthly Volume of See and Treat Responses

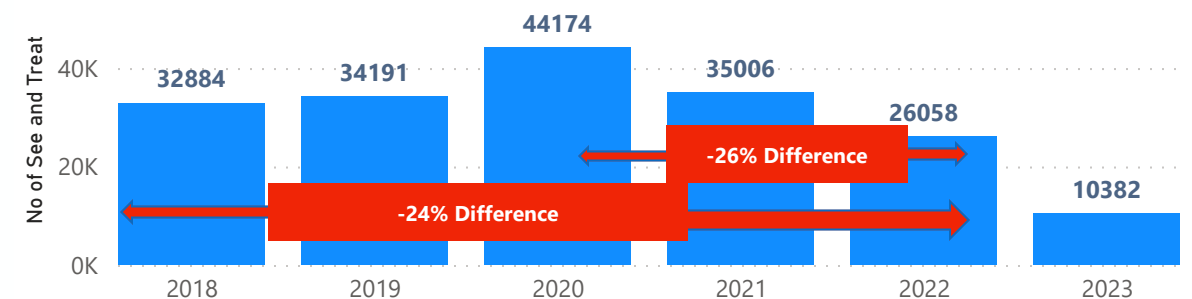


Source: AQI19i Total Number of Incidents where an Ambulance Resource Attended Scene

## 6.2 Daily Average - Number of See and Treat Responses



## 6.3 Annualised Data - Number of See and Treat Responses



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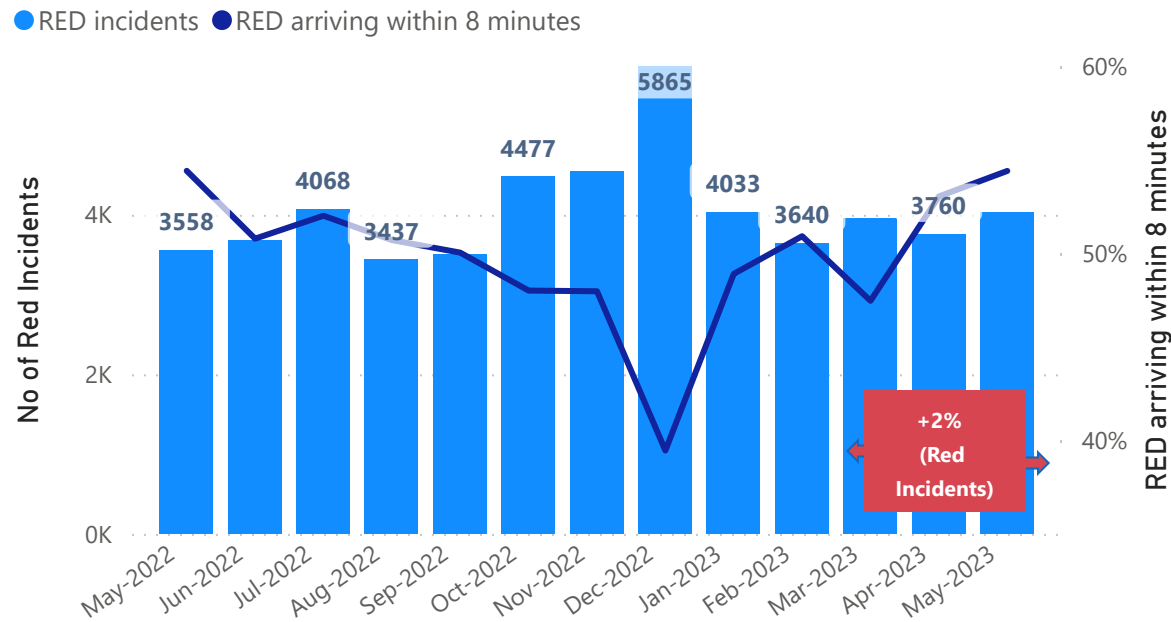


# Performance Report | RED incidents

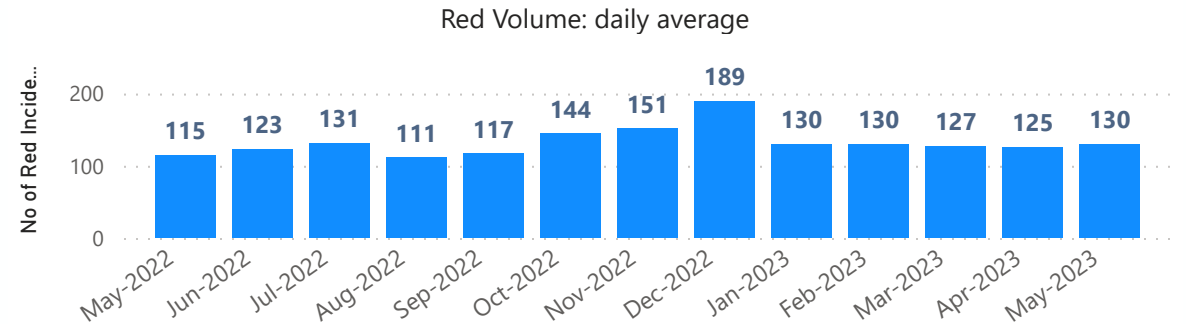


Since December 2022, there is a downward trend of the number red incidents, whilst the 8 minute % performance has been steadily increasing. The number of red incidents in May 2023 was 13% higher as compared to May 2022, although the 8 min % performance was consistent for the same time period.

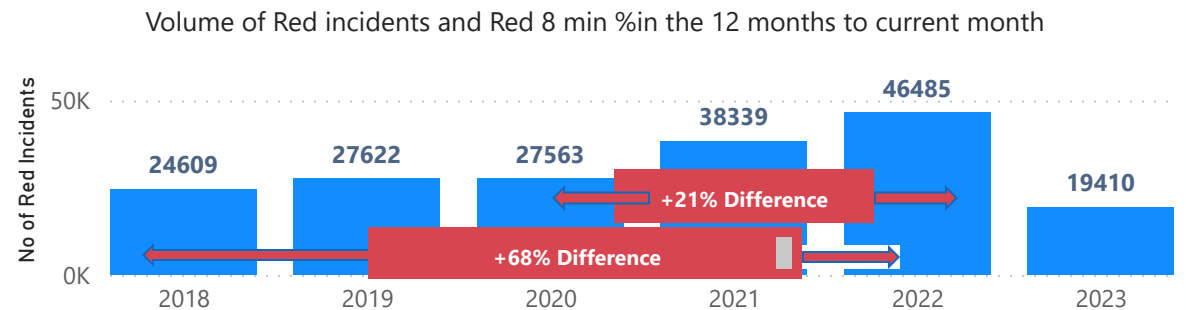
## 7.1 Monthly Volume of Red Incidents and Red % Performance



## 7.2 Daily Average - Red Volume



## 7.3 Annualised Data - Volume of Red Incidents and Red 8 min %



Source: AQI11 Number of RED category incidents resulting in an emergency response

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[CTM\\_CASC\\_EASC@WALES.NHS.UK](mailto:CTM_CASC_EASC@WALES.NHS.UK)  
[@NCCU\\_CYMRU](https://twitter.com/NCCU_CYMRU)

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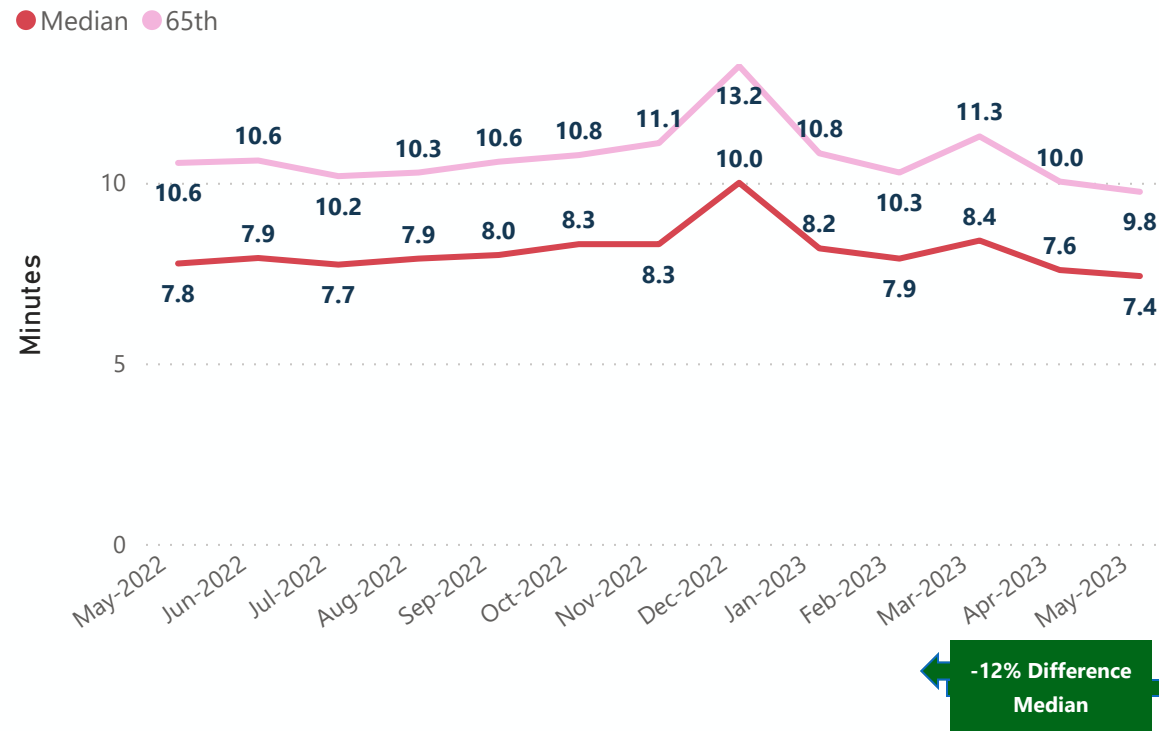


# Performance Report | RED incident response time



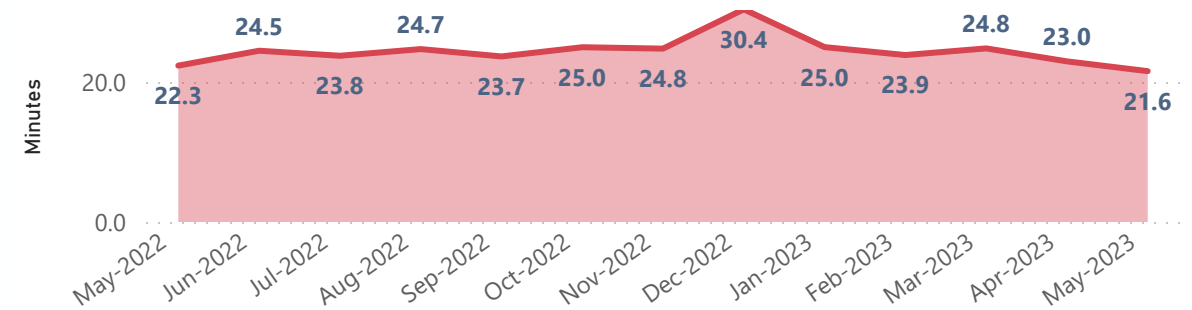
Despite seeing red median and 65th peak to a all-time high in December 2022, red median and 65th has been slowly reducing throughout the time period reported. Red Median in May 2023 was the lowest it had been for the period reported and was 5% lower than May 2022. The longest red in was also at its lowest in May 2023, for the period reported.

## 8.1 Median and 65th Percentile Red Response Time (Minutes)

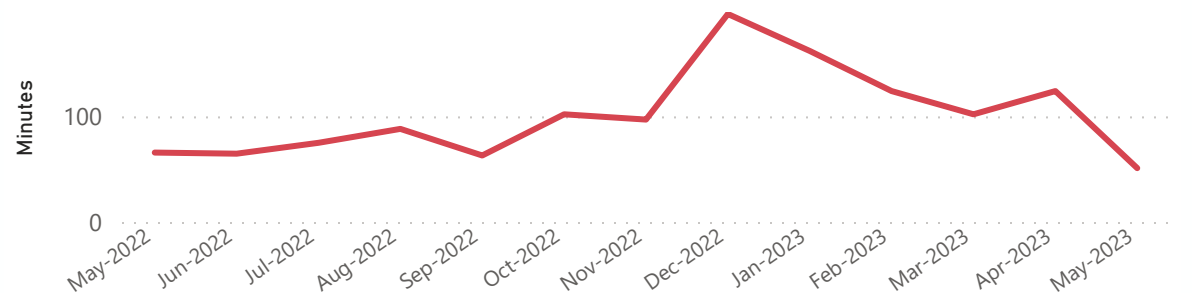


Source: AQI11 Red Category Median, 65th and 95th Response Minutes

## 8.2 95th Percentile Red Response Time (Minutes)



## 8.3 Longest Red



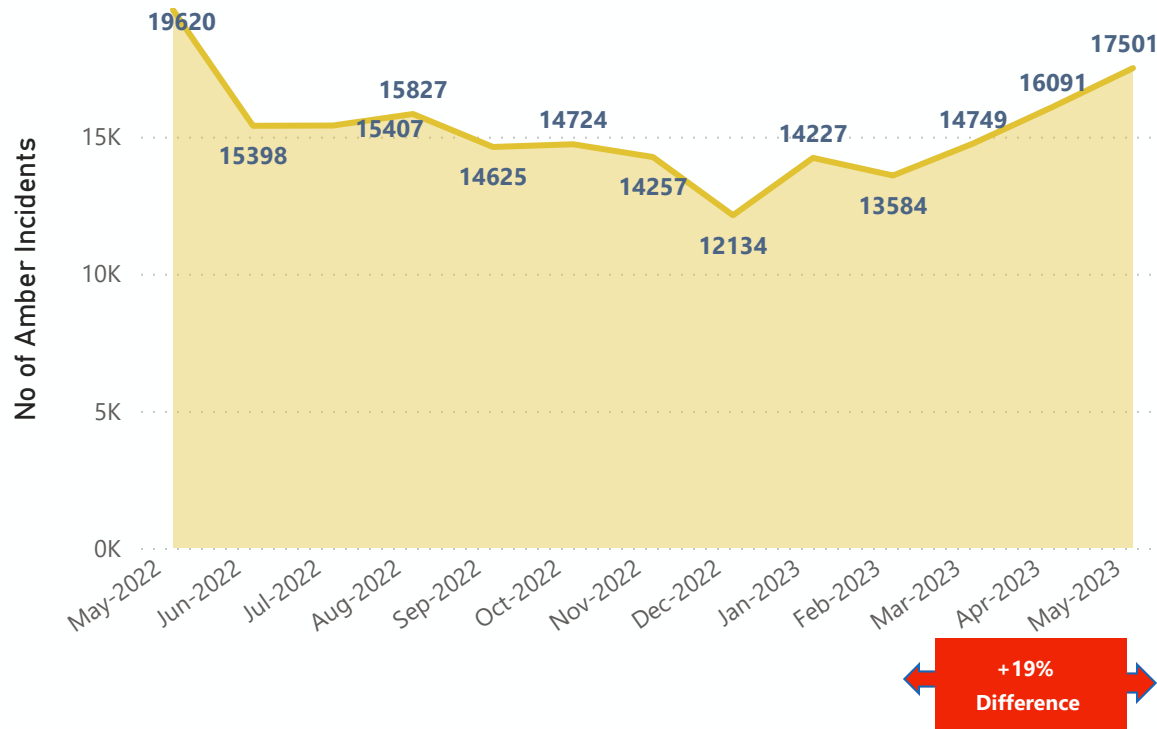
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# Performance Report | AMBER incidents



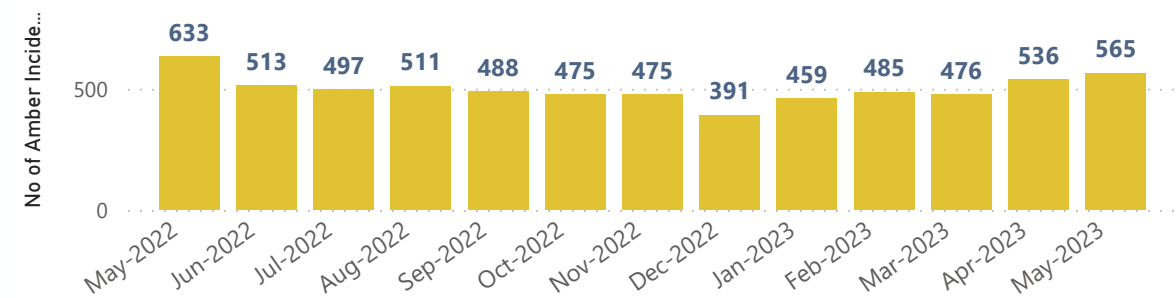
Despite the number of amber incidents being on an upward trend since December 2022, the number of amber incidents in May 2023 was 13% lower than May 2022. The daily average has seen an increase since December 2022. The daily average in May 2023 is 11% lower than May 2022.

## 9.1 Monthly Volume of Amber Incidents

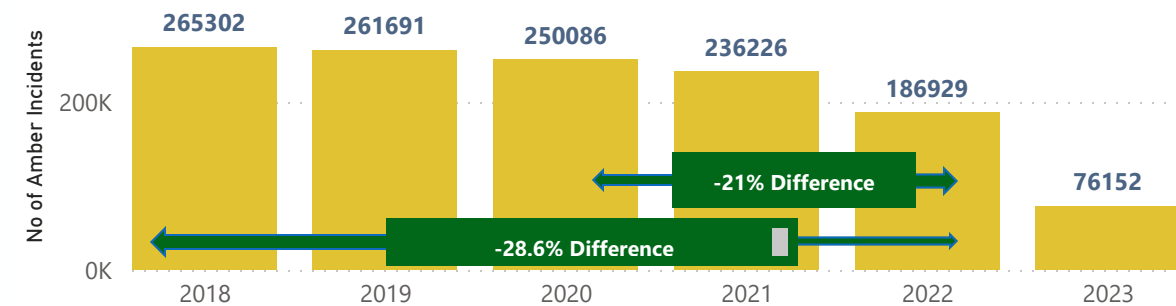


Source: AQI11 Number of Amber category incidents resulting in an emergency response

## 9.2 Daily Average - Number of Amber Incidents



## 9.3 Annualised Data - Number of Amber Incidents



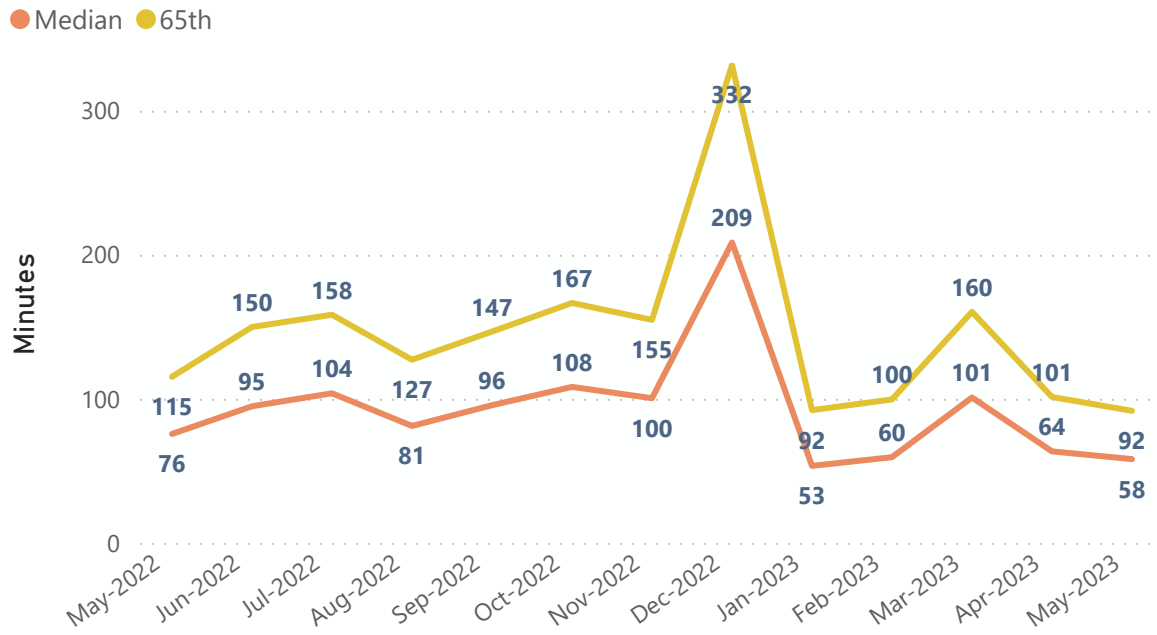
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# Performance Report | AMBER incident response times



Amber Median in May 2023 was 17 minutes lower than 2022, Amber 65th was 23 minutes and Amber 95th was 59 minutes lower in May 2023 as compared to May 2022.

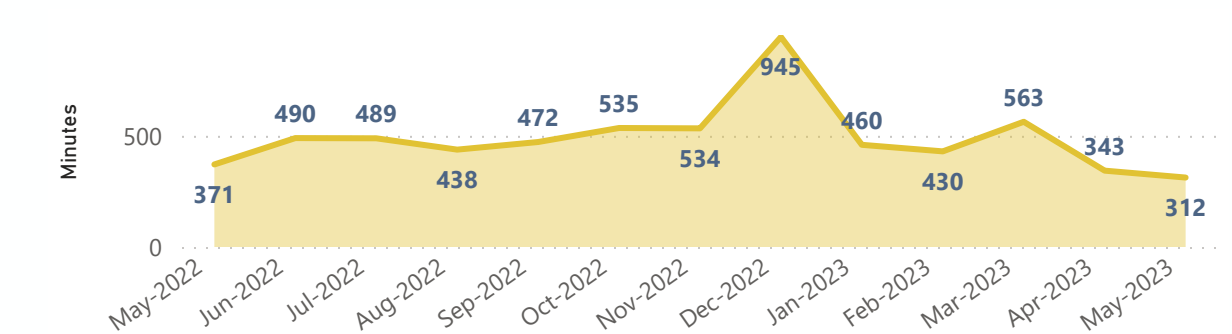
## 10.1 Median and 65th Percentile Amber Response Time (Minutes)



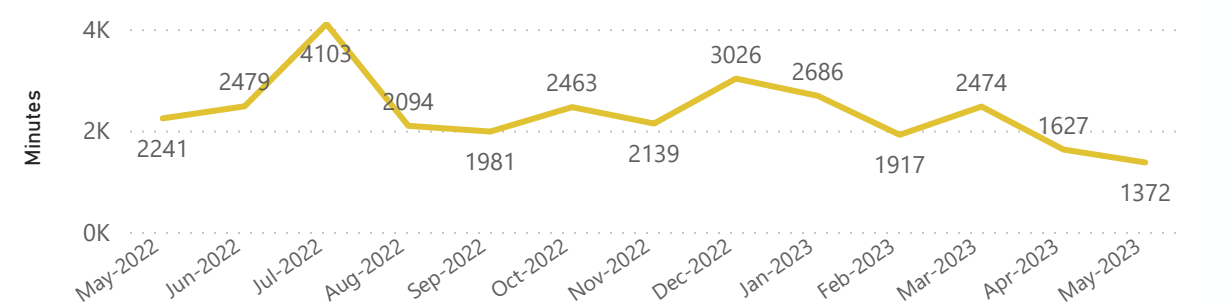
-43%  
Difference  
(median)

Source: AQI11 Amber Category Median, 65th and 95th Response Minutes

## 10.2 95th Percentile Amber Response Time (Minutes)



## 10.3 Longest Amber (Minutes)



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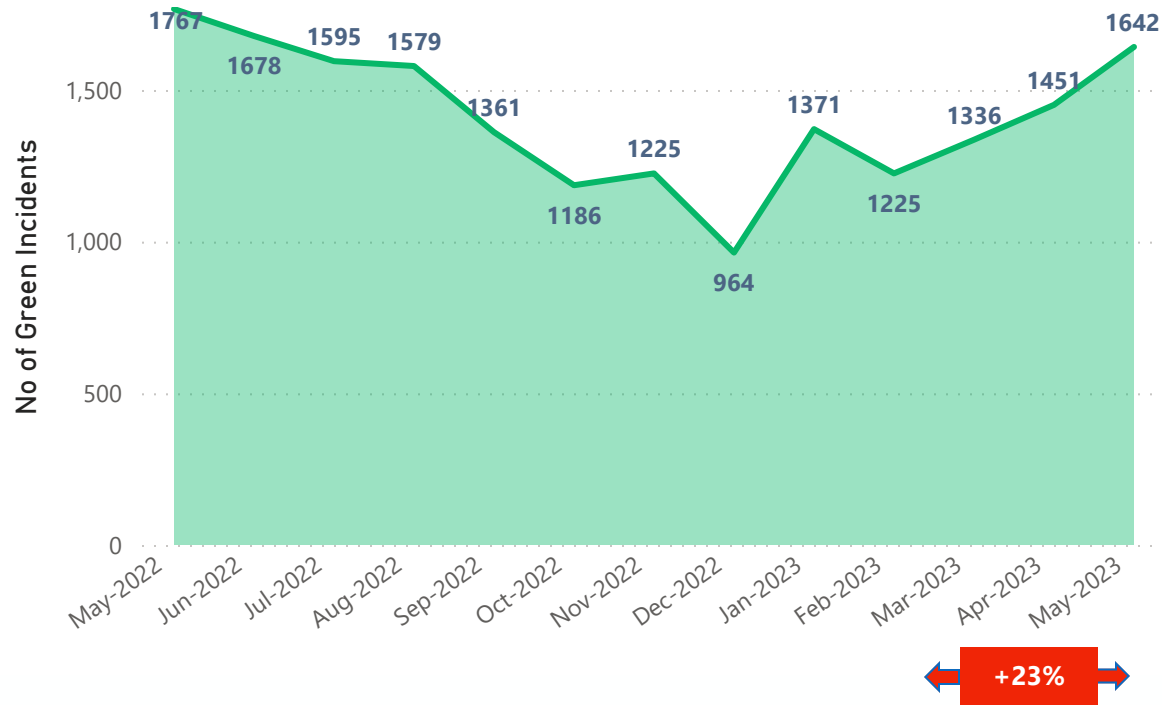


# Performance Report | GREEN incidents



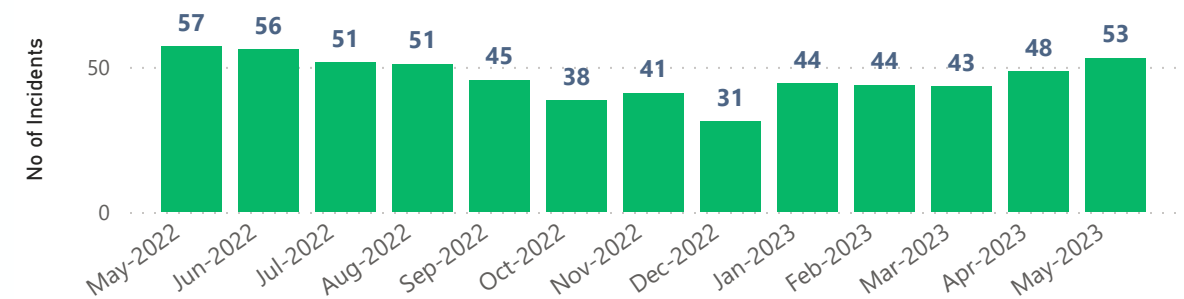
May 2023 saw a 12% increase as compared from the previous month, but is 8% lower than May 2022. The daily average has reduced throughout the period, with May 2023 being 5 green incidents higher than the previous month before.

## 11.1 Monthly Volume of Green Incidents

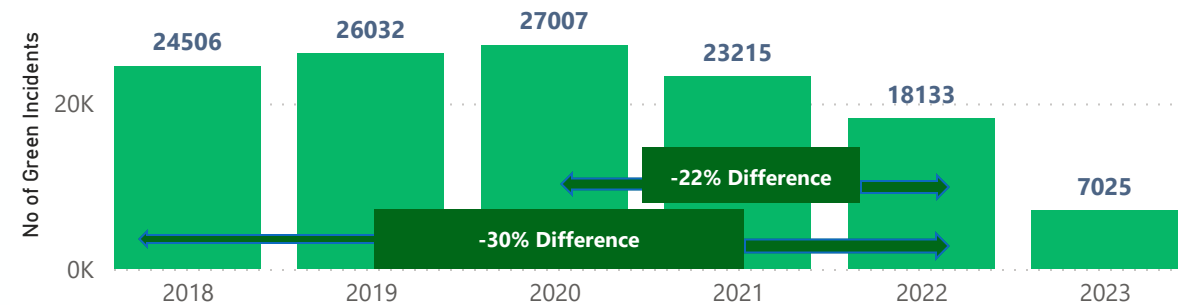


Source: AQ111 Number of Green category incidents resulting in an emergency response

## 11.2 Daily Average - Number of Green Incidents



## 11.3 Annualised Data - Number of Green Incidents



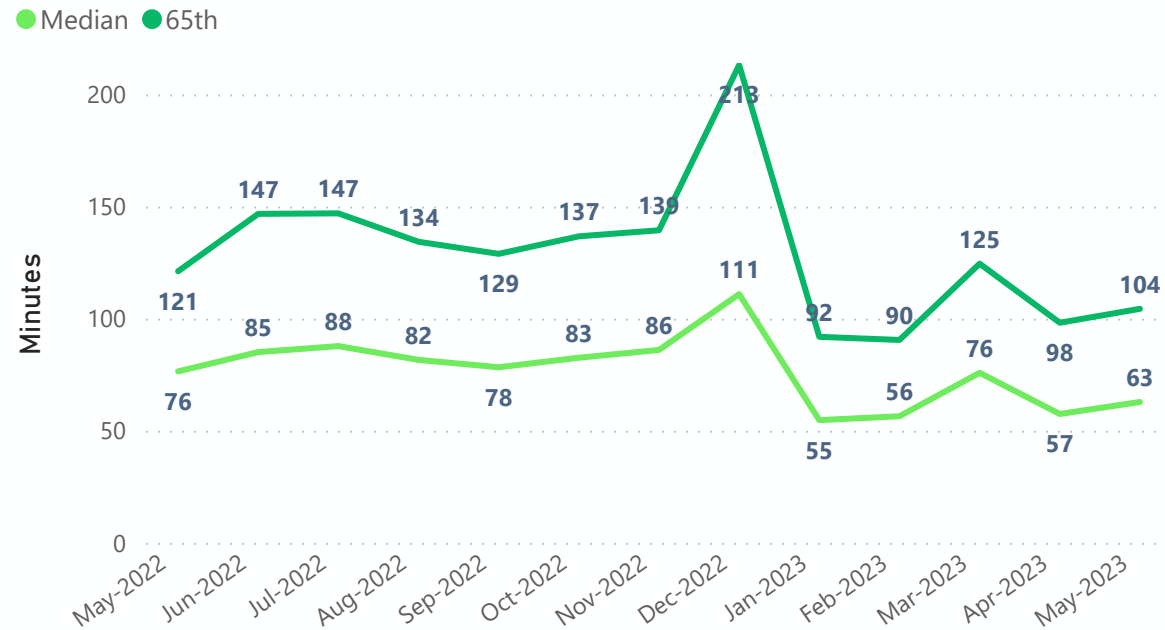
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# Performance Report | GREEN incident response times

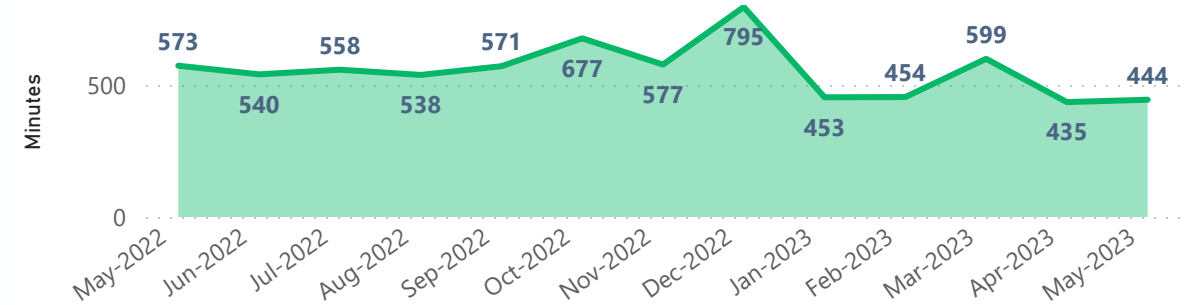


Green median has been reducing overall throughout the time period shown, despite spike in December 2022. Green Median in May 2023 is 13 minutes lower than May 2022. Green 65th is 17 minutes and Green 95th is 129 minutes lower in May 2023 as compared to May 2022.

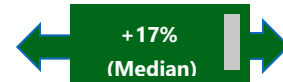
## 12.1. Median and 65th Percentile Green Response Time (Minutes)



## 12.2 95th Percentile Green Response Time (Minutes)



## 12.3 Longest Green TBC



Source: AQI11 Green Category Median, 65th and 95th Response Minutes

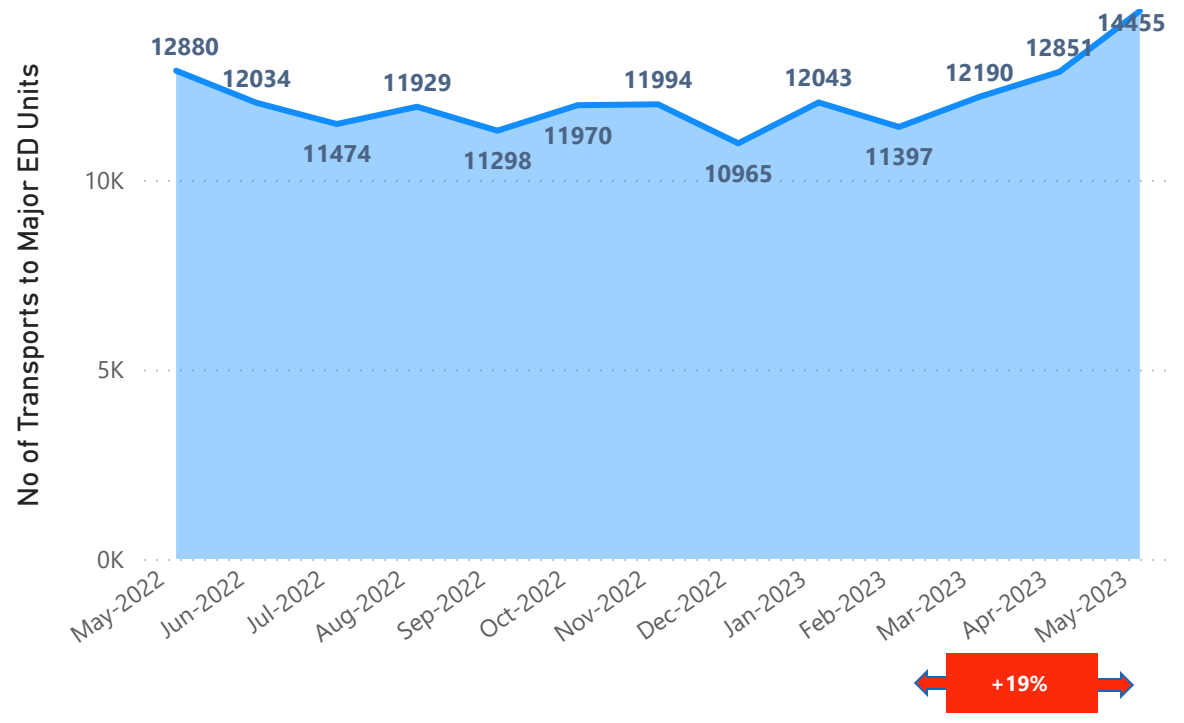
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# Performance Report | Transported to Tier 1 site



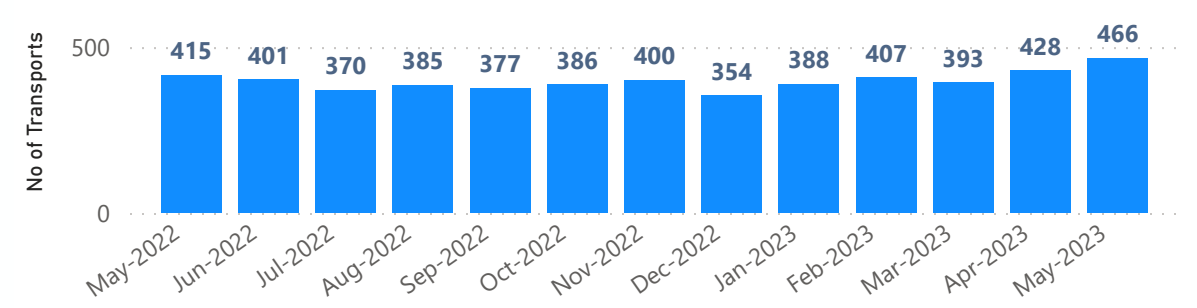
The number of incidents transported to Tier 1 sites has been steadily increasing since February 2023. In May 2023, the number of incidents transported to Tier 1 sites was 12% higher than May 2022. The daily number of incidents was 51 incidents (11%) higher in May 2023 as compared to May 2022.

## 13.1 Monthly Volume of Transport to Major ED Units

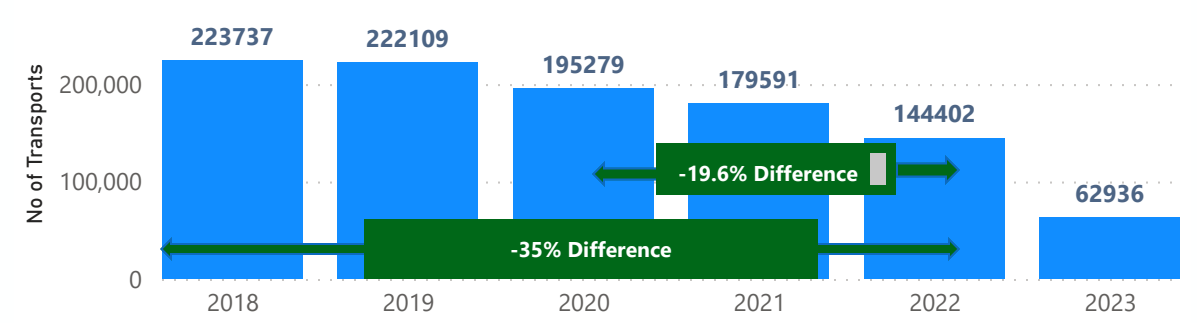


Source: AQ119ii Tier 1 Major A&E Units

## 13.2 Daily Average - Number of Transport to Major ED Units



## 13.3 Annualised Data - No of Transport to Major ED Units



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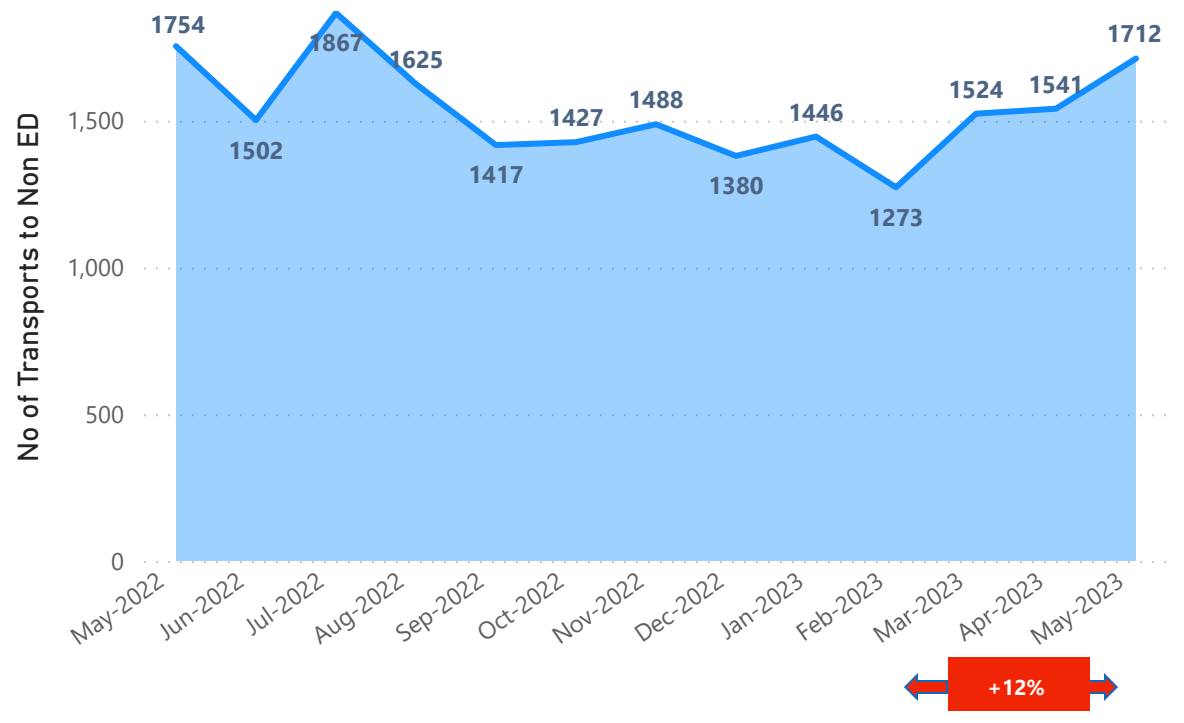


# Performance Report | Transported to non-Tier 1 site

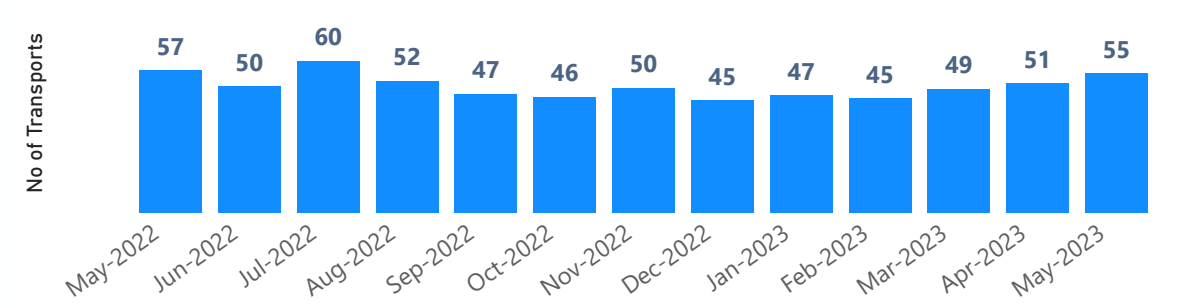


The number of incidents transported to non Tier 1 sites has reduced throughout the period until February 2023. Since February 2023, there has been a 34% increase in the number of incidents transported to non Tier 1 sites. Despite this increase, May 2023 was 2% lower than May 2022. The daily average has remained constant, with May 2023 being 2 incidents lower than May 2022.

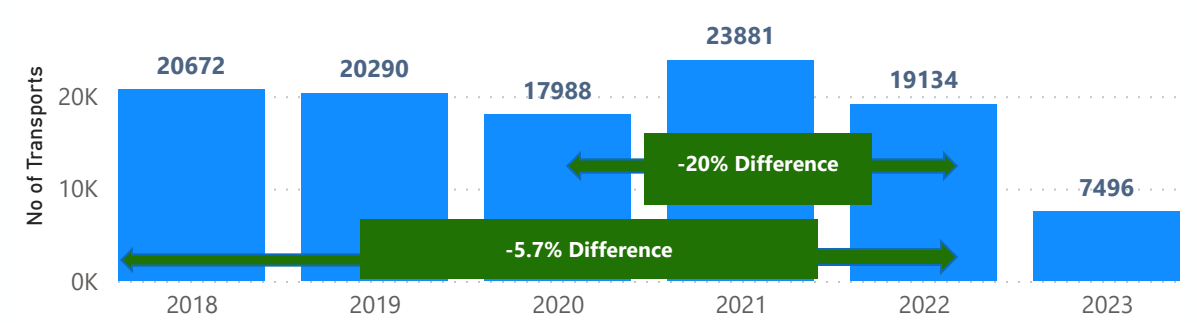
## 14.1 Monthly Volume of Transport to non Major ED



## 14.2 Daily Average - Transport to Non Major ED



## 14.3 Annualised Data - Transport to Non Major ED



Source: AQI19ii Total number of patients conveyed to hospital by type / AQI19ii Tier 1 Major A&E Units

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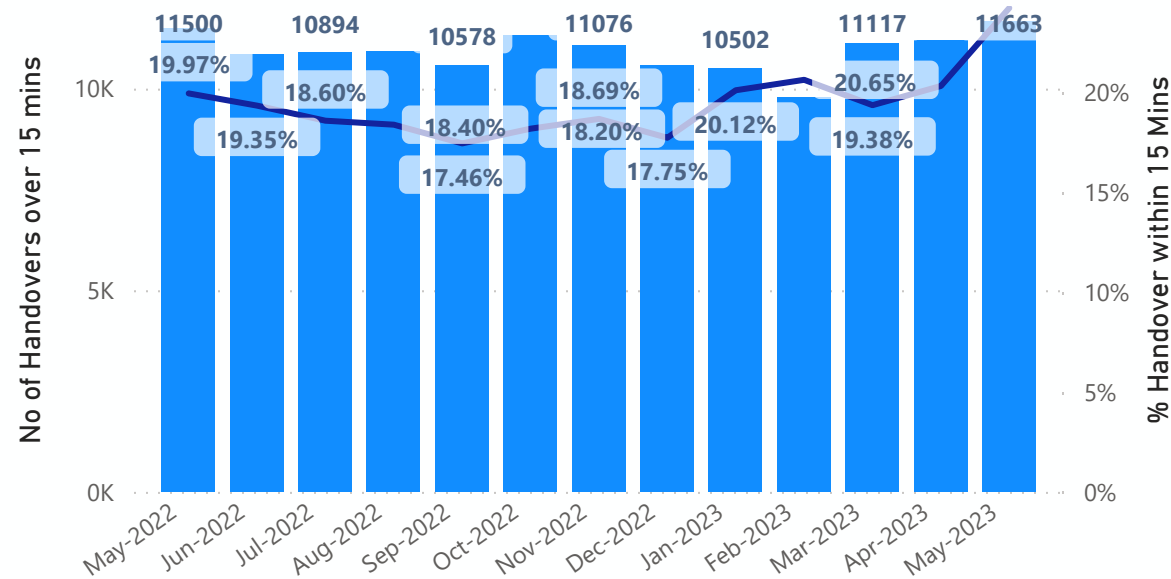
# Performance Report | Handover delays over 15-minutes



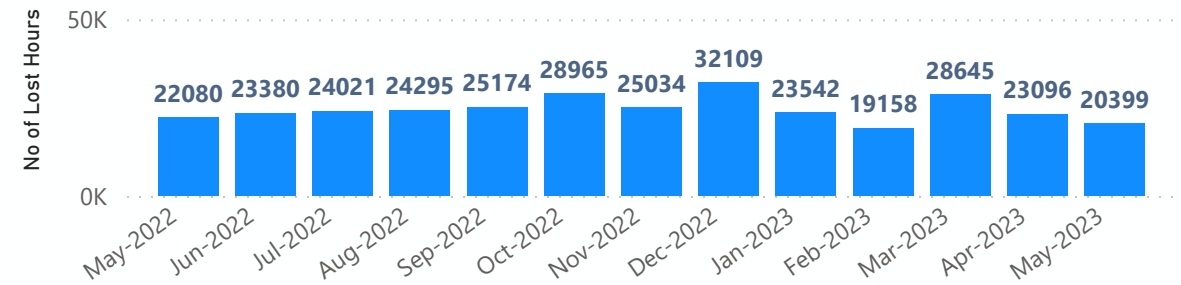
The number of handovers over 15 mins in May 2023 is 1% higher as compared to May 2022, The % of handovers within 15 minutes in May 2023 is 5% higher, compared to May 2022. For lost hours, May 2023 was 8% lower than May 2022.

## 15.1 Volume of Handovers over 15 minutes

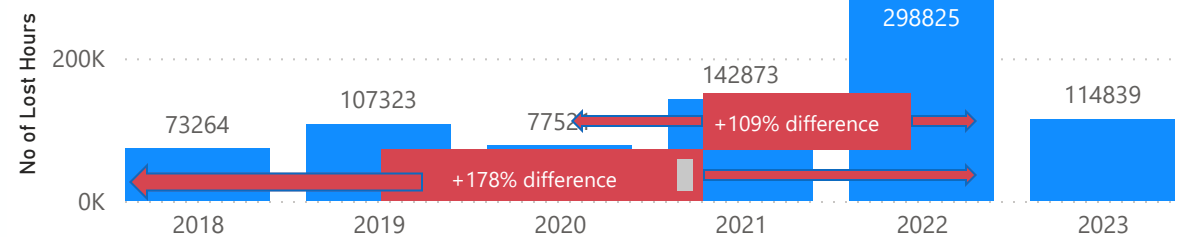
● Handovers over 15 Mins ● % Handover within 15 Mins



## 15.2 Hours lost for handovers over 15 minutes



## 15.3 Hours Lost for handovers over 15 minutes



Source: AQI20i Total Number of Handovers / AQI20i Number of Notification to Handover within 15 minutes

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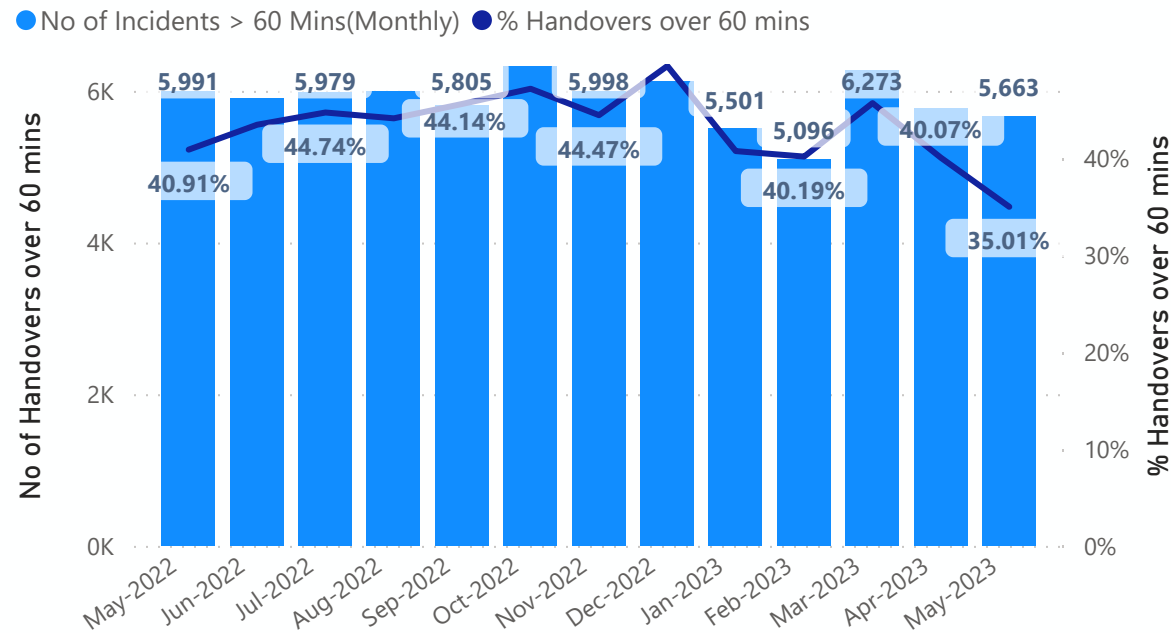


# Performance Report | Handover delays over 60-minutes



The number and % of handovers over 60 minutes has remained constant throughout the period shown. The number and % of handovers over 60 minutes is 5% lower in May 2023 as compared to May 2022. Lost hours was 10% lower in May 2023, as compared to May 2022.

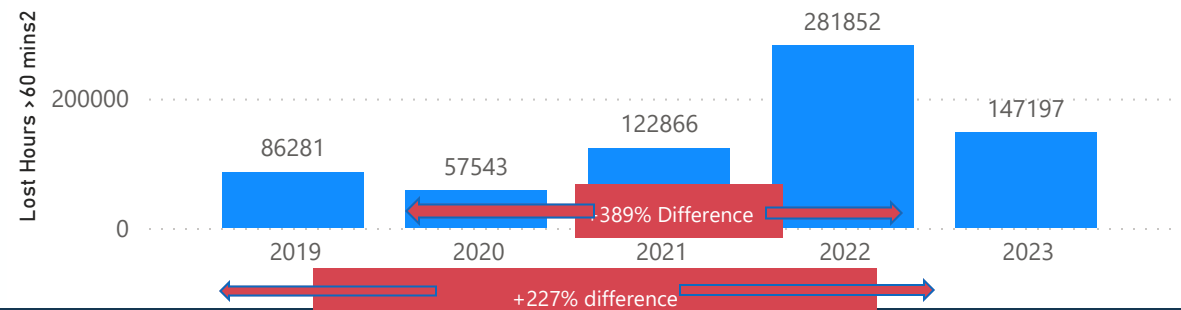
## 16.1 Number of Handovers over 60 minutes



## 16.2 Hours lost for handovers over 60 minutes



## 16.3 Hours Lost for handovers over 60 minutes



Source: Welsh Ambulance Services NHS Trust Data Academy SQL

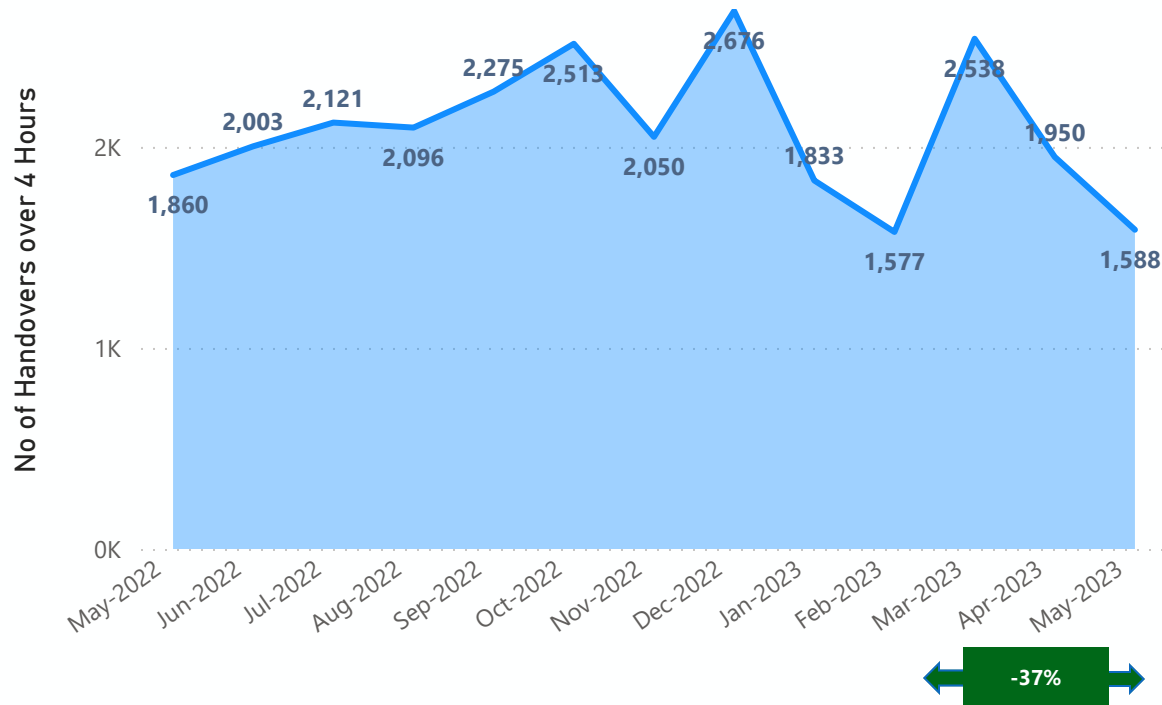
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# Performance Report | Handover delays over 4-hours

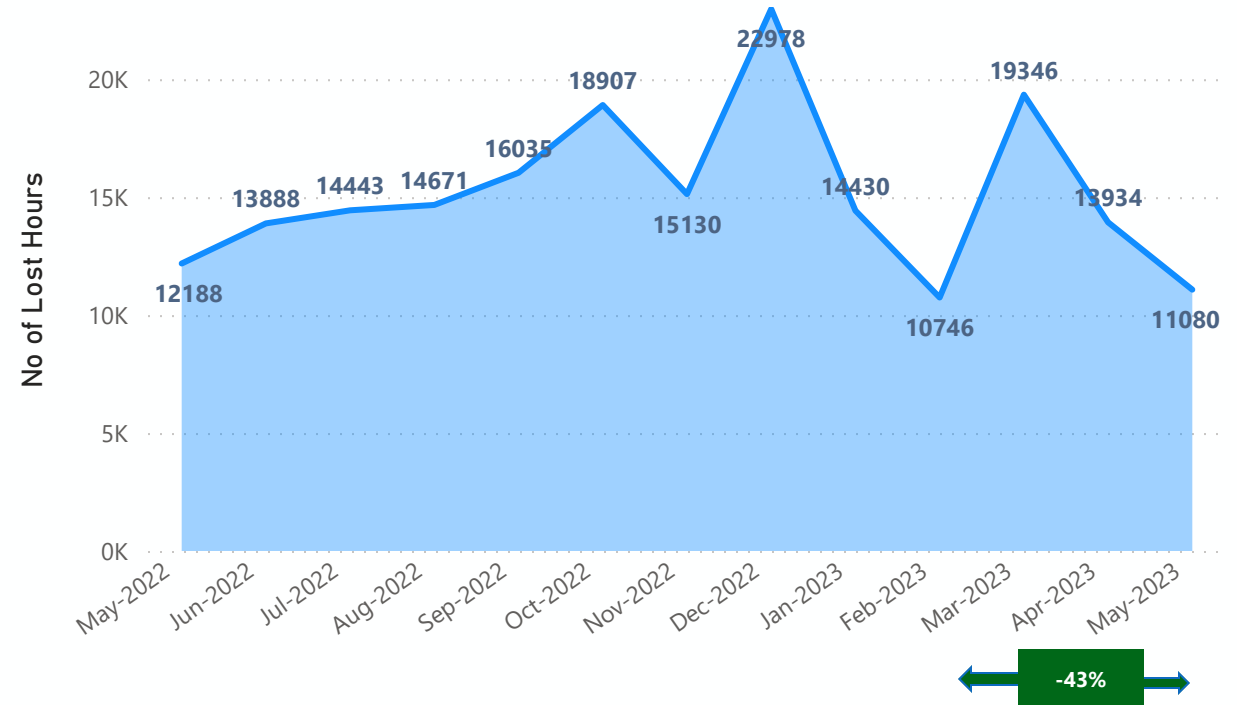


There was a 37% decrease in the number of delays over 4 hours and a 43% decrease in lost hours from March 2023 to May 2023. The number of delays over 4 hours is 17% lower in May 2023 as compared with May 2022, and a 10% reduction in lost hours for the same period.

## 17.1 Number of Handovers over 4 Hours



## 17.2 Hours lost for handovers over 4 Hours



Source: Welsh Ambulance Services NHS Trust Data Academy SQL

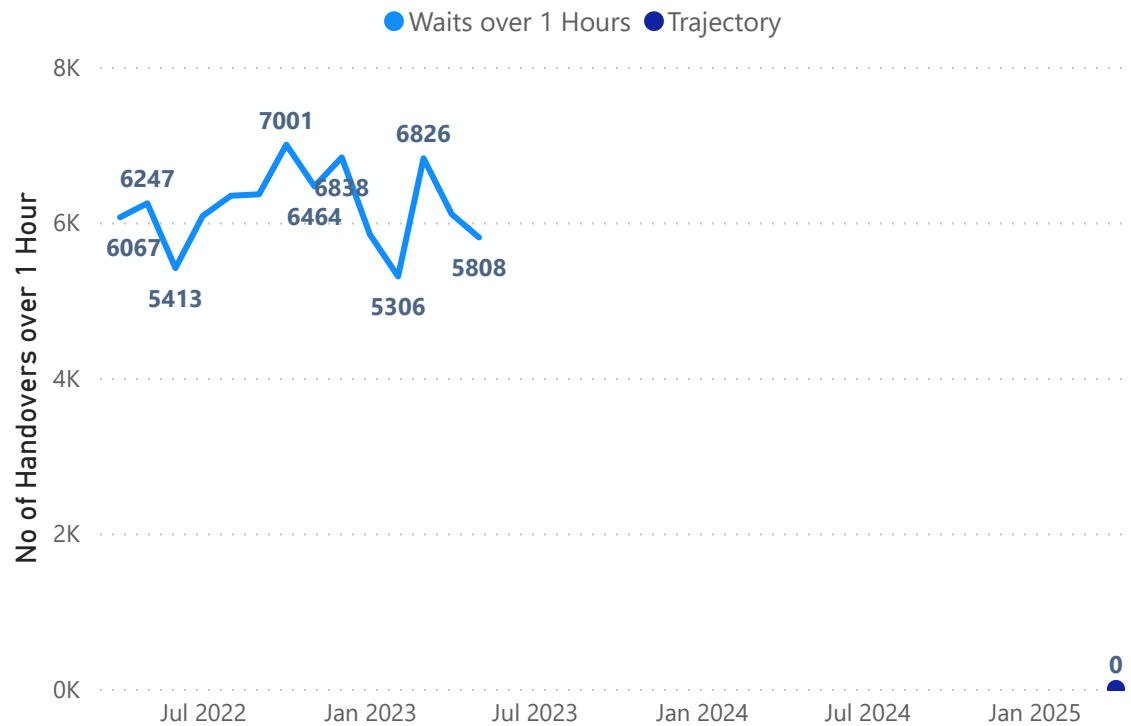
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# Performance Report | Trajectory

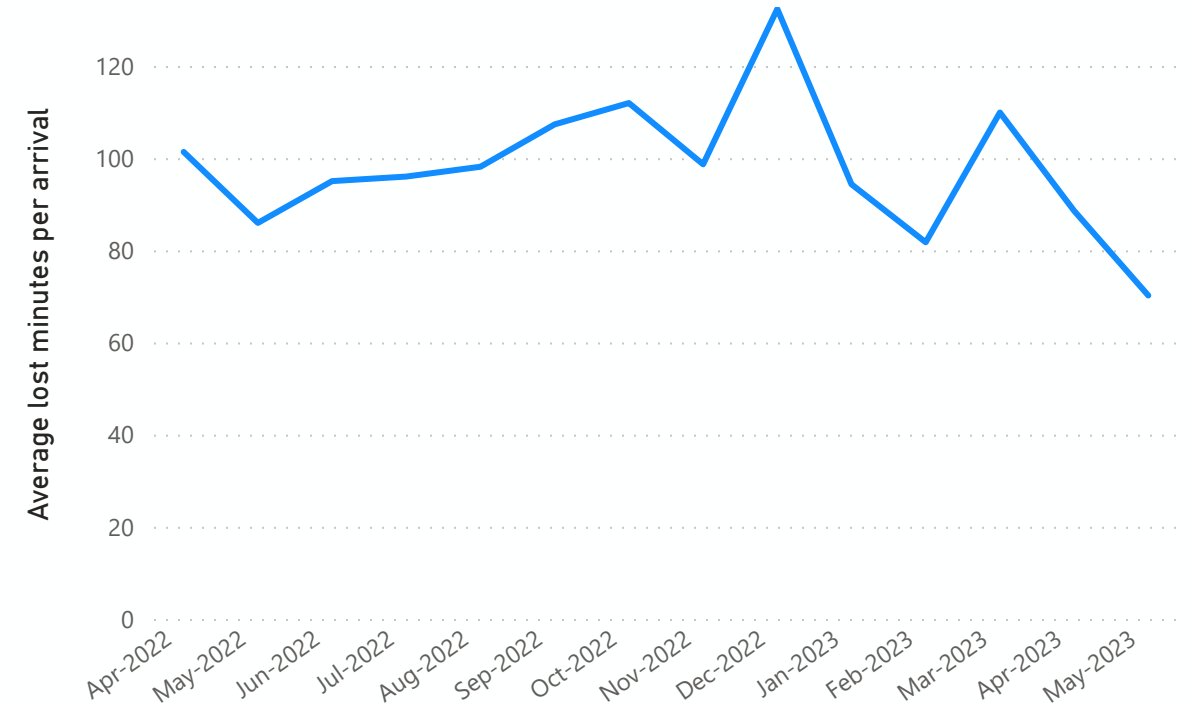


The number of handovers over 1 hour for May 2023 is lower (5808) than May 2022 (6247). Average lost minutes per arrival for May 2023 is lower (70 mins) than May 2022 (86 mins). HB are expected to eradicate all handovers over 1 hours by the end of April 2025

## 18.1 1 Hour Trajectory



## 18.2 Average Lost Minutes per Arrival (All Vehicles)



Source: 4 hour Trajectory - Hospital Handover Delays by Time Band delays . Please note that numbers of delays may be duplicated here as they may fall in several time bands Average Lost Minutes - Welsh Ambulance Services NHS Trust Data Academy SQL

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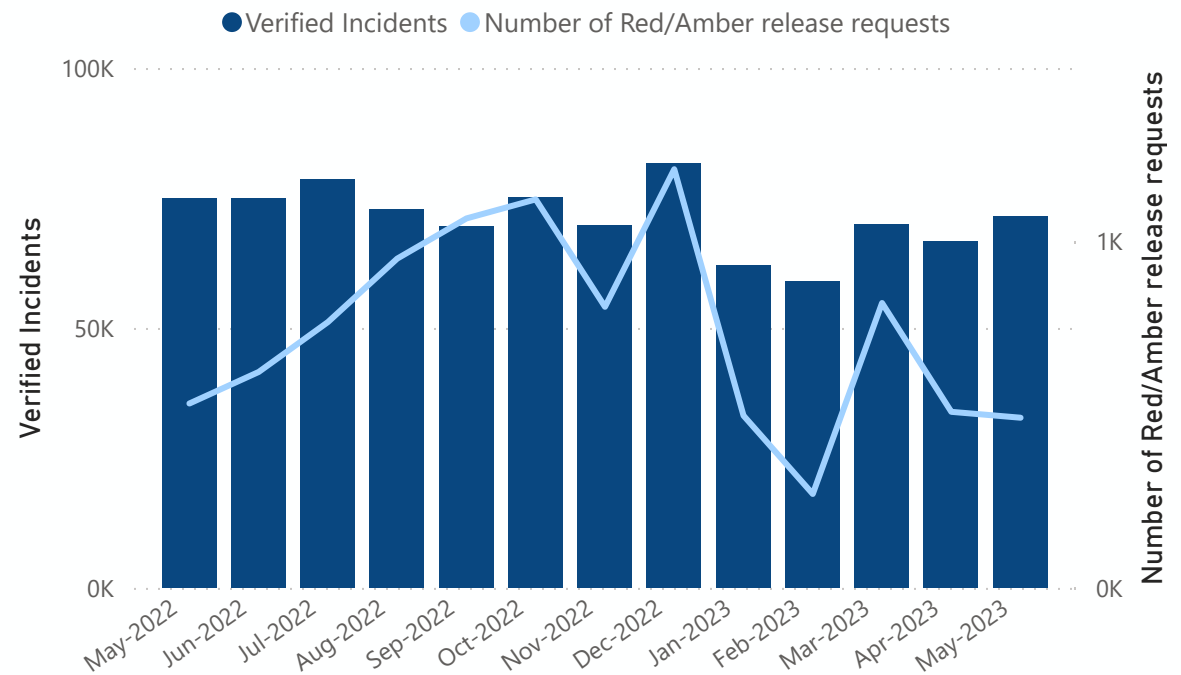


# Performance Report | RED/AMBER release requests

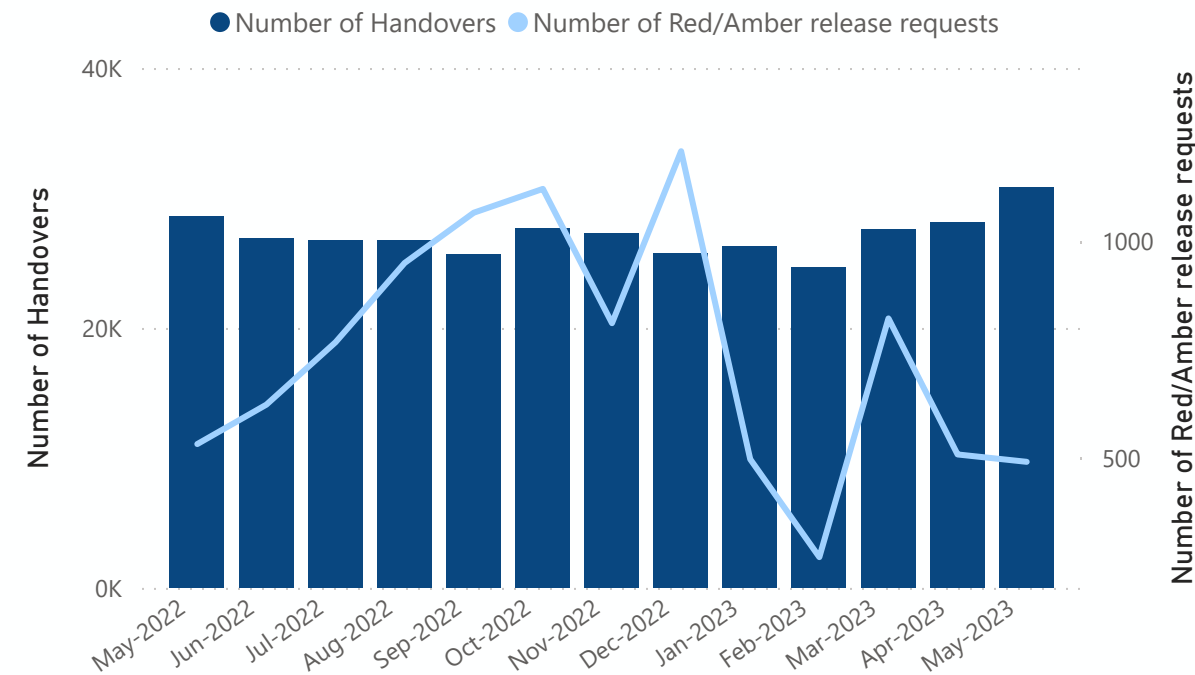


There is a downward trend of both incidents and release requests throughout the period. Release requests are 8% lower in May 2023 as compared to May 2022. Incidents were 5% lower and Handovers were 7% higher for May 2023 as compared to May 2022.

## 19.1 Red/Amber Release Request v Verified Incidents



## 19.2 Red/Amber Release Request v Total Handovers



Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQ15 Total number of incidents

Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQ120i Total Number of Handovers

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# Performance Report | Unit Hour Production (UHP)



Lowest Recorded UHP

**88.90%**

All Wales Latest Month

Average Recorded UHP

**96.26%**

All Wales Latest Month

Highest Recorded UHP

**104.30%**

All Wales Latest Month

Lowest Recorded UHP

**92.4%**

N Wales Latest Month

Lowest Recorded UHP

**82.5%**

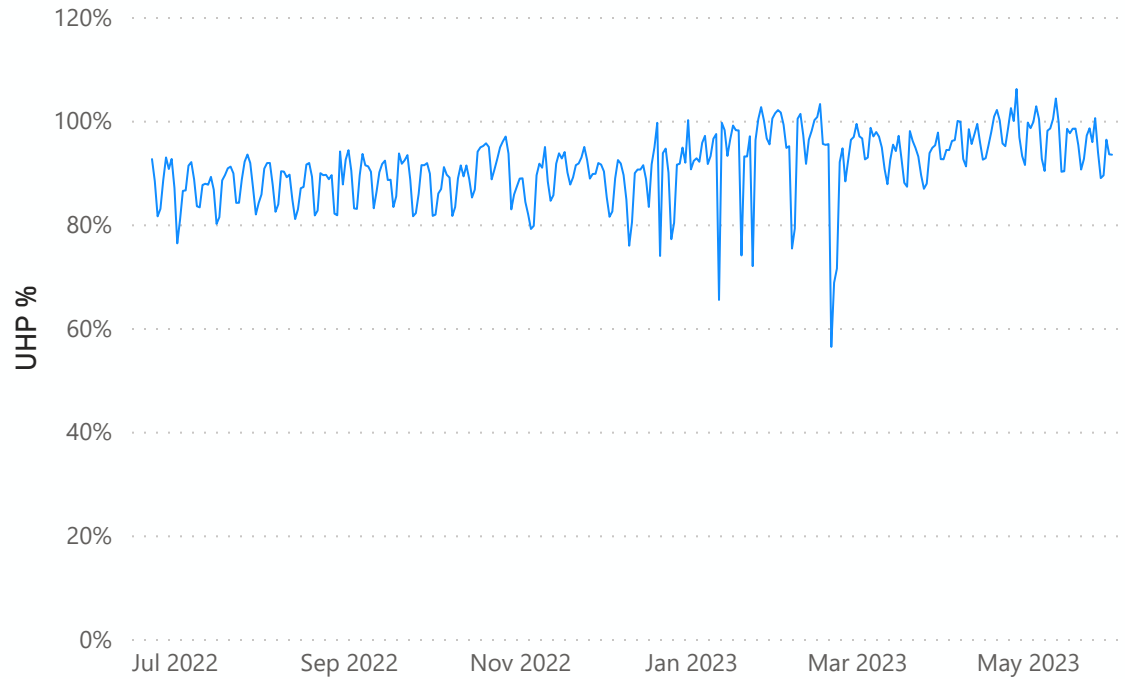
C&W Wales Latest Month

Lowest Recorded UHP

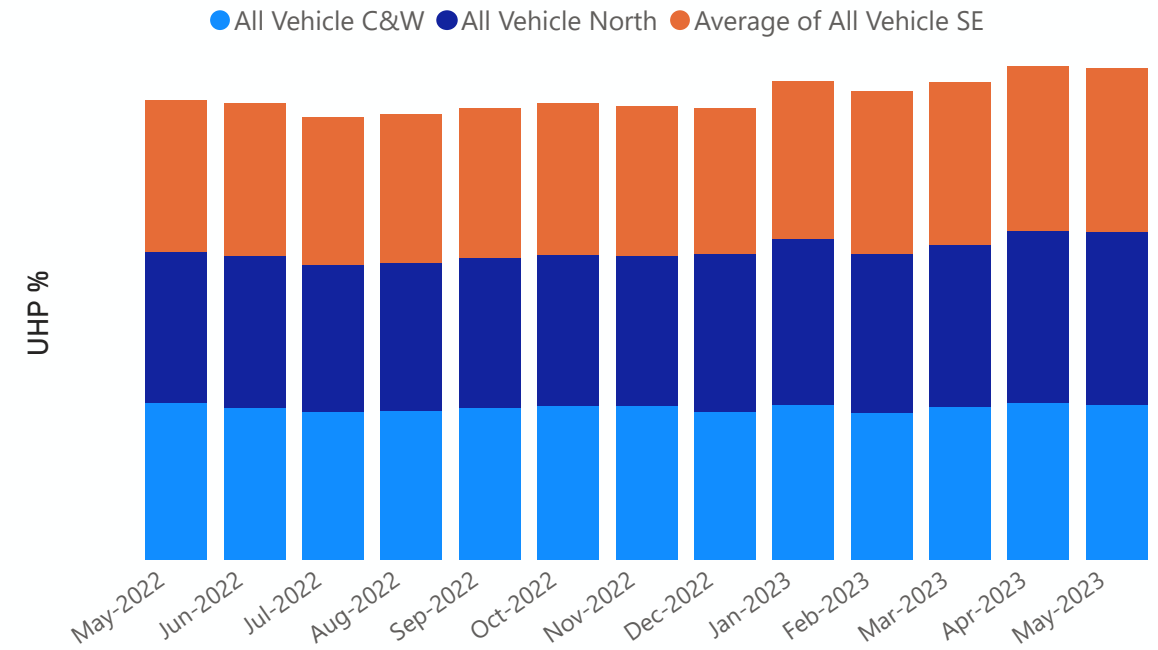
**88.4%**

SE Wales Latest Month

## 20.1 Daily UHP %



## 20.2 Monthly Average UHP % by Area



Source: Welsh Ambulance Services NHS Trust EMS File

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# Performance Report | Glossary of Terms

Verified Incidents ambulance service	All incidents recorded in the Call Ambulance System excluding duplicate incidents, errors, information calls, calls made in error or test calls or calls passed to another
Ambulance Dispositions	All Calls with a final outcome of "Referred to 999"
Destinations other than ED	This includes Minor Injury Units (MUIs) and Major Acutes
Red Incidents	The 'Red' category of call is for immediate life-threatening conditions where a person is in imminent danger of death.
Amber Incidents	The 'Amber' category of call is for those patients with serious conditions that are not immediately life-threatening, but which are urgent and may need treatment and care at the scene or rapid transport to a healthcare facility.
Green Incidents	The 'Green' category of call is for non-serious conditions which can often be managed by other health services, including healthcare advice or through self-care.
Hear and Treat	'Hear and Treat' is the telephone advice that callers who do not have serious or life threatening conditions receive from an ambulance service after calling 999. They may receive advice on how to care for themselves or where they might go to receive assistance.
See and Treat	See and treat is when a patient receives advice and care at scene and does not need to be taken to hospital.
UHP (Unit Hour Production)	The actual number of hours the Welsh Ambulance Services NHS Trust were able to produce against planned hours (number of available shifts)

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# Emergency Ambulance Services Committee

## Integrated Medium Term Plan

### Performance Tracker



# Introduction

- The 2023-26 EASC Integrated Medium Term Plan (IMTP) set out a number of performance improvement ambitions and performance enablers for Emergency Ambulance Services
- Whilst the EASC IMTP has not yet been formally approved by the Minister for Health and Social Services, the Committee remain committed to the delivery of these improvements.
- This slide deck sets out the progress to date against each of the commitments.
- The Committee agreed to review these commitments during the year in light of system progress, this presentation suggest a number of areas for review during Q1 as a result of early delivery of ambitions.

# Summary – Performance Improvement

## Number of "Can't sends" generated by Clinical Safety Plan

- Reduced by 75-95% over 2023/24

## RED performance

- 60% by the end of the first quarter
- 65% by the end of the second quarter
- Sustained with incremental improvement in quarter three and four

## Longest RED response

- 95th Percentile 30 minutes by end of first quarter and
- 95th Percentile 25 minutes by end of second quarter
- Sustained with incremental improvement in quarter three and four

## AMBER median

- Less than 90 minutes by the end of the first quarter
- Less than 45 minutes by the end of the second quarter
- Less than 30 minutes by end of 2023/24

## Longest AMBER response

- 95th Percentile 8 hours by end of the first quarter
- 95th Percentile 7 hours by end of the second quarter
- 95th Percentile 6 hours by the end of the third quarter
- Sustained with incremental improvement in quarter four

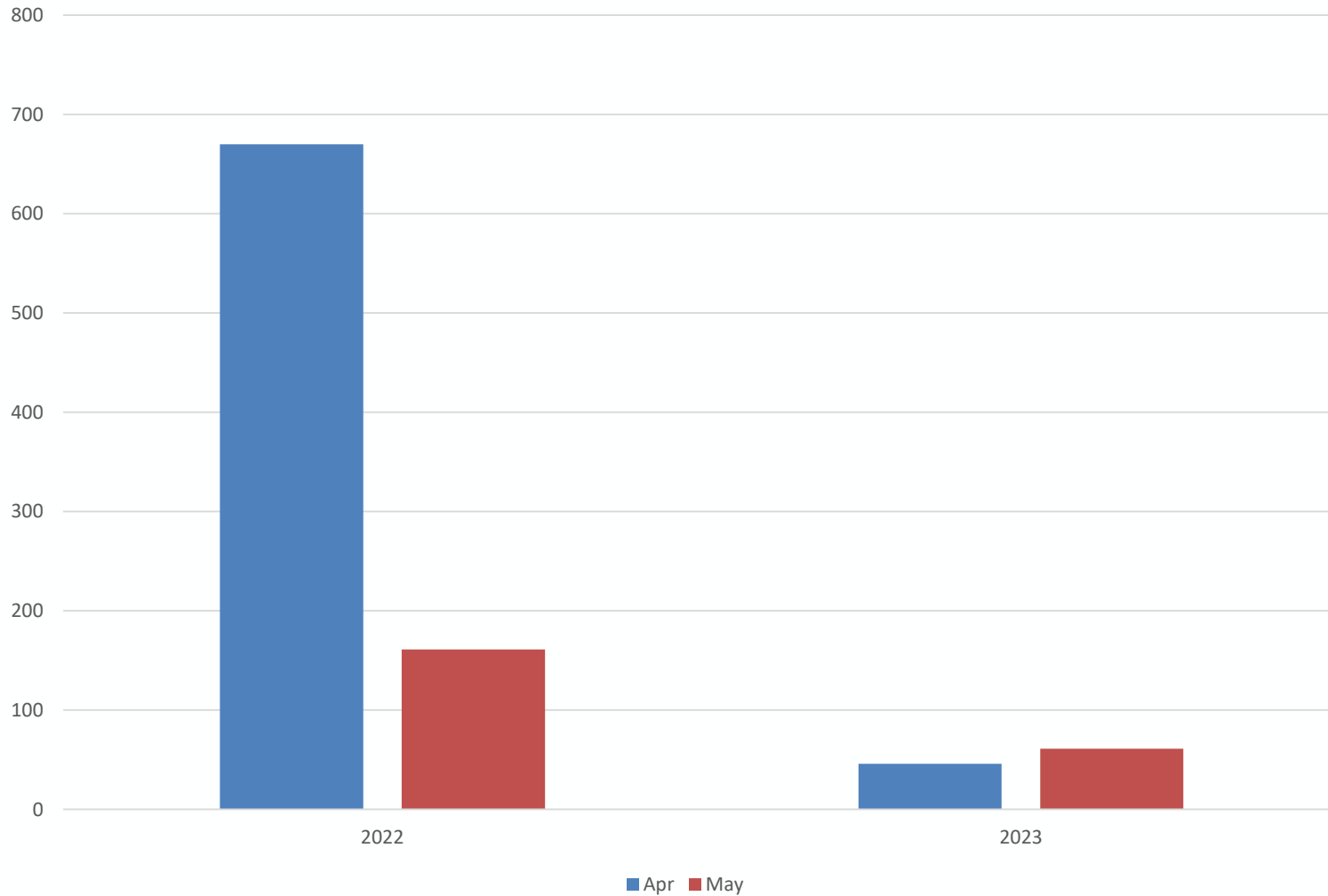
## Handover Hours lost

- 15,000 per month by end of the second quarter and
- 12,000 by end of the third quarter
- Sustained with incremental improvement in quarter three and four

## Longest Handover

- No handover more than 4 hours during 2023/24
- Individual improvement trajectories for no handovers of more than 60 min by end of April 2025

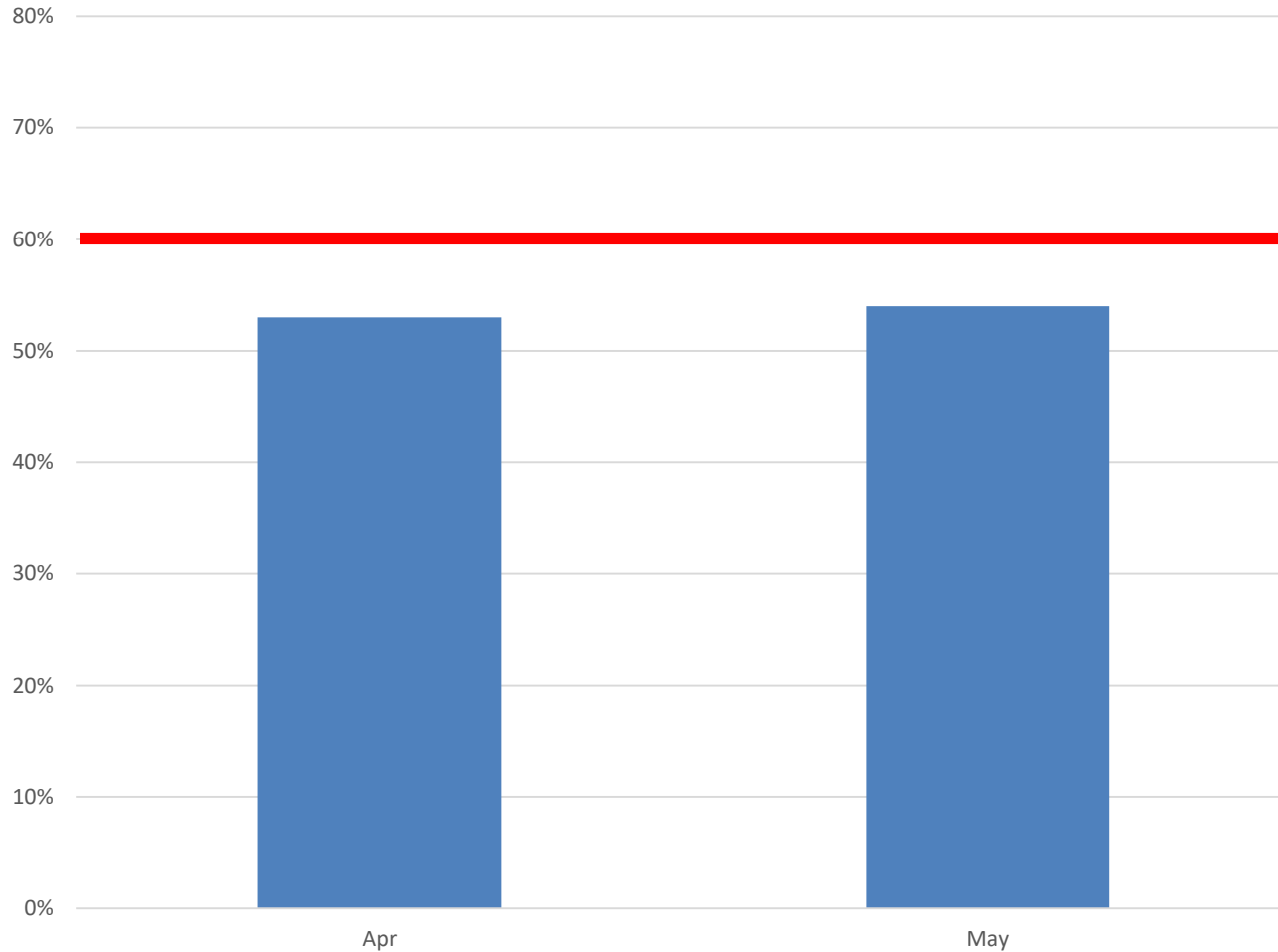
# “Can’t Sends” - Reduced by 75-95% over 2023/24



April and May 2023 have seen a 93% and 62% reduction respectively compared to the same period in 2022\*

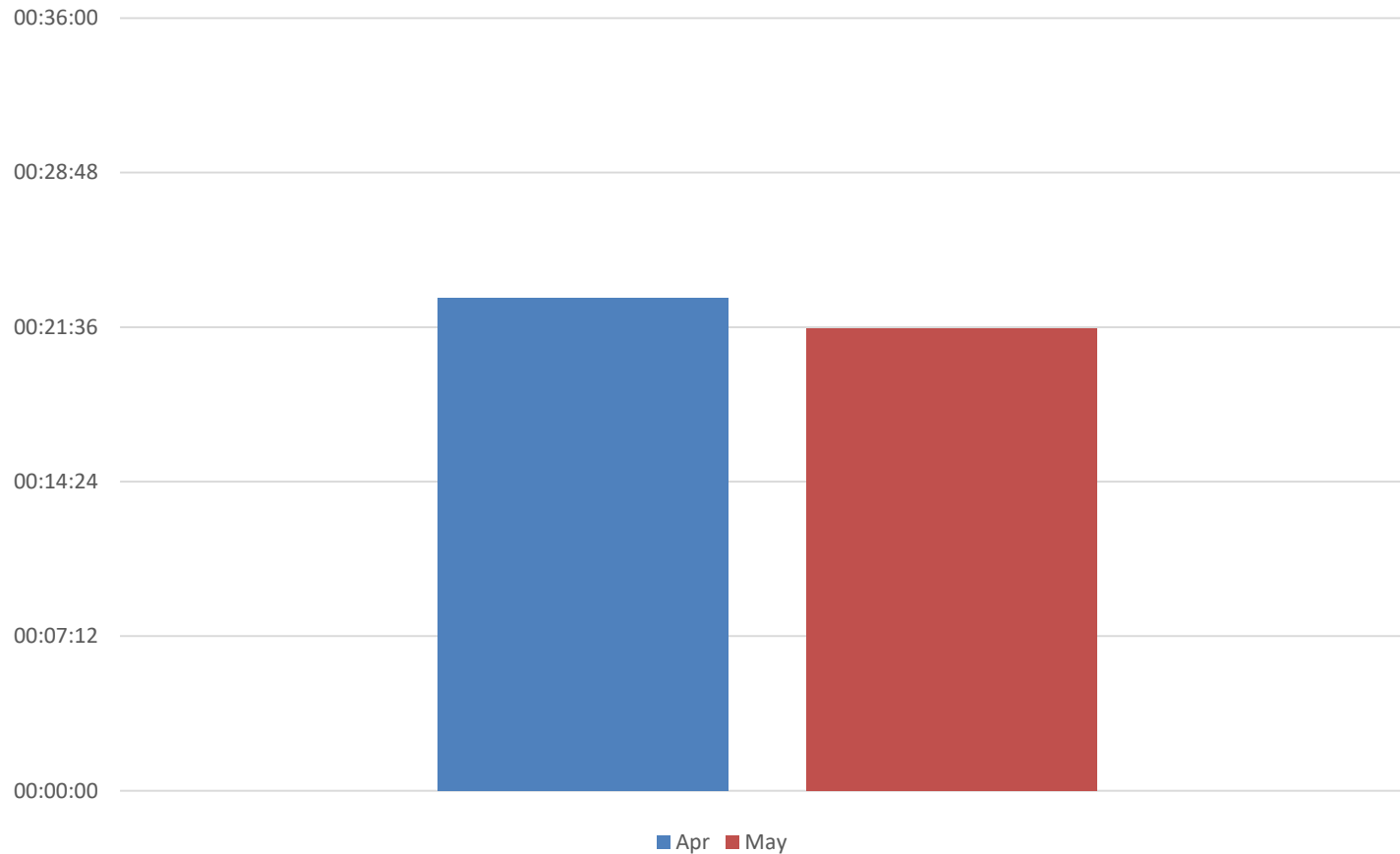
\*Clinical Safety Plan Can't sends only

# Red Performance – 60% by end of Q1



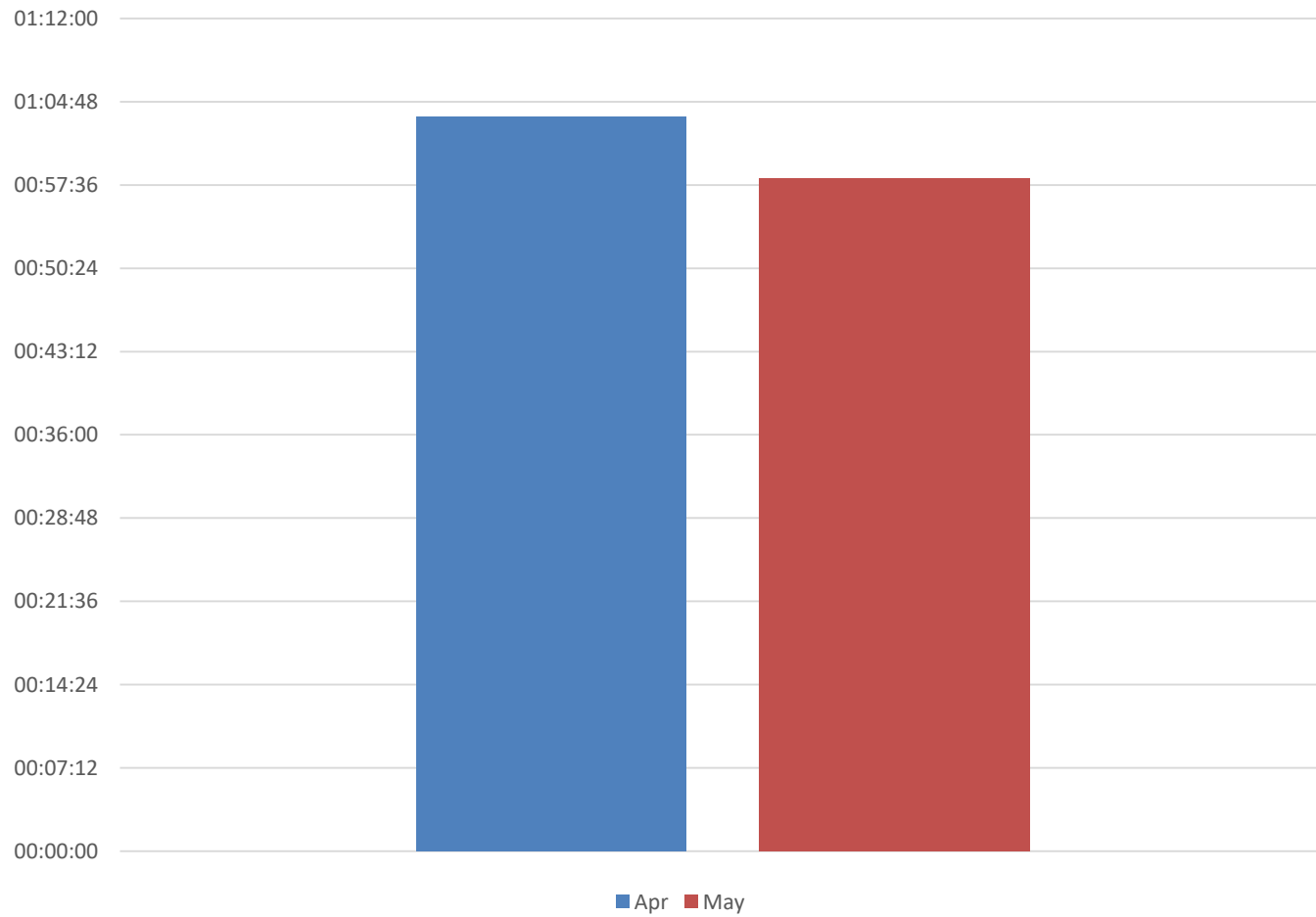
- Slight improvement April to May of around 1%
- Requirement to achieve 65% by end of Q2
- Sustained incremental improvement in Q3/4
- Ongoing development of actions for delivery of Red improvement including –
  - Red clinical review
  - Cymru High Acuity Response Unit rollout
  - Red Auto – Dispatch Changes

# Longest Red – 95<sup>th</sup> Percentile 30 min by end of Q1



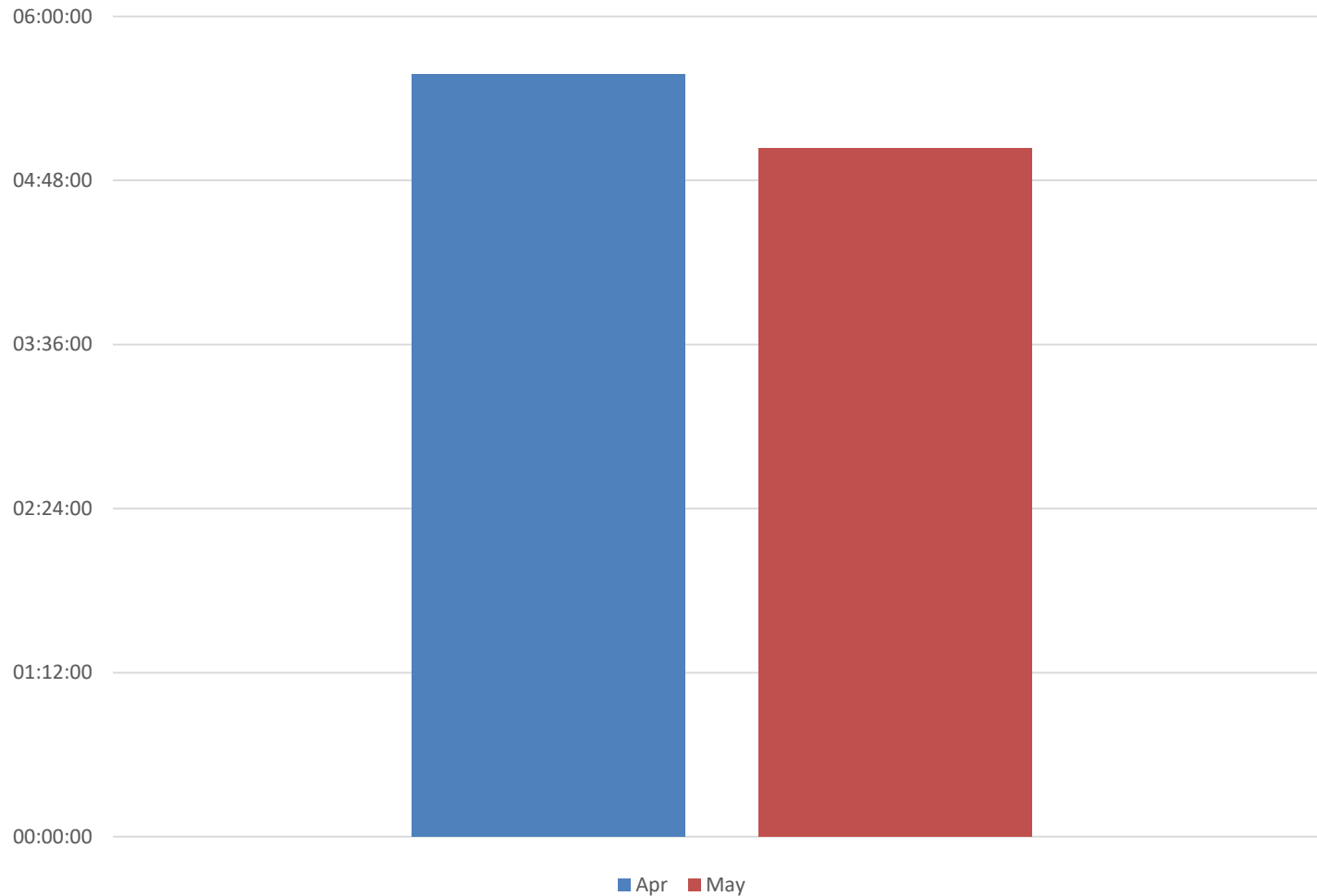
- 95<sup>th</sup> Percentile has been below 25 min during the whole 2023.
- Requirement to sustain this throughout Q2
- Sustained incremental improvement in Q3/4
- **REVIEW – Q2 ambition being achieved currently – suggest revising Q2 ambition to <18 min**

# Amber Median - < 90 min by end of Q1



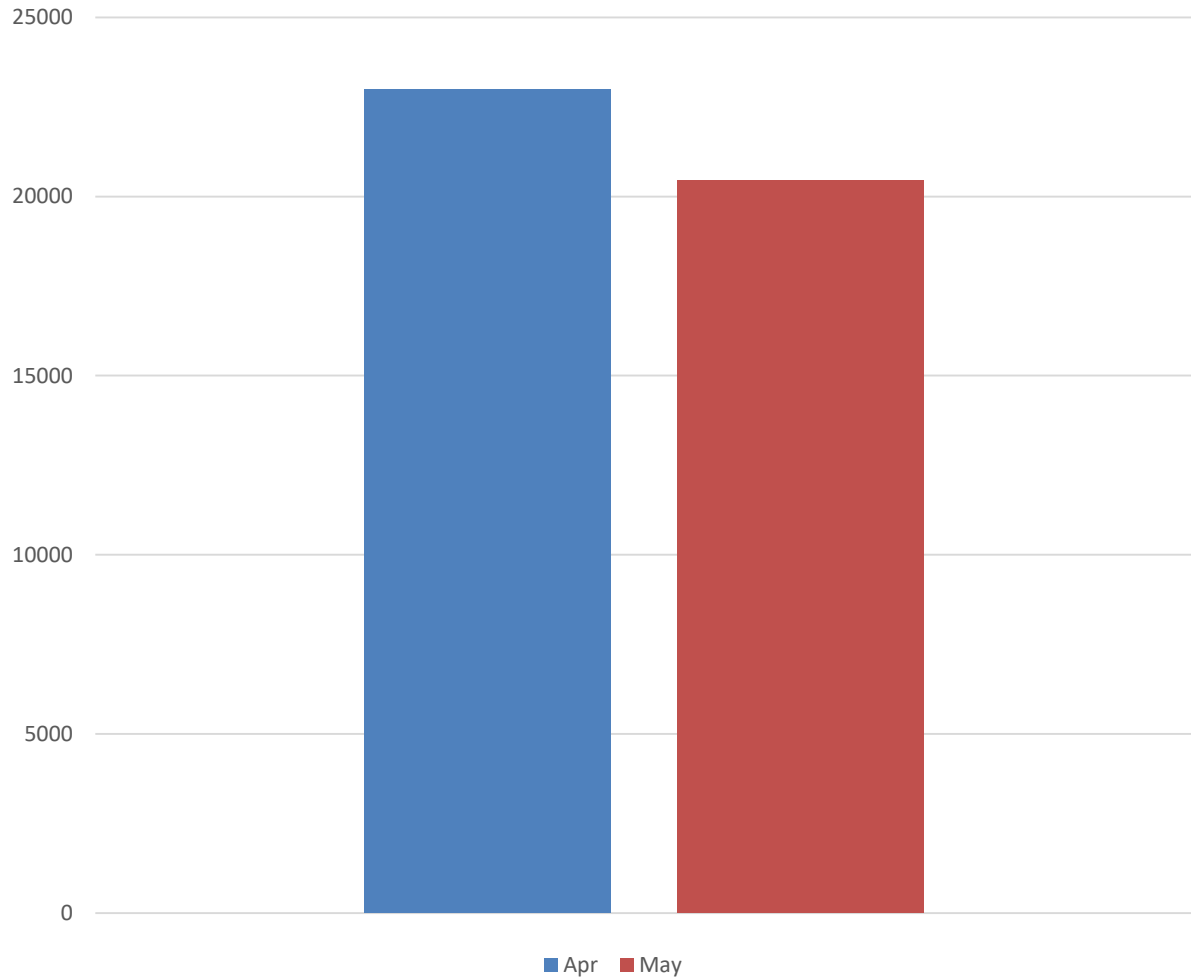
- Amber median 67 min on average during the whole of 2023.
- Requirement to achieve 45 min by end of Q2
- Less than 30 min required by end of 2023/24

# Longest Amber – 95<sup>th</sup> Percentile 8 hours by end Q1



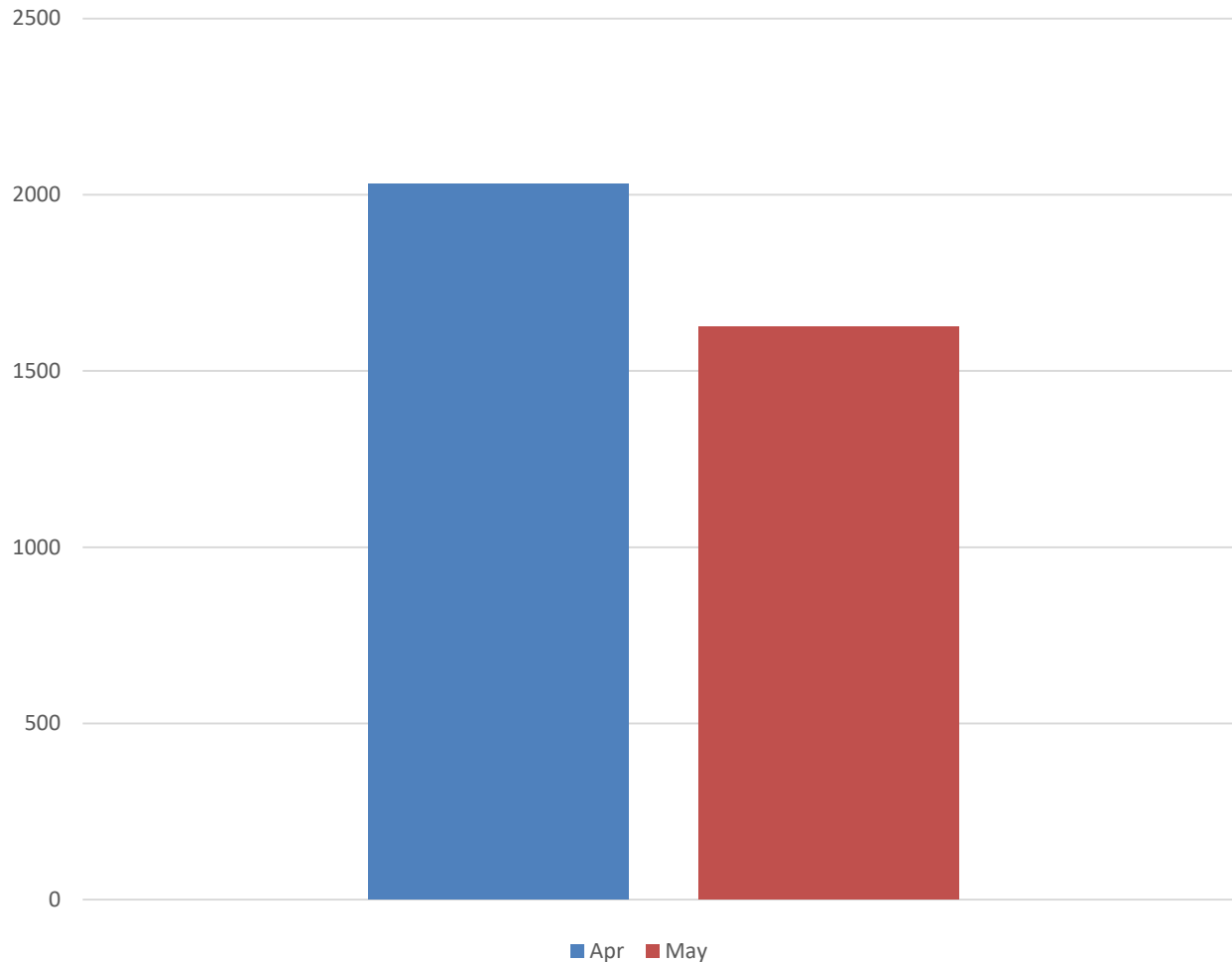
- Amber 95<sup>th</sup> Percentile 6h 35m on average during the whole of 2023.
- Requirement to achieve 7 hour by end of Q2
- 6 Hour by end of Q3
- Sustained incremental improvement by in Q4
- **REVIEW – Q3 ambition being achieved - suggest revising Q2 ambition to 4.5 hours and Q3 to 3.5 hours.**

# Handover Hours – 15,000 Lost per month by end of Q2



- Requirement to achieve 12,000 hours per month by end of Q3
- Sustained and incremental improvement in Q4

# Longest Handover – No Handover >4 Hours in 2023/24



- 3,655 waits over 4 hours so far in 2023/24
- Requirement for all sites to eradicate waits over 1 hour by end of April 2025

# Summary – Performance Enablers – WAST

## Welsh Ambulance Services NHS Trust

- UHP to be between 95-100%
- Staff related sickness to be 5.5% (pre-pandemic levels)
- Deliver full impact of the Cymru High Acuity Response Unit (CHARU) Service
- Hear and Treat to be 17% or above
- Clinically assess RED calls to ensure clinical appropriateness during dispatch process.

## Progress

- Unit Hour Production around 96% in April and May 2023
- April Sickness absence 8.04%, figures for May not yet available
- Hear & Treat 14.5% in April 2023
- Clinical assessment of red calls in place

# Summary – Performance Enablers – Six Goals

## Six Goals Programme

- Access to Urgent Primary Care Services for WAST (% activity to be agreed with Programme but assumed to be 3% as minimum)
- Access to SDEC paramedic pathway and direct access (% activity to be agreed with Programme with trajectory towards modelled best case scenario of 4.5%)
- Continued flow of appropriate 999 incidents to NHS 111 Wales and understanding of the impact of high 111 call abandonment rates on 999 activity.
- Flow Hubs coordination of appropriate ambulance patient disposition
- Access to NHS 111 Wales press 2
- Care Home – reduction in attendance and conveyance (% activity to be agreed with Programme)
- Chest Pain Pathway (% activity to be agreed with Programme)
- Night Sitting Service

## Progress

- EASC Team review of remote clinical support including flow of 999 to 111.
- NHS 111 Press 2 formally launched across Wales
- Night Sitting Service – Now called Connected Support Cymru is live

# Summary – Performance Enablers – Targeted

## Targeted Priorities

- Clinical Desk expansion as a driver for clinical navigation of 999 activity
- Alternative pathway for clinical safety plan so every patient is assessed and signposted to the most appropriate care
- Tactical Rapid Response system for short term surges in demand
- Focus on Falls – expansion of falls response services across Wales

## Progress

- Review of clinical desk being undertaken by EASC Team to establish robust baseline for expansion



**Cyfeiriad Dychwelyd/ Return Address:**

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg Pencadlys Uned 3, Tŷ Ynysmeurig Parc Navigation, Abercynon CF45 4SN	Cwm Taf Morgannwg University Health Board Headquarters Unit 3, Ynysmeurig House Navigation Park Abercynon CF45 4SN
--	--

**Ffôn/Tel:** 01443 744803

**Eich cyf/Your Ref:**

**Ein cyf/Our Ref:**

**Ebost/Email:**

**Dyddiad/Date:**

PM/TLT

Paul.Mears@wales.nhs.uk

9 June 2023

Stephen Harrhy  
Chief Ambulance Services Commissioner  
[Stephen.Harrhy@wales.nhs.uk](mailto:Stephen.Harrhy@wales.nhs.uk)

Dear Stephen

**Re: Statutory Duty of Candour and the Duty of Quality**

I refer to the Hosting Agreement relating to the Emergency Ambulance Services Committee (EASC) dated September 2021.

As you will be aware, the Statutory Duty of Candour and the Duty of Quality came into effect on the 1<sup>st</sup> April 2023 through the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The Duty of Quality and the Duty of Candour (under Part 2 and Part 3 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 respectively), applies to all Health Boards, NHS Trusts and Special Health Authorities in Wales.

Cwm Taf Morgannwg, acting as Host Health Board, requires EASC to use its reasonable endeavours to comply with this legislation in its activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.

As good governance we will ask that you formally report on your compliance with the duties within the annual Governance Statement and/or Annual Governance Compliance statement (whichever applies) in 2024.

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi. You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

I would be grateful if EASC, as a hosted party to this Agreement, could sign and return a copy of this letter to confirm that it is aware of the duties under the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (effective from 1 April 2023) and is willing to co-operate with Cwm Taf Morgannwg in respect of the information it requires to discharge its duties as Host Health Board under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Yours sincerely



**Paul Mears**  
**Prif Weithredwr/Chief Executive**

**Print Name:** Stephen Harrhy

**Designation:** Chief Ambulance Services Commissioner

**Signed Name:**  .....

**Date:** 14/06/2023 .....

## WHSSC COMMISSIONING RISK ACTIVITY BETWEEN DECEMBER 2022 – JUNE 2023

The Joint Committee last considered the December 2022 CRAF on the 16 January 2023. A review of all risks has been undertaken through the commissioning team meetings, the Risk Scrutiny Group (RSG), the Corporate Directors Group Board (CDGB), the Integrated Governance Committee (IGC) and the Quality and Patient Safety Committee (QPSC).

A summary of changes made since December 2022 – June 2023 is outlined below:

### 1. New Risks

- 2 new Women and Children risks was received during this period,
- 3 new Intestinal Failure risks was received and within the period, 1 of these was closed and removed from the CRAF.

Ref	Initial Score	Score as at June 2023	Date added to CRAF	Rationale
<b>Risk 44 (P/21/19) Paediatric Cardiac Surgery</b> There is a risk that paediatric cardiac surgery patients will have longer waits than is clinically appropriate due to lack of availability of a PIC bed. There is a consequence that the condition of the patient could deteriorate whilst waiting.	<b>16</b>	<b>16</b>	January 2023	Paediatric cardiac surgery patients are waiting longer than clinically appropriate due to lack of availability of a PIC bed.
<b>Risk 45 (IF11) Non-renewal of Calea Contract</b> There is a risk that the contract will not be affordable at the point of renewal due to increased contract rates at negotiation, which as a result may impact service availability for patients.	<b>15</b>	<b>12</b> (This was the target score and the risk closed during February 2023 see additional information under closed risks)	January 2023	NWSSP negotiating with Calea and Baxter with a view to delaying point which increase takes place. This closed in February and removed from the CRAF as shown below in section 4.
<b>Risk 47 (IF14) Sustainability and Delivery of Service</b>	<b>20</b>	<b>15</b>	May 2023	Issues of provider sustainability and delivery, that Cardiff and Vale University

Ref	Initial Score	Score as at June 2023	Date added to CRAF	Rationale
<p><b>provided by Cardiff and Vale University Health</b> There is a risk that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales.</p>				<p>Health Board will no longer be able to provide Intestinal Failure services - Exploratory conversations with HBs in Wales as to any alternate provider and exploratory discussions with Bristol – potential to contract for activity there.</p>
<p><b>Risk 48 (P/21/20) Wales Fertility Institute</b> <i>There is a risk</i> the Wales Fertility Institute (WFI) in Neath &amp; Port Talbot Hospital are not providing a safe and effective service <i>due to 7 major concerns</i> identified during a relicensing inspection by HFEA in January 2023 <i>There is a consequence</i> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.</p>	16	16	May 2023	<p>SBUHB escalated to Gold Command based on the HEFA report which identified 7 major concerns.</p>
<p><b>Risk 49 (IF02) Calea Technical Issue</b> There is a risk that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm</p>	8	15	June 2023	<p>Notification received from Procurement and contingency strategy implemented.</p>

## 2. Escalated Risks

- 2 Cancer and Blood risks were escalated during this period.

Ref	Initial Score	Score as June 2023	Date added to CRAF	Rationale
<p><b>Risk 43 (CB01)</b>  <b>Patient waiting times</b>            There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the All Wales Lymphoma Panel (AWLP) service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.</p>	8	15	January 2023	<p><b>Jan</b> - A meeting with the service took place, where it was reported that poor performance at CVUHB was due to equipment failures in the laboratory.</p> <p><b>March</b> - AWLP placed into formal escalation level 2. Action plan from the provider received. .</p>
<p><b>Risk 46 (CB06)</b>  <b>North Wales Outreach Plastic Surgery Clinic Management Arrangements</b>            There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in Ysbyty Gwynedd and Ysbyty Glan Clwyd. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes.</p>	9	15	February 2023	<p><b>February 2023</b> - Score increased to reflect the lack of progress to date in transferring waiting list management to St Helen's &amp; Knowsley (SHK), the delay in commencing the patient review and further risks raised by SHK NHST at the SLA meeting.</p> <p><b>May 2023</b>- Patient harm review is approximately 50% complete with all patients requiring review being offered appointments. Task &amp; Finish Group in progress and meeting fortnightly. Welsh Government special measures for</p>

Ref	Initial Score	Score as June 2023	Date added to CRAF	Rationale
				BCUHB includes plastic surgery and WHSSC are included within the task & Finish Group.

### 3. De-escalated Risks December 2022– June 2023

**3 Commissioning** risks have been de-escalated during this period.

- **1** Cardiac,
- **3** Mental Health,

**1 Organisational** risk has been de-escalated during this period

Reference	Initial Score	Score as at June 2023	Date de-escalated	Rationale
<p><b>Risk 19 (CT047) Obesity Surgery Standards and waiting times</b></p> <p>There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to:</p> <ol style="list-style-type: none"> <li>1. The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance.</li> <li>2. There are inadequate primary and secondary care pathways in place to support referral for surgery.</li> <li>3. The current south Wales Provider has historically been unable to meet the current commissioned</li> </ol>	<b>15</b>	<b>12</b>	February 2023	SBUHB have sustained significant increase in activity levels, facilitated by the addition of a new surgeon.

Reference	Initial Score	Score as at June 2023	Date de-escalated	Rationale
<p>activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service.</p> <p>4. The service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities</p>				
<p><b>Risk 23 (MH/21/08) Adults Learning Disabilities</b></p> <p>There is a risk that <u>adults</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care</p>	15	12	March 2023	Review of waiting lists conducted and shows no waiting list in place and placements made in a timely manner. Placements regularly reviewed via NCCU to ensure quality of service
<p><b>Risk 24 (MH/21/09) Children Learning Disabilities</b></p> <p>There is a risk that <u>children</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that</p>	15	12	March 2023	Review of waiting lists conducted and shows no waiting list in place and placements made in a timely manner. Placements regularly reviewed via NCCU to ensure quality of service. Therefore risk score decreased

Reference	Initial Score	Score as at June 2023	Date de-escalated	Rationale
patients may be inappropriately placed with the potential to receive sub-optimal care				
<b>Risk 21 (MH/21/02) Children &amp; Adolescent Mental Health Services (CAMHS)</b> There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)	<b>16</b>	<b>12</b>	June 2023	The risk score was lowered due to progress of recruitment within the Units.
<b>Risk 33 (CD10/CD03) Welsh Government Priority Delivery Measures</b>	<b>20</b>	<b>12</b>	June 2023	The risk was lowered as at April 2023 the new Performance Report highlights that plastics in SBUHB is the only specialty that is breaching the Ministerial Measures waiting times target. The level of the escalation for this service has been increased to level 2.

**4. Closed Risks**

- **1 Commissioning** risk was closed during the reporting period.
- **1 Directorate** risk was also closed during this period.

Reference	Initial Score	Score as at date of Closing	Date Closed	Rationale
<p><b>Risk 45 (IF11)</b>  <b>Non-renewal of Calea Contract</b>            There is a risk that the contract will not be affordable at the point of renewal due to increased contract rates at negotiation, which as a result may impact service availability for patients.</p>	<b>15</b>	<b>12</b>	February 2023	The inflation risk has been included in the approved 23/24 ICP.
<p><b>Risk 41 (CS14)</b>  <b>NHS Financial Performance</b>            There is a risk that the pan Wales financial performance position across Wales are vulnerable as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.</p>	<b>16</b>	<b>12</b>	May 2023	Risk 41 - Financial Climate Risk - this risk was closed at CDGB on 30 May 2023 on the basis the ICP was formally approved in February 2023. The risk was discussed at the IGC meeting on 13 June and was consequently categorised as an issue for close monitoring.



<b>Report Title</b>	<b>Corporate Risk Assurance Framework (CRAF)</b>	<b>Agenda Item</b>	4.2
<b>Meeting Title</b>	<b>Audit &amp; Risk Committee</b>	<b>Meeting Date</b>	16/08/2023
<b>FOI Status</b>	Open/Public		
<b>Author (Job title)</b>	Head of Corporate Governance and Risk and Governance Officer		
<b>Executive Lead (Job title)</b>	Committee Secretary and Associate Director of Corporate Services		

<b>Purpose of the Report</b>	The purpose of this report is to present WHSSC’s updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.				
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<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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### Recommendation(s)

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023,
- **Note** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings;
- **Note** that the CRAF as at 30 June 2023 was approved at the 18 July 2023 Joint Committee meeting; and
- **Note** that a desktop Risk Benchmarking exercise has been undertaken and the results were considered at the Integrated Governance Committee (IGC) meeting on 13 June 2023 and reported to the Joint Committee on 18 July 2023.

# **CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)**

## **1.0 SITUATION**

The purpose of this report is to present WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

## **2.0 BACKGROUND**

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). The strategy is applied alongside other key management tools, such as performance, quality and financial reports, to provide the Joint Committee (JC) with a comprehensive picture of the organisation's risk profile.

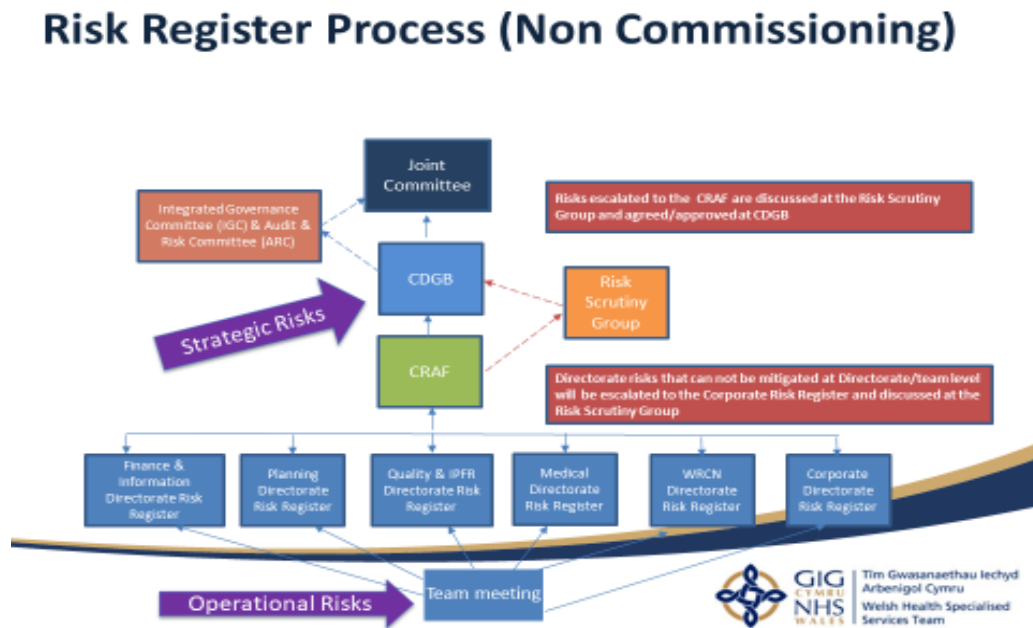
WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF) at its meeting on the 11 May 2021 and receives the CRAF at least twice per year. The in-depth scrutiny and monitoring of corporate risks was delegated to sub-committees in order that they could provide assurance to the JC, through their Committee Update Reports, on the management of its principal risks.

The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

Each directorate risk register is submitted to the Risk Scrutiny Group (RSG) on a bi-monthly basis. The membership of the RSG includes Directorate Managers who review and scrutinise the narrative, scores and mitigating actions for each risk. The risks are validated by the RSG and are subject to continuous review by the Executive Director lead for each risk. In addition to reviewing Directorate Risks, the RSG also receives a deep dive into a Commissioning Team Risk Register at each of its meetings.

Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the Corporate Directors Group Board (CDGB) for scrutiny on a monthly basis. The Quality & Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance. The infographic outlined in Figure 1 below outlines the governance framework for risk management.

Figure 1 – WHSSC Risk Management Framework



### 3.0 ASSESSMENT

#### 3.1 Risk Summary – June 2023

The June 2023 CRAF is presented at **Appendix 1** for information.

As at 30 June 2023, there are **17** risks on the CRAF. A summary of these risks is outlined below.

#### 3.2 Commissioning Risks – June 2023

There are currently **13** commissioning risks open with a risk score of 15 and above, which are included on the CRAF.

Work continues with the commissioning teams to ensure the following:

- A structured statement describes the risk,
- Controls are in place that modify the risk and gaps are identified; and
- All actions that mitigate the risk are SMART and have action leads.

The full CRAF and risk schedules are presented at **Appendix 1** for information,

A summary of the changes that have taken place in June 2023 are outlined in the table below.

Table 1 – Commissioning Risk Summary – June 2023

<b>Commissioning Risk Activity</b>	<b>Update as at June 2023</b>
<b>New Commissioning Risks</b>	1 new Commissioning Risks: <ul style="list-style-type: none"> <li>• Risk 49 - Calea Technical Issue</li> </ul>
<b>Escalated Commissioning Risks</b>	No risks were escalated.
<b>De-escalated Commissioning Risks</b>	1 Mental Health Risk was de-escalated. <ul style="list-style-type: none"> <li>• Risk 21 - Children &amp; Adolescent Mental Health Services (CAMHS). The risk score was lowered due to positive progress of recruitment within the Units.</li> </ul> <p>The score for one IF risk was reduced from 20 to 15 but this currently remains on the CRAF.</p>
<b>Closed Risks</b>	No risks were closed.

### 3.3 Organisational Directorate Risks – June 2023

There are currently **4** organisational risks open with a risk score of 15 and above, which are included on the CRAF.

A summary of the changes for June 2023 are outlined in the table below. The full CRAF and risk schedules are presented at **Appendix 1** for information.

Table 2 – Organisational Risk Summary – June 2023

<b>Organisational Risk Activity</b>	<b>Update as at June 2023</b>
<b>New Organisational Risks</b>	No new risks
<b>Escalated Organisational Risks</b>	No risks were escalated.
<b>De-escalated Organisational Risks</b>	1 risk was de-escalated. <ul style="list-style-type: none"> <li>• Risk 33 - Welsh Government Priority Delivery Measures was de-escalated at the Corporate Directors group</li> </ul>

	Board (CDGB) on 3 July 2023. As at April 2023 the new Performance Report highlights that plastics in SBUHB is the only specialty that is breaching the Ministerial Measures waiting times target. The level of the escalation for this service has been increased to level 2.
<b>Closed Risks</b>	1 risk was closed <ul style="list-style-type: none"> <li>• Risk 41 - Financial Climate Risk - this risk was closed at CDGB on 30 May 2023 on the basis the ICP was formally approved in February 2023. The risk was discussed at the IGC meeting on 13 June and was consequently categorised as an issue for close monitoring.</li> </ul>

The risks scoring below 15 are being managed within the directorate/teams and all risks are monitored through the Risk Scrutiny Group (RSG).

#### **4.0 RISK ACTIVITY DECEMBER 2022 – June 2023**

The Joint Committee received the CRAF on 16 January 2023 and at the 18<sup>th</sup> July 2023 JC meeting an overview of the changes between December 2022 and June 2023 were presented at **Appendix 2** for completeness<sup>1</sup>.

#### **5.0 RISK BENCHMARKING EXERCISE**

Following discussion at the Joint Committee 16 May 2023, concerning the risk scoring for some of the top risks outlined within the Annual Governance Statement 2022-2023 an assurance was given that WHSSC had undertaken a desktop benchmarking exercise to compare and contrast risks scores across HBs and WHSSC at the request of the IGC earlier in the year. The findings were reported and discussed at the June 2023 Integrated Governance Committee meeting as outlined in the June IGC Chair’s Report (Agenda Item 4.9.4). The findings indicated that the WHSSC risk scoring levels were unique to WHSSC and were appropriate. It was recognised that the WHSSC scores may appear higher than HB scores, however this was deemed relevant to the nature of the WHSSC business.

#### **6.0 GOVERNANCE AND RISK**

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<sup>1</sup> The QPSC, the IGC and the CTMUHB ARC receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance

## 6.1 Feedback from CTMUHB Audit & Risk Committee (ARC)

On the 19 April 2023 the ARC set an action for WHSSC as follows:

*"An explanation to be included in future reports as to why the consequence and impact of risks had changed."*

Risk owners have been requested to provide detailed narrative on any changes to risk scores. The corporate governance team will monitor this and will support directorates with risk descriptions as required.

## 6.2 Internal Audit Progress

An internal audit on WHSSC's risk management process was undertaken on the 16 March 2022, and received an internal audit assessment rating of "reasonable assurance". Overall, the feedback was positive with some minor recommendations to strengthen and develop training, risk narrative and scrutiny. Progress against the recommendations is monitored by the CTMUHB ARC.

## 6.3 Risk Scrutiny Group

A Risk Scrutiny Group (RSG) Meeting took place on 18 May 2023. Directorate Risk registers were discussed and reviewed. The Mental Health Department presented their Directorate Risk register. A deep dive into the Cardiac Commissioning Team Risk Register was received.

## 7.0 RECOMMENDATIONS

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023,
- **Note** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group meetings;
- **Note** that the CRAF as at 30 June 2023 was approved at the 18 July 2023 Joint Committee meeting; and
- **Note** that a Risk Benchmarking exercise was undertaken and the results were discussed at the Integrated Governance Committee meeting on 13 June 2023.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance
<b>Link to Integrated Commissioning Plan</b>	Implementation of agreed ICP
<b>Health and Care Standards</b>	Safe Care Effective Care Governance, Leadership and Accountability
<b>Principles of Prudent Healthcare</b>	Only do what is needed Reduce inappropriate variation Choose an item.
<b>Institute for HealthCare Improvement Quadruple Aim</b>	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in WHSSC.
<b>Finance/Resource Implications</b>	The risks outlined within this report have resource implications, which are being addressed by each respective Executive Director lead and taken into consideration as part of the WHSSC Integrated Commissioning Plan (ICP) processes.
<b>Population Health</b>	There are no immediate adverse population health implications.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.
<b>Long Term Implications (incl WBFG Act 2015)</b>	The robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC consider the long-term impact of decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

<b>Report History (Meeting/Date/ Summary of Outcome</b>	3 July 2023 – CDGB 21 June 2023 – CTMUHB Audit & Risk Committee 13 June 2023 – IGC 18 July 2023 – Joint Committee
<b>Appendices</b>	Appendix 1 – Corporate Risk Assurance Framework (CRAF) June 2023 Appendix 2 - Summary of Risk Activity from December 2022 - June 2023

<b>Report Title</b>	<b>Audit Recommendations Tracker</b>	<b>Agenda Item</b>	4.3		
<b>Meeting Title</b>	Audit and Risk Committee	<b>Meeting Date</b>	16/08/2023		
<b>FOI Status</b>	Public				
<b>Author</b>	Financial Accountant				
<b>Executive Lead</b>	Director of Finance				
<b>Purpose of the Report</b>	The purpose of this report is to provide the Audit and Risk Committee (ARAC) with an update on progress in respect of the implementation of recommendations from internal and external audits.				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

### Recommendation(s):

Members are asked to:

- **Note** the report,
- **Note** progress achieved in implementing the recommendations made by WHSSC internal auditors,
- Take **assurance** on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee;
- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report,
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Note** that the final report on Audit Wales Committee Governance Arrangements will be presented to the October 2023 ARC meeting and the November 2023 Joint Committee meeting.

# AUDIT RECOMMENDATIONS TRACKER

## 1.0 SITUATION

The purpose of this report is to provide the Audit and Risk Committee (ARAC) with an update on progress in respect of the implementation of recommendations from internal and external audits.

## 2.0 BACKGROUND

Audits play an important independent role in providing the Joint Committee and the Audit and Risk Committee with assurance on internal controls and that systems and processes are sufficiently comprehensive and operating effectively. Therefore, it is essential that recommendations from both internal and external audits are implemented in a timely way. All reports from audits undertaken across the WHSSC are logged and monitored through the WHSSC audit tracker.

## 3. ASSESSMENT

### 3.1 Internal Audit

#### 3.1.1 Summary of Internal Audit Reports Since April 2019

Since April 2019, the following internal audit reports have been issued to WHSSC:

- 9 reports have been issued,
- 33 recommendations have been made,
- 31 recommendations have been achieved; and
- 2 recommendations are outstanding in relation to the report on Risk Management. The due dates for both items were recently revised to December 2023 due to competing work pressures.

A summary of the overall position to date and details of progress made on the outstanding recommendations are presented in **Appendix 1** of this report.

#### 3.1.2 Summary of Planned Audits for 2023-2024

The following reviews are planned for completion by Internal Audit during 2023-2024:

Audit Theme	Quarter
Welsh Kidney Network (WKN)	Q1
Integrated Commissioning Plan (ICP)	Q1
Mental Health	Q3

The original 2022-2023 internal audit programme was impacted by the need to defer two audits into 2023-2024 (WKN and MH) to focus more on strategy implementation instead of the normal commissioning team reviews.

## 3.2 External Audit

The Audit Wales review into Committee Governance arrangements at WHSSC was undertaken between March and June 2020, however as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July 2020. A survey was issued to all Health Boards and the fieldwork was concluded in October 2020.

The findings were published in May 2021 in the [Audit Wales Committee Governance Arrangements at WHSSC](#) report.

The report outlined recommendations for WHSSC and for Welsh Government. The below update was provided to the Joint Committee in July 2023. The final report is scheduled to be discussed at the November 2023 Joint Committee.

### 3.2.1 WHSSC Management Response

The report outlined 4 recommendations for WHSSC and progress against the actions outlined within the management response have been monitored through the Integrated Governance Committee (IGC) and the CTMUHB Audit & Risk Committee (ARC).

The majority of actions have been completed and there are only three areas of partial compliance on the following actions:

**R3** In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:

- the backlog of waits for specialised services,
- potential impact and cost of managing hidden demand; and
- the financial consequences of services that were commissioned and under-delivered as a result of COVID-19

Audit Wales Recommendation		Progress update
R3b	<b>In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on backlog of waits and the impact of managing hidden demand and financial consequences</b>	<b>Recommendation Completed</b> The Job description has been reviewed by the job evaluation panel at CTMUHB and has been banded as an 8D post. In light of the WG Review on National Commissioning Arrangements, it is proposed that the post be advertised after the Ministers announcement on the future of commissioning bodies.
Audit Wales Recommendation		Progress update
<b>R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021</b>		
R4a	<b>Embrace New Innovations</b>	<b>Recommendation Completed</b> The draft strategy was presented to the Management

		Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023. View here - <a href="#">Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</a>
<b>Audit Wales Recommendation</b>		<b>Progress update</b>
R4b	<b>Approach to Review of Services will be considered in strategy engagement</b>	<b>Recommendation Completed</b> The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023. View here - <a href="#">Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</a>

### 3.2.2 Welsh Government Management Response

The report outlined three recommendations for Welsh Government (WG) and progress against the WG management responses is monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.

Recommendation 5 has been completed, and Recommendations 6 & 7 are categorised as partially completed. An update on progress is outlined below:

#### **R6 Sub-regional and regional programme management**

This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi-partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).

#### **Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:**

As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your

Further To a meeting with WG on 31 May 2023 it was confirmed that due to a change in portfolio within the HSSG at WG, the Committee Secretary at WHSSC will liaise with Trudi Burton, WG to keep updated on the two recommendations pertaining to the WG and an update was provided to the July 2023 JC meeting. A further update will be provided to the Joint Committee in

<p>view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.</p>	<p>November 2023.</p>
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**R7 Future governance and accountability arrangements for specialised services**

A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.

<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b></p> <p>A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good</p>	<p>Further To a meeting with WG on 31 May 2023 it was confirmed that due to a change in portfolio within the HSSG at WG, the Committee Secretary at WHSSC will liaise with Trudi Burton, WG to keep updated on the two recommendations pertaining to the WG and an update was provided to the July 2023 JC meeting. A further update will be provided to the Joint Committee in November 2023.</p>
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Governance Institute's report of 2015 which suggested a more national model may be appropriate.

In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.

## 4.0 GOVERNANCE & RISK

Audit Wales undertake an annual programme of independent external audits on NHS services, and NHS bodies are required to present a formal management response to the recommendations through a public report.

Audit Wales have confirmed they are content for the Joint Committee to receive an update at the November 2023 Joint Committee. Thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in December 2023. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

## 5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the progress achieved in implementing the recommendations made by WHSSC auditors,
- Take an **assurance** on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee,

- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Note** that the final report on Audit Wales Committee Governance Arrangements will be presented to the October 2023 ARC meeting and the November 2023 Joint Committee meeting.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance
<b>Link to Integrated Commissioning Plan</b>	<b>None</b>
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Effective Care
<b>Principles of Prudent Healthcare</b>	Public and professionals are equal partners through co-production
<b>NHS Delivery Framework Quadruple Aim</b>	Reducing the per capita cost of health care Improving Patient Experience (including quality and Satisfaction)
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	There are no direct impacts arising from this report. A strong governance framework as assessed by Internal Audit reports is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
<b>Finance/Resource Implications</b>	There are no direct impacts arising from this report.
<b>Population Health</b>	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	There may be an adverse effect on the organisation if arrangements are not put in place to ensure robust and detailed governance arrangements as determined through internal audit assessment
<b>Long Term Implications (incl WCFG Act 2015)</b>	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	<b>13 February 2023</b> – ARC update <b>10 January 2023</b> – Joint Committee updates on Audit Wales Governance recommendations
<b>Appendices</b>	Appendix 1 – WHSSC Internal Audit Tracker Report Appendix 2 – Update on the Audit Wales report on WHSSC Committee Governance Arrangements.

**Welsh Health Specialised Services Committee**  
**Register of Recommendations from the Internal Audit Report on Risk Management**  
**February 2023**

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA RM 2022 1	<p>Since the approval of the Risk Management Strategy and the revised approach to managing risk, the risk management process has continued to evolve. As such, some parts of the evolved process are not captured in the strategy, and there are some inconsistencies with other documents. We identified:</p> <ul style="list-style-type: none"> <li>• A Risk Scrutiny Group was formed after the strategy was written, as such there is no reference to the group in the strategy or in the appended process flow charts.</li> <li>• The strategy provides some information in relation to risk appetite, though no detailed information is given on the agreed appetite level, or how the level is to be applied in the risk management process. The strategy references how a risk with a high numerical value may be acceptable, suggesting that risk appetite is applied on a risk-by-risk basis. In contrast there is a statement relating to an annual review of risk appetite by the Joint Committee to ensure progress is being made toward the risk appetite WHSSC wishes to achieve. This would suggest that appetite is set at an organisational level.</li> <li>• The strategy makes reference to processes, procedures and risk assessments in relation to risk management, but there is no detailed information contained within the strategy. The risk assessment pro forma is not appended to the strategy.</li> <li>• The risk register process flow chart contained in the Corporate Risk Assurance Framework (CRAF) cover reports set out the process for non-commissioning risks. The strategy makes no differentiation between commissioning and non-commissioning risks, implying all follow the same process.</li> </ul>	<p>As the Risk Management Strategy and new processes have been operational for nearly a year, a review of the strategy should take place to ensure it fully and accurately captures current process and information, and is aligned to other risk management documents used by WHSSC. There is a risk of an inconsistent approach to risk management across the organisation.</p>	MEDIUM	September 2022 changed to December 2023	Director of Planning	Committee Secretary	<p>WHSSC accept the recommendation and the Risk Management Strategy will be reviewed and updated to address the recommendations made, including adding reference to the newly established Risk Scrutiny Group (RSG).</p> <p><b>PROGRESS: The Risk Management Strategy was reviewed in the autumn following the risk workshop on 20th September, the Joint Committee approved its risk appetite statement in January 2023 and the strategy has been further reviewed. Due to competing work pressures this work is currently delayed and will be taken forward during Quarter 3/4.</b></p>	ONGOING
IA RM 2022 3	<p>Whilst risk management training, via a series of workshops has been provided to senior staff, it has not been rolled out to all staff. The Risk Management Strategy states all members of staff are accountable for maintaining risk awareness and identify and reporting risks to their line manager.</p>	<p>Consideration should be given to rolling out risk management training and awareness sessions across the organisation so that all staff are fully aware of their responsibility and the processes they should follow in relation to identification and management of risks.</p> <p>There is a risk that risks are not properly identified or captured if staff are not trained on the process to follow, the organisations strategy and approach or the system used to capture risk.</p>	MEDIUM	December 2022 changed to December 2023	Director of Planning	Committee Secretary	<p>WHSSC accept the recommendation and will roll out risk management training and awareness sessions across the organisation to ensure that all staff are fully aware of their responsibility and processes they should follow in relation to identification and management of risks.</p> <p><b>PROGRESS: The Corporate Governance Team have undertaken research on risk management training methodologies across other NHS bodies and are in the process of developing a training programme to coincide with the new risk management strategy. Once the risk management strategy has been approved training will be rolled out to all staff. Due to competing work pressures this work is currently delayed and will be taken forward during Quarter 3/4.</b></p>	ONGOING

**Welsh Health Specialised Services Committee**  
**Summary Position Regarding Progress on Internal and External Audit Reports**  
**February 2023**

<b>Summary Position Regarding Internal Audit Recommendations</b>								
<b>Report Title</b>	<b>Report Date</b>	<b>Audit Committee Date</b>	<b>Number of Recommendations Made</b>	<b>Number of Recommendations Achieved</b>	<b>Number of Recommendations Outstanding</b>	<b>Recommendations Not Yet Falling Due</b>	<b>Recommendations over due ( Original Date )</b>	<b>Recommendations with a revised due date</b>
Cardiac Services	August 2019	October 2019	3	3	0	0	0	0
Information Governance	October 2019	October 2019	4	4	0	0	0	0
Financial Systems	December 2020	April 2021	2	2	0	0	0	0
Women & Children's Services	March 2021	April 2021	2	2	0	0	0	0
Cancer and Blood Programme Team	July 2021	August 2021	1	1	0	0	0	0
Positron Emission Tomography Scanner Service	January 2022	February 2022	15	15	0	0	0	0
Risk Management 2022	May 2022	May 2022	4	2	2	0	2	2
Neurosciences and Long Term Conditions	September 2022	October 2022	1	1	0	0	0	0
Quality Assurance Reporting	October 2022	October 2022	1	1	0	0	0	0
<b>Summary Position Regarding Audit Wales Recommendations</b>								
<b>Report Title</b>	<b>Report Date</b>	<b>Audit Committee Date</b>	<b>Number of Recommendations Made</b>	<b>Number of Recommendations Outside of WHSSC Control</b>	<b>Number of Recommendations Within WHSSC Control</b>	<b>WHSSC Actions Agreed</b>	<b>Actions Completed</b>	<b>WHSSC Actions in Progress</b>
Governance Arrangements	May 2021	August 2021	7	3	4	13	13	0



# **Corporate Risk Assurance Framework (CRAF)**

**June 2023**

**1. Dashboard of Risk**

Impact	5			<p><b>42</b> Referrals for adults with an eating disorder/disordered eating</p> <p><b>49</b> Calea technical issue new June risk</p> <p><b>47 IF</b> - Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board</p>		
	4				<p><b>06</b> Paediatric patients waiting for surgery</p> <p><b>28</b> Workforce and Capacity</p> <p><b>35</b> Bed Capacity Mental Health Patients</p> <p><b>38</b> No neonatal cot availability in South Wales due to staffing shortages</p> <p><b>39</b> Renal Funding</p> <p><b>40</b> Limited outpatient dialysis capacity in Swansea</p> <p><b>44</b> Paediatric cardiac surgery</p> <p><b>48</b> Wales Fertility Institute</p>	<p><b>29</b> WHSSC IPFR Governance</p> <p><b>34</b> Lack of paediatric intensive care beds</p>
	3					<p><b>03</b> Plastic Surgery Delays</p> <p><b>26</b> Neuropsychiatry patients waiting times</p> <p><b>43</b> Patient waiting times</p> <p><b>46</b> North Wales Outreach Plastic Surgery Clinic Management Arrangements</p>
	2					
	1					
CXL		1	2	3	4	5
				Likelihood		

2. Corporate Risk Register/Summary of Risk

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
3 CB03 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Plastic Surgery Delays</b> There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	15	15	6	Risk score remains the same ↔	30/06/23	28/07/23	Joint Committee	Director of Planning
		Provider/s: SBUHB	C3 x L5	C3 x L5	C2 x L3					
6 P/21/10 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Paediatric patients waiting for surgery</b> There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
		Provider/s: CVUHB	C4 x C4	C4 x C4	C2 x C2					
26 NCC046 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Neuropsychiatry patients waiting times</b> There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	20	15	4	Risk score remains the same ↔	26/06/2023	24/07/2023	Joint Committee	Director of Planning
		Provider/s: CVUHB	C4 x L5	C3 x L5	C4 x L1					
28 CS3 Corporate Services	Workforce and Capacity	<b>Workforce and Capacity</b> There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work	20	16	9	Risk score remains the same ↔	28/06/23	28/07/23	Joint Committee	Committee Secretary
		Provider/s: N/A	C5 x L4	C4 x L4	C3 x L3					
29 CS8 Corporate Services / Quality and IPFR	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>WHSSC IPFR ToR and Governance</b> There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.	16	20	4	Risk score remains the same ↔	28/06/23	28/07/23	Joint Committee	Director of Nursing/ Committee Secretary
		Provider/s: N/A	C4 x L4	C4 x L5	C2 x L2					
34 P/21/02 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Lack of Paediatric Intensive Care Beds</b> <i>There is a risk</i> that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required <i>due to</i> constraints within the service. <i>There is a consequence</i> that paediatric patients requiring intensive care will be cared for in, inappropriate	12	20	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
		areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.								
		<b>Provider/s:</b> CVUHB	<b>C3 x L4</b>	<b>C4 x L5</b>	<b>C2 x L2</b>					
<b>35</b> MH/21/06 <b>Mental Health &amp; Vulnerable Groups</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Bed Capacity Mental Health Patients</b> <b>There is a risk</b> that mental health patients will be unable to gain a placement <b>due to</b> the lack of available UK beds, which as <b>a consequence</b> may result in inappropriate placement	9	16	6	Risk score remains the same ↔	26/06/2023	24/07/2023	Joint Committee	Director of Mental Health
		<b>Provider/s:</b> SBUHB, BCUHB, NHS England, Independent Sector	<b>C3 x L3</b>	<b>C4 x L4</b>	<b>C3 x L2</b>					
<b>38</b> P/21/16 <b>Women &amp; Children</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Neonatal Cots</b> <b>There is a risk</b> that there will not be a Neonatal cot available across the south Wales region <b>due to</b> significant neonatal nursing shortages. <b>There is a consequence</b> that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> CVUHB	<b>C4 x L4</b>	<b>C4 x L4</b>	<b>C2 x L2</b>					
<b>39</b> WKN 06 <b>Welsh Kidney Network</b>	Finance including claims	<b>Renal Funding</b> <b>There is a risk that</b> now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. <b>As a consequence</b> additional investment required through ICP process to sustain current services and manage growth and inflationary uplifts.	12	16	4	Risk score remains the same ↔	June 2023	July 2023	Joint Committee	Programme Director
		<b>Provider/s:</b> N/A	<b>C4 x L4</b>	<b>C4 x L4</b>	<b>C2 x L2</b>					
<b>40</b> WKN 08 <b>Welsh Kidney Network</b>	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Limited outpatient dialysis capacity in Swansea</b> <b>There is a risk</b> that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. <b>As a consequence</b> there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.	12	16	2	Risk score remains the same ↔	June 2023	July 2023	Joint Committee	Programme Director
		<b>Provider/s:</b> SBUHB	<b>C3 x L4</b>	<b>C4 x L4</b>	<b>C2 x L1</b>					
<b>42</b> MH/21/15 <b>Mental Health &amp; Vulnerable Groups</b>	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Referrals for adults with an eating disorder/disordered eating</b> <b>There is a risk</b> that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. <b>The consequence</b> is that additional placements may be needed, and admissions delayed <b>due to</b> the absence of ED beds in Wales.	15	15	8	Risk score remains the same ↔	26/06/2023	24/07/2023	Joint Committee	Director of Mental Health
		<b>Provider/s:</b> Independent Sector	<b>C5 x L3</b>	<b>C5 x L3</b>	<b>C4 x L2</b>					
<b>43</b> CB01 <b>Cancer &amp; Blood</b>	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Patient waiting times</b> There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the AWLP service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.	8	15	4	Risk score remains the same ↔	30/06/23	28/07/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> CVUHB (subcontract in place with SBUHB)	<b>C2 x L4</b>	<b>C3 x L5</b>	<b>C2 x L2</b>					

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
44 P/21/19 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Paediatric cardiac surgery</b> <i>There is a risk</i> that paediatric cardiac surgery patients referred to Bristol Children's Hospital, will have longer waits than is clinically appropriate <i>due to</i> lack of availability of a PIC bed within the Bristol Hospital. <i>There is a consequence</i> that the condition of the patient could deteriorate whilst waiting.	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> University Hospital Bristol	C4 x L4	C4 x L4	C2 x L2					
46 CB06 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>North Wales Outreach Plastic Surgery Clinic Management Arrangements</b> There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes.	9	15	4	Risk score remains the same ↔	30/06/23	28/07/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> St Helens and Knowsley NHS Trust & BCUHB	C3 x L3	C3 x L5	C2 x L2					
47 IF14 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>CVUHB delivery of IF service</b> <i>There is a risk</i> that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales	20	15	6	Risk score reduced From 20 to 15 ↓	14/06/23	12/07/23	Joint Committee	Director of Planning
		<b>Provider:</b> University Hospital of Wales	C5 x L4	C5 x L3	C3 x L3					
48 P/21/20 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Wales Fertility Institute</b> <i>There is a risk</i> the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service <i>due to</i> 7 major concerns identified during a relicensing inspection by HFEA in January 2023. <i>There is a consequence</i> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
		<b>Provider:</b> SBUHB	C4 x L4	C4 x L4	C2 x L2					
49 NEW RISK IF02 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Calea technical issue</b> <i>There is a risk</i> that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm	8	15	6	New Risk  Risk Score Increased June 23 From 8 to 15 ↑	14/06/23	12/07/23	Joint Committee	Director of Planning
		<b>Provider:</b> Calea	C4 x L2	C5 x L3	C3 x L2					

De-escalated Risks June 2023

21 MH/21/02 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Children &amp; Adolescent Mental Health Services (CAMHS)</b> There is a risk that tier 4 providers for CAMHS cannot meet the service specification <b>due to</b> environmental and workforce issues, <b>with a consequence that</b> children could abscond/come to harm. (Ty Lidiard)	16	12	8	Risk score has been lowered ↓	26/06/2023	24/07/2023	Team Meeting/Risk Scrutiny Group	Director of Mental Health
		Provider/s: CTMUHB	C4 x L4	C4 x L3	C4 x L2					
33 CS10 Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Welsh Government Priority Delivery Measures</b> There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	20	12	9	Risk score has been lowered ↓	28/06/23	28/07/23	Risk Scrutiny Group	Director of Planning
		Provider/s – All	C4 x L5	C4 x L3	C3 x L3					

3 Risk Schedules – Risk on a Page

<b>Risk Ref: 3 Plastic Surgery Delays (CB03)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																			
<b>Risk:</b> There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting >104 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.		<b>Date Added to Register:</b> 26/02/21 (first identified 17/03/14)	<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																		
		<b>Provider/s:</b> SBUHB																			
<b>Risk Rating</b> (impact x likelihood)		<b>Groups discussed risk during period</b>																			
<table border="1"> <tr> <td>Initial</td> <td>3x5</td> <td>15</td> </tr> <tr> <td>Current</td> <td>3x5</td> <td>15</td> </tr> <tr> <td>Target</td> <td>2x3</td> <td>6</td> </tr> </table>		Initial	3x5	15	Current	3x5	15	Target	2x3	6	<p>The chart shows a risk rating of 15 (blue line) and a target of 6 (orange line) from July 2022 to June 2023. The risk rating remains constant at 15, which is significantly above the target of 6.</p>										
Initial	3x5	15																			
Current	3x5	15																			
Target	2x3	6																			
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<b>Additional comments:</b> July 22 - The commissioning team discussed and reviewed the risk and agreed the risk was to remain December 22 - Escalation level 1 agreed by CDG, i.e. weekly submission of activity and waiting list data required. March 23 – The C&B commissioning team agreed that the escalation level should remain at 1 until further detail on the delivery plan is provided by SBUHB at the next performance meeting and secondly review of the SBUHB plastic surgery quality report has been undertaken by WHSSC’s quality lead. A further review will then take place in April. April 23 – Risk reviewed, score remains the same May 23 – Further detail on the delivery plan not yet received therefore escalation level not yet reviewed. The PID for the Realignment of Plastic Surgery Commissioning project was approved at MG in April. June 23 – Escalation increased to level 2 (lack of assurance that the delivery plan will achieve WG targets). Monthly performance meetings are in place. A quality visit is planned in August.																					

<b>Risk Ref: 6 - Paediatric patients waiting for surgery (P/21/10)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																		
<b>Risk:</b> There is a risk that paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.		<b>Date Added to Register:</b> 24/02/21 <b>Provider/s:</b> CVUHB	<b>Date last reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																	
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<b>Additional comments:</b> July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place provider confirmed 109 patients waiting between 52 and 104 weeks and 25 patients waiting over 105 weeks. Therefore, risk cannot be reduced. Apr 23 – W&C Commissioning team reviewed the risk which remains unchanged. May 23 - W&C Commissioning team reviewed the risk which remains unchanged. June 23 - W&C Commissioning team reviewed the risk which remains unchanged.																																				

<b>Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Director Lead:</b> Director of Mental Health <b>Assuring Committee:</b> Joint Committee
<b>Risk:</b> There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support <i>due to</i> staffing issues. <i>The consequence patients will have</i> long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	<b>Date Added to Register:</b> 12/02/2020 <b>Moved to MH&amp; VG register July 21</b>
	<b>Provider/s:</b> CVUHB
<b>Date last reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023	



**What controls have we put in place for the risk:**

- Business case received
- Developed ICP scheme
- Service transferred to the Mental Health portfolio
- Planned six monthly review meetings with the service to ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across Wales
- Funding release was submitted to the March 2023 MG meeting for Phase 2A of the All-Wales Neuropsychiatry Scheme. The funding release was not approved and it is going back to the April 2023 MG meeting.

**What actions should we take:**

Action	Lead	Date
NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting.	Planning Manager	Six monthly
The scheme was scored 2 <sup>nd</sup> highest risk and has been included in the WHSSC ICP funding 21/22. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.	Planning Manager	Completed
Funding releases paper being prepared for submission to July CDGB and monitoring group	Planning Manager	Completed
Funding release paper submitted to July Management group.	Planning Manager	Completed
Phase 2b to be considered within the mental health strategy	Senior Planning Manager	Completed
Neuropsychiatry data to be analysed to inform future mitigation actions	Senior Planning Manager	Completed

**Additional comments:**  
From August 2021 the risk will be monitored going forward by the Mental Health & Vulnerable Group commissioning team as funding was approved July 21  
CIAG approved phase 2a of Neuropsychiatry scheme phase 2b to be considered within mental health strategy.  
June 22 – Second consultant appointed within service, therefore, risk to be discussed at July commissioning meeting with a view to lowering the risk. Phase 2a to be implemented during this financial year and CIAG bid for phase 2b should provide a basis to close this risk.  
Sept 22 – Risk Score Lowered to 15 at commissioning team meeting 28/09/22. Further monitoring to continue following the implementation of further service development during 2022/23 and 2023/24.  
March 23 – Risk score remains the same  
April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22<sup>nd</sup>  
May 23 - Risk score remains the same  
**June – Risk score remains the same**

<b>Risk Ref: 28 Workforce and Capacity (CS3 / CD01)</b> <b>Risk Domain: Workforce and Capacity</b>		<b>Director Lead:</b> Committee Secretary <b>Assuring Committee:</b> CDGB																																																																															
<b>Risk:</b> There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work.		<b>Date Added to Register:</b> 16.09.21  <b>Provider/s:</b> N/A	<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																														
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Following a review of risks at a risk workshop in September 2022, and in light of the increased workloads, on the 14 December 2022 the CDGB agreed to escalate the risk and increase the score from 12 to 16.</li> <li>Welsh Government has approved funding for PET project support posts and TSW to be hosted by WHSSC.</li> <li>In the long term a workforce strategy will be considered to assist with succession planning and the long term planning risk concerning workforce capacity.</li> <li>An executive OD session held in November 2022 focussed on current and future workforce and organisational development requirements. A short term workforce plan was developed to assist with the immediate issue of resourcing the increasing workforce demand. This is currently being monitored by the CDGB and is being discussed at OD sessions.</li> <li>A number of key strategic pieces of work and a general increase in the number of services has resulted in another significant increase in workloads across the organisation. The number of posts being recruited to has increased significantly over the last few months and this has had a knock on effect on the Corporate Services team who plan and assist the organisation with IT, HR and general resourcing.</li> <li>There is a lack of depth in workforce resource and cross cover as teams are small and this poses a risk to staff as workloads are increasing. In order to mitigate this in the short term, workloads should be monitored and work should be prioritised.</li> <li>Some vacancies have arisen within the Finance department and there is a need to review the finance structure to ensure sufficient resource.</li> <li>A review of National Commissioning is currently underway and this may have an impact on staffing and resourcing across the organisation going forward. The review is due to report by <b>middle of July 2023</b>.</li> <li>Until the outcome of the review is known, vacancies are being recruited to and where funding has been agreed for new posts there are still being advertised and recruited to.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity.</td> <td>JE</td> <td>7 September 2021</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>COMPLETED</b></td> </tr> <tr> <td>Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts. <b>COMPLETED</b></td> <td>JE</td> <td>Oct 2021</td> </tr> <tr> <td>Corporate services team are working with CTMUHB to identify short term admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams. <b>COMPLETED and since then WHSSC has recruited via the bank and agency to assist with short term recruitment issues.</b></td> <td>JE</td> <td>Oct 2021</td> </tr> <tr> <td>An uplift to the DRC was approved by JC to allow for an additional Corporate resource. 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<b>Additional comments:</b> The CDGB approved the de-escalation of the workforce risk in March 2022 and it was removed from the CRAF. Following a review of risks at a risk workshop in September 2022, and in light of the increased workloads, on the 14 December 2022 the CDGB agreed to escalate the risk and increase the score from 12 to 16. The organisation remains vulnerable as a number of departments are small and whilst recruitment is underway due to the time delay between advertising posts and staff commencing in post, there are workload challenges across the organisation.																																																																																	

<b>Risk Ref: 29 – WHSSC IPFR ToR &amp; Governance (CS8)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Nursing/Committee Secretary <b>Assuring Committee:</b> Joint Committee																										
<b>Risk -</b> There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.		<b>Date Added to Register:</b> 20/10/21  <b>Provider/s:</b> N/A	<b>Date last reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																									
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>A judicial review highlighted some deficiencies in the minutes and decision letters advising of a refusal to fund treatment. This de-brief has taken place and learning from this is being implemented.</li> <li>A review of the IPFR governance is underway. A member of the Corporate team will start attending IPFR and act as a governance lead advising the Chair etc. The governance lead will also be able to review the minutes, notes, and decision letters etc.</li> <li>A quality review of other IPFR notes from HB panels will be undertaken as a way of benchmarking.</li> <li>JC approved an uplift to the WHSSC IPFR DRC budget to assist with staffing costs required as a result of the increased scrutiny.</li> <li>A meeting with Welsh Government took place on 10 May 2022 to discuss the authority of the Joint Committee to update and approve the ToR of the IPFR Panel, the governance process for updating the All Wales IPFR policy; and consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales. WHSSC issued a letter to WG 23 May 2022. A response from WG was received on 28 July 2022 confirming agreement for WHSSC to proceed with a review of the WHSSC ToR and a “limited” review of the All Wales IPFR policy. The Joint Committee approved the approach on 6 September 2022.</li> <li>The NHS Wales Board Secretaries Group have been informed of the risk concerning the IPFR panel, and a private briefing session was arranged for them on IPFR governance for 10 June 2022.</li> <li>A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023.</li> <li>The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022 and the findings are being reviewed.</li> <li>An IPFR stakeholder engagement event to review the WHSSC IPFR) panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022.</li> <li>The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March WHSSC are currently working on an implementation plan as the new ToR will involve some changes to the current membership and to ensure that HBs have sufficient time to review their WHSSC membership.</li> <li><b>WHSSC will be presenting the updated All Wales IPFR Policy to the Joint Committee in July 2023 for approval.</b></li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed</td> <td>Committee Secretary</td> <td>End of December 2021 and on-going</td> </tr> <tr> <td>The Chair of the IPFR panel stepped down from the position on the 1 April 2022. 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<b>Additional comments:</b> The IPFR process gained political attention during the Senedd’s Plenary session on the 23 March 2022 and Members of the Senedd (MS) asked questions concerning the IPFR process.																												

<b>Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02)</b> <b>Risk Domain: Workforce</b>	<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee	
<b>Risk:</b> There is a risk that a paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.	<b>Date Added to Register:</b> 24/02/21	<b>Date last reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023
	<b>Provider/s:</b> C&VUHB	

Risk Rating  
(impact x likelihood)

Initial	3x4	12
Current	4x5	20
Target	2x2	4



**Groups discussed risk during period**

- Commissioning Team - 21/06/22
- Commissioning Team - 26/07/22
- Commissioning Team - 23/08/22
- Commissioning Team - 21/09/22
- Commissioning Team - 18/10/22
- Commissioning Team - 21/11/22
- Commissioning Team - 19/12/22
- Commissioning Team - 24/01/23
- Commissioning Team - 21/02/23
- Commissioning Team - 21/03/23
- Commissioning Team - 20/04/23
- Commissioning Team - 16/05/23
- Commissioning Team - 20/06/23

**What controls have we put in place for the risk:**

- Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand
- Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider
- Completed winter surge plan for 2021/22 which sets out clear escalation management across the South West of England region
- Received Health Board surge plan for 2022/ 23
- Reviewed information on adverse incidents have occurred as a consequence of bed availability
- Discussed Collaborative working between Adult Critical Care and Paediatric Critical Care
- Health board escalated to level 2 in line with WHSSC escalation framework

**What actions should we take:**

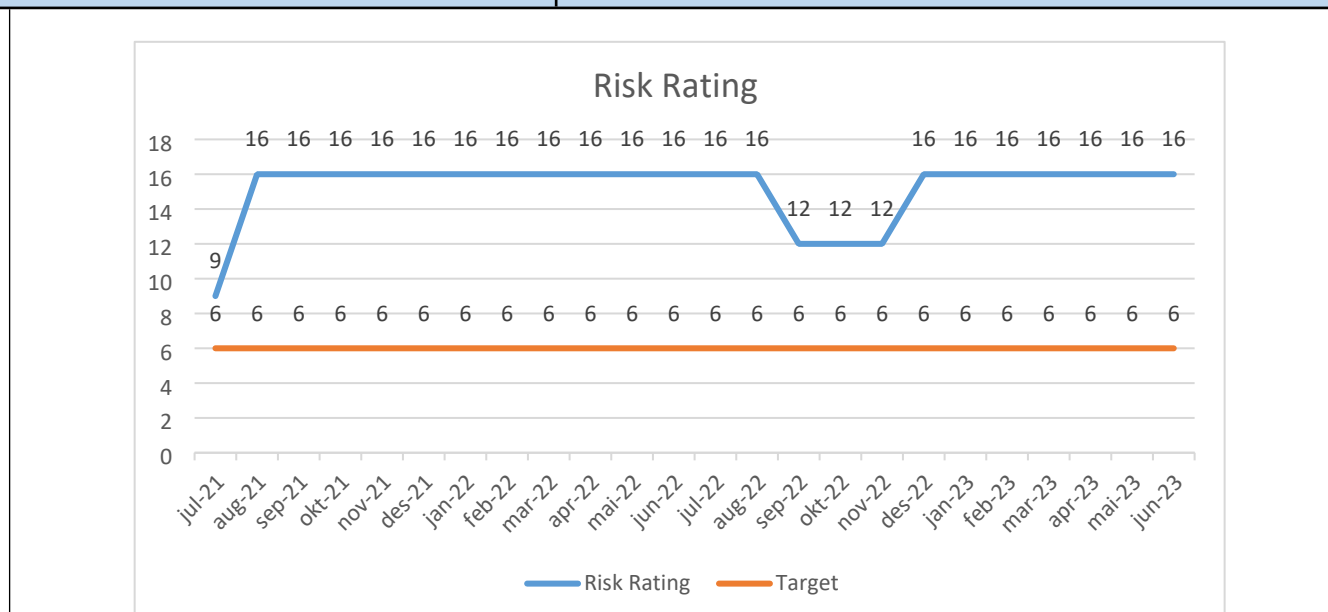
Action	Lead	Date
<ul style="list-style-type: none"> <li>Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:               <ul style="list-style-type: none"> <li>Refusal rates against SLA</li> <li>Staffing establishment</li> <li>Implementation of investment</li> <li>Commissioned bed availability</li> </ul> </li> </ul>	W&C Planner	Quarterly
<ul style="list-style-type: none"> <li>Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.</li> </ul>	W&C	Quarterly
<ul style="list-style-type: none"> <li>Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.</li> </ul>	W&C planner	31/05/2023
<ul style="list-style-type: none"> <li>Requested action plan against the escalation objectives</li> </ul>	W&C planner	Completed
<ul style="list-style-type: none"> <li>Escalation meeting to discuss detail and progress against action plan</li> </ul>	W&C planner	28/06/23

**Additional comments:**  
 June 22 – Quarterly Assurance meeting has not taken place since last update (May 22)  
 July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place 18<sup>th</sup> July 2022 we were notified a number of refusals in quarter 1 as a result of staff shortages  
 Dec 22 – As service has been in a period of surge throughout December the risk score has increased.  
 May 23 - W&C Commissioning team reviewed the risk which remains unchanged.  
 June 23 - W&C Commissioning team reviewed the risk which remains unchanged.

<b>Risk Ref: 35 Bed Capacity Mental Health Patients (MH/21/06)</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>	<b>Director Lead:</b> Director of Mental Health <b>Assuring Committee:</b> Joint Committee
<b>Risk: There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement</b>	<b>Date Added to Register:</b> 24/02/21
	<b>Provider/s:</b> SBUHB, BCUHB, NHS England, Independent Sector
<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023	

Risk Rating  
(impact x likelihood)

Initial	3x3	9
Current	4x4	16
Target	3x2	6



**Groups discussed risk during period**

- Commissioning Team 27/04/22
- Commissioning Team 25/05/22
- Commissioning Team 26/06/22
- Commissioning Team 26/06/22 – Not quorate
- Commissioning Team 27/07/22 – Cancelled
- Commissioning Team 24/08/22 – Cancelled
- Commissioning Team 28/09/22
- Commissioning Team 24/10/22
- Commissioning Team 19/12/22
- Commissioning Team 23/01/23
- Commissioning Team 27/02/23 – Cancelled
- Commissioning Team 27/03/23
- Commissioning Team 24/04/23
- Commissioning Team 22/05/23
- Commissioning Team 26/06/23

**What controls have we put in place for the risk:**

- Assessment undertaken of bed capacity and demand
- Commissioning strategy to be developed
- Restructure of NHS England in to provider collaborative will further impact the availability if UK beds therefore this risk will be monitored closely.

**What actions should we take:**

Action	Lead	Date
Secure work stream is being considered under the mental health strategy.	Senior Planning Manager	Completed
Secure Services considered in its entirety under the MH strategy	Senior Planning Manager	April 24 –Ongoing June 23

**Additional comments:**  
 Risk discussed at July 2021 commissioning team meeting for clarity on risk title, controls in place and further actions required.  
 Discussed at August 2021 Commissioning team and score raised due to national pressures, closure of one unit in England and ongoing ligature works in Caswell.  
 Jan 22 - MH &VG Commissioning Team advised despite 80 surge beds being purchased until the end of March 22 the risk remains high and likely to increase further.  
 June 22 – Strategy out for stakeholder feedback until July 22  
 Sept 22 – Lower risk score agreed at Commissioning Team 28/09/22 due to repatriation plans in place for Welsh patients from NHSE  
 December 22 – Risk score increased at Commissioning Team on 19<sup>th</sup> December to reflect pressure in the NHSE medium secure bed provision  
 March 23 – Risk score remains the same  
 April 23 – Risk reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22<sup>nd</sup>  
 May 23 – NHS England informed no capacity for medium secure placement in NHS England or Independent Sector therefore we may be in a position where we are unable to place  
 June 23 – Risk description discussed and agreed that in addition to this risk an additional risk will be added to capture whether patients in medium secure units are being treated at the appropriate level of security, this additional risk will be developed for discussion at the next Commissioning Team meeting in July 23

<b>Risk Ref: 38 – Neo neonatal cot availability in South Wales due to staffing shortages ( P/21/16)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee																
<b>Risk:</b> There is a risk that there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. <b>There is a consequence</b> that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot.		<b>Date Added to Register:</b> 26/07/2022	<b>Date last reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023															
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC are attending (the scheduled) SITREP meeting(s), hosted by the Maternity and Neonatal Network where the neonatal unit and maternity position is discussed. The daily SITREP meetings continue to take place, these meetings still show significant fragility within the system, and despite the cot work progressing there will be a lead in time before this will help.</li> <li>Notified Welsh Government and (WHSSC/Health Board) Directors of Nursing of current risk.</li> <li>Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates and staffing numbers.</li> <li>New cot day tariff implemented, overall investment of over £5m for the South &amp; West Wales</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots</td> <td>Planning Manager</td> <td>completed</td> </tr> <tr> <td>Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position:               <ul style="list-style-type: none"> <li>Refusal rates and reasons for declined admissions</li> <li>Staffing establishment</li> <li>Adverse incidents / near misses as a consequence of closing cots and / or working over capacity</li> </ul> </td> <td>Planning Manager</td> <td>Quarterly</td> </tr> <tr> <td>The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.</td> <td>Head of Quality WHSSC</td> <td>Completed</td> </tr> <tr> <td>WHSSC to arrange a workforce workshop</td> <td>Planning Manager</td> <td>TBC</td> </tr> </tbody> </table>		Action	Lead	Date	Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots	Planning Manager	completed	Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position: <ul style="list-style-type: none"> <li>Refusal rates and reasons for declined admissions</li> <li>Staffing establishment</li> <li>Adverse incidents / near misses as a consequence of closing cots and / or working over capacity</li> </ul>	Planning Manager	Quarterly	The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.	Head of Quality WHSSC	Completed	WHSSC to arrange a workforce workshop	Planning Manager	TBC
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<b>Additional comments:</b> Aug 22 - This risk replaces closed risk P/21/15 as the staffing shortages encountered are variable depending on the shift in question and are across all units. Oct 22 – nursing shortage remain and therefore no change to score. Apr 23 – W&C Commissioning team reviewed the risk which remains unchanged. May 23 - W&C Commissioning team reviewed the risk which remains unchanged. June 23 - W&C Commissioning team reviewed the risk which remains unchanged.																		

<b>Risk Ref: 39 Renal Funding (WKN 06)</b> <b>Risk Domain:</b> Finance including claims		<b>Director Lead:</b> Programme Director, WKN <b>Assuring Committee:</b> Joint Committee																																																																			
<b>Risk:</b> There is a risk that now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. <b>As a consequence</b> additional investment is required through ICP process to sustain current services and manage growth and inflationary uplifts.		<b>Date Added to Register:</b> 14/12/22 Provider/s N/A	<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																		
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<b>Risk Ref: 40 Limited outpatient dialysis capacity in Swansea (WKN 08)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Programme Director, WKN <b>Assuring Committee:</b> WKN Board																																																																			
<b>Risk:</b> There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence, there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.		<b>Date Added to Register:</b> 14/12/22 <b>Provider/s</b> SBUHB	<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																		
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility.</li> <li>Active home haemodialysis programme to ease the pressure until expansion of existing resource is established.</li> <li>Procurement process for retender of existing units and establishment of two new units commenced Jan 2021.</li> <li>The funding release was agreed by the JC in January 2023 but there are awaiting WG sign-off. Any delays in the process has a knock on effect to the operational date of the two new builds.</li> <li>Procurement supported by WG. Contract awarded</li> <li>Implementation programme commenced</li> <li>New units in place</li> </ul> <p style="color: red;">NB risk score will not reach target until new units are in place and therefore additional capacity is available Risk will need to be tolerated until then.</p>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Completion of procurement process. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.</td> <td>SBUHB SRO/WKN Manager</td> <td>Complete Contract awarded</td> </tr> <tr> <td>Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.</td> <td>SBUHB SRO/WKN Manager</td> <td>Contract awarded Implementation Programme started 12 month programme September 2023</td> </tr> <tr> <td>Increase opportunity for home dialysis.</td> <td>Home Dialysis Clinical Lead/WKN Manager.</td> <td>Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 December 2022</td> </tr> <tr> <td>Provision to be made in the WHSC ICP to reflect the additional costs associated with the procurement process.</td> <td>WKN Manager/WKN Finance Manager/ WHSC Director</td> <td>Complete</td> </tr> <tr> <td>Implementation Programme for new dialysis units in place</td> <td>WKN Deputy Manager</td> <td>Complete</td> </tr> <tr> <td>New units in place</td> <td>WKN</td> <td>April 2024</td> </tr> </tbody> </table>		Action	Lead	Date	Completion of procurement process. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.	SBUHB SRO/WKN Manager	Complete Contract awarded	Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.	SBUHB SRO/WKN Manager	Contract awarded Implementation Programme started 12 month programme September 2023	Increase opportunity for home dialysis.	Home Dialysis Clinical Lead/WKN Manager.	Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 December 2022	Provision to be made in the WHSC ICP to reflect the additional costs associated with the procurement process.	WKN Manager/WKN Finance Manager/ WHSC Director	Complete	Implementation Programme for new dialysis units in place	WKN Deputy Manager	Complete	New units in place	WKN	April 2024																																													
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<b>Risk Ref: 42 Referrals for adults with an eating disorder/disordered eating (MH/21/15)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Director of Mental Health <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																											
<b>Risk:</b> There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. <b>The consequence</b> is that additional placements may be needed, and admissions delayed <b>due to</b> the absence of ED beds in Wales.		<b>Date Added to Register:</b> 14/12/22  <b>Provider/s:</b> Independent Sector	<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																										
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<b>Additional comments:</b> Sept 22 – Risk added December 22 – Risk score agreed and added January 22 – This risk relates to the current interim situation for the commissioning of Adult ED beds whilst a medium term solution is being sought through the appointment of a tender to provide ED Adult services for the next 2-3 years from April 23. The longer term options will be considered via the MH Strategy. March 23 – Risk score remains the same April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22 <sup>nd</sup> May 23 – Risk remains the same <b>June 23 – Risk remains the same</b>																																													

<b>Risk Ref: 43 Patient waiting times (CB01)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance
<b>Risk:</b> There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the All Wales Lymphoma Panel (AWLP) service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.	<b>Date Added to Register:</b> 12/02/21 (first identified 22/11/17)
	<b>Provider/s:</b> CVUHB (subcontract in place with SBUHB)
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**What controls have we put in place for the risk:**

- Mechanisms are in place to prioritise clinically urgent cases.
- Investment through the 21/22 ICP via an uplifted baseline to fund more capacity
- Monitoring monthly with quarterly commissioner assurance meetings to confirm performance and level of risk as Covid-19 impact reduces and the effects of contract adjustment are realised.
- A request has been made for the service to work more collaboratively to identify service improvements across the two sites.
- Equipment failures have caused delays and performance issues – an urgent procurement exercise is taking place with an expected installation taking place in April 2023.
- To mitigate this, a 7 day working model in the IHC laboratory has been established.
- Outsourcing lymphoma slides to a laboratory in England
- New equipment has been installed at SBUHB and is due to be installed at CVUHB in the next few weeks.**

**What actions should we take:**

Action	Lead	Date
To hold quarterly commissioner assurance meetings with the AWLP to review turnaround time performance (with monthly submission of performance data). Note: on hold while progress is made with regard to joint working arrangements between CVU and SBU.	LA -Senior Planner	<b>completed.</b>
Managing Director (SL) and Director of Planning have met with CVUHB clinical and managerial and clinical leads. It was agreed that joint working arrangements should be developed between CVU and SBU under the Regional and Specialised Services Provider Planning Partnership. CVU team will take this forward and confirm progress to WHSSC.	LA -Senior Planner	<b>Nov 22 (completed. See additional actions below)</b>
LA to discuss AWLP performance with Director of Planning in next 1 to 1 on Friday 11 <sup>th</sup> Nov and agree appropriate action. To update Commissioning Team.	LA -Senior Planner	<b>Completed</b>
Ian Langfield will take the lead on the development of joint working arrangements between CVU and SBU under the Regional and Specialised Services Provider Planning Partnership. LA will confirm AWLP commissioning intentions.	LA – Senior Planner	<b>Completed</b>
WHSSC to write to CVU and SBU to ask them to respond to recent drop in performance levels and to advise that performance and assurance meetings will resume in the new year.	LA – Senior Planner	<b>Complete</b>
WHSSC to arrange a meeting with both sides of the service.	RE-Assistant Planner	<b>Complete</b>
Request information from HB quality colleagues regarding DATIX reports related to the service	VDJ – Quality Lead	<b>Complete</b>
Propose further escalation of the service to CDG. This will be considered at CDGB on 6 March 2023. Service escalated.	LA-Senior Planner	<b>Complete</b>
Write to service to outline expectations at escalation performance meeting on 31 <sup>st</sup> March	LA-Senior Planner	<b>Complete</b>
Escalation meeting to monitor progress against action plan.	KLS – Associate Medical Director	<b>Next meeting 7<sup>th</sup> July</b>

**Additional comments:**  
The C&B commissioning team agreed to raise the risk score based on recent decline in poor performance at both CVU and SBU and agreed to consider escalation at a future meeting when a response from both centres has been received. Performance meeting arranged in January. Revisit after this meeting.  
January 2023: The C&B commissioning team agreed to raise the risk score based on a recent meeting with the service where it was reported that poor performance at CV was due to equipment failures in the laboratory.  
March 2023: AWLP placed into formal escalation level 2. Action plan requested ahead of escalation meeting on 31<sup>st</sup> March 2023.  
May 2023: It was noted at the escalation meeting on 12<sup>th</sup> May that errors with SBUHB data reporting had been found. Performance is therefore likely to be better than the data would suggest.

June 2023: It was noted that performance at both centres had improved during May 2023. If June data reporting demonstrates a sustained improvement, the C&B commissioning team will reassess the level of risk at its next meeting on 28<sup>th</sup> July 2023.

<b>Risk Ref: 44 Paediatric cardiac surgery (P/21/19)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance
<b>Risk: <i>There is a risk</i></b> that paediatric cardiac surgery patients will have longer waits than is clinically appropriate <i>due to</i> lack of availability of a PIC bed. <b><i>There is a consequence</i></b> that the condition of the patient could deteriorate whilst waiting.	<b>Date Added to Register:</b> 24/01/23
	<b>Provider/s:</b> University Hospital Bristol
<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023	

Risk Rating (impact x likelihood)		<b>Groups discussed risk during period</b> Commissioning Team - 24/01/23 Commissioning Team - 21/02/23 Commissioning Team - 21/03/23 Commissioning Team - 20/04/23 Commissioning Team - 16/05/23 Commissioning Team – 20/06/23									
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Initial	4x4	16									
<b>Current</b>	<b>4x4</b>	<b>16</b>									
Target	2x2	4									

**What controls have we put in place for the risk:**

- Fortnightly report requested from Bristol Children’s Hospital requesting detail on patient waits, steps taken to reschedule and management plan.
- Meeting with clinical team in Bristol took place to understand the mitigations, agreed trajectories will be provided

**What actions should we take:**

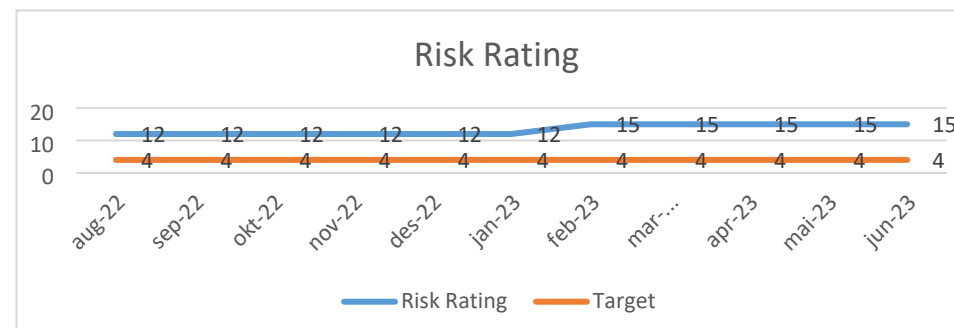
Action	Lead	Date
Arrange meeting with Bristol Children’s Hospital	W&C Planner	Complete
Trajectories for patients breaching waiting list standards to be shared with WHSSC.	W&C Planner	31 May 2023
Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.	W&C Planner	Fortnightly
Formally write to Bristol Children’s Hospital to seek formal assurance on planned trajectories	W&C Planner	12/07/23

**Additional comments:**  
 May 23 - W&C Commissioning team reviewed the risk which remains unchanged.  
 June 23 - W&C Commissioning team reviewed the risk which remains unchanged.

<b>Risk Ref: 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements (CB06)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance	
<b>Risk:</b> There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes	<b>Date Added to Register:</b> 09/09/22	<b>Date Last Reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023
	<b>Provider/s:</b> St Helens and Knowsley NHS Trust & BCUHB	

Risk Rating  
(impact x likelihood)  
Score to be agreed

Initial	3x3	9
Current	3x5	15
Target	2x2	4



**Groups discussed risk during period**

- Commissioning Team 30/09/22
- Commissioning Team 08/11/22
- Commissioning Team 28/11/22
- Commissioning Team 12/12/22
- Commissioning Team 30/01/23
- Commissioning Team 02/03/23
- Commissioning Team 27/03/23
- Commissioning Team 17/04/23
- Commissioning Team 18/05/23
- Commissioning Team 30/06/23

**What controls have we put in place for the risk:**

- BCUHB has established a Task & Finish Group to address the issue including colleagues from St Helen's & Knowsley.
- WHSSC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at SH&K.
- WHSSC has written formally to BCUHB to raise the concerns around the management of the outreach clinics and seek clarity on the reporting and accountability arrangements in the health board for the Task & Finish Group.
- BCUHB to report to WHSSC on progress of the T&F Group at the interface planning meeting and the SLA meeting.
- It has been agreed that Welsh Government will lead the escalation of the management of the plastic surgery outreach clinics as a part of their wider escalation of the dermatology service in north Wales.

**What actions should we take:**

Action	Lead	Date
WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and SHK Trust.	VDJ – Quality Lead	Nov 22
To follow up with regard to the letter to BCUHB to obtain a response and respond accordingly.	Planner	Complete
Meeting between WHSSC, SHK and BCUHB to ascertain what is required to review all patients on the waiting list.	LA – Senior Planner	Complete
Work with SHK and BCUHB to agree the terms of reference and implement the review.	LA – Senior Planner & VDJ – Quality Lead	Complete
Confirm WHSSC's role in the escalation led by Welsh Government	NJ – Director of Planning / Sian Lewis – Managing Director	Apr 23
Monitor the findings from the patient harm review currently being undertaken by St Helen's & Knowsley	LA – Senior Planner & VDJ – Quality Lead	From Mar 23 to Jun 23
Continue to work with BCUHB and SHK, and with Welsh Government, to support addressing the risks relating to the outreach clinics.	Exec Team C&B Comm Team	On going
VDJ to contact BCUHB Head of Patient Safety regarding the two outstanding incidents	VDJ – Quality lead	Complete

**Additional comments:**

Active discussion taking place with significant update on patient waiting lists anticipated from BCUHB. Consider escalation if assurance not received within 4 weeks.  
Feb 23 – The C&B team agreed to raise the risk score to 3x5=15 to reflect the lack of progress to date in transferring waiting list management to SHK, the delay in commencing the patient review and further risks raised by SHK NHST at the SLA meeting.  
April 23 – Risk reviewed and score remains the same  
May 23 – The commissioning team noted that the patient harm review is approximately 50% complete with all patients requiring review being offered appointments. Task & Finish Group in progress and meeting fortnightly. Welsh Government special measures for BCUHB includes plastic surgery. Risk remains until completion of harm review and SLA in place for the outreach clinics.

June 23 – It was noted that WHSSC DoP attends fortnightly meetings with WG and BCUHB. WHSSC also attends the fortnightly Task & Finish Group.

<b>Risk Ref: 47 Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board (IF14)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance										
<b>Risk:</b> There is a risk that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales.		<b>Date Added to Register:</b> 17/05/23  Provider: Cardiff and Vale University Health Board	<b>Date Last Reviewed by :</b> Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023									
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mai-23	20	6										
jun-23	15	6										
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Provision of Intestinal Failure service escalated to CDGB and Chief Executive at CVUHB</li> <li>Written to CVUHB for a formal position</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Assurance received from CVUHB that the sustainability of the service is being reviewed. They are exploring options around additional medical cover as well as future training and recruitment that will ensure service resilience whilst keeping the model attractive and sustainable. Further information to be received at the next Tertiary Services Operational Group, following which WHSSC will receive an agreed position.</td> <td>Assistant Director of Planning</td> <td>July 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Assurance received from CVUHB that the sustainability of the service is being reviewed. They are exploring options around additional medical cover as well as future training and recruitment that will ensure service resilience whilst keeping the model attractive and sustainable. Further information to be received at the next Tertiary Services Operational Group, following which WHSSC will receive an agreed position.	Assistant Director of Planning	July 2023			
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<b>Additional comments:</b> May 23 - Commissioning Team reviewed the risk and agreed it remains the same score until further information received from the service. June 23 – Commissioning Team reviewed the risk and confirmed confirmation had been received re: CVUHB provision of IF services. The team agreed to lower the score from 20 to 15 but for the risk to remain on the CRAF until actions had been formally agreed.												

<b>Risk Ref: 48</b> Wales Fertility Institute (WFI) <b>P/21/20</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																						
<p><b>There is a risk</b> the Wales Fertility Institute (WFI) in Neath &amp; Port Talbot Hospital are not providing a safe and effective service <b>due to</b> concerns with regards to the information flows from the service into WHSSC; late submission of contract monitoring which does not reconcile with finance returns.</p> <p><b>There is a consequence</b> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.</p>		<b>Date Added to Register: 16/05/23</b>	<b>Date Last Reviewed by:</b> Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																					
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Received the report from the HFEA to support monitoring</li> <li>Requested action plan from the service to improve against the concerns identified by the HFEA.</li> <li><b>WHSSC due to attend SBUHB monthly Gold Command meeting on 27/06/23</b></li> </ul>		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Requested HFEA report from WFI</td> <td>Head of Quality WHSSC</td> <td>Completed</td> </tr> <tr> <td>Requested Action plans from WFI based on HFEA report</td> <td>Head of Quality WHSSC</td> <td>22/05/23</td> </tr> <tr> <td>Contract monitoring, MDS and RTT are due on the 18<sup>th</sup> of each month. These have been requested by WHSSC</td> <td>Planning Lead</td> <td>Monthly</td> </tr> <tr> <td><b>Formal recommendation to CDGB to escalate service to level 3</b></td> <td><b>Head of Quality WHSSC</b></td> <td><b>03/07/23</b></td> </tr> </tbody> </table>		Action	Lead	Date	Requested HFEA report from WFI	Head of Quality WHSSC	Completed	Requested Action plans from WFI based on HFEA report	Head of Quality WHSSC	22/05/23	Contract monitoring, MDS and RTT are due on the 18 <sup>th</sup> of each month. These have been requested by WHSSC	Planning Lead	Monthly	<b>Formal recommendation to CDGB to escalate service to level 3</b>	<b>Head of Quality WHSSC</b>	<b>03/07/23</b>						
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<b>Additional comments:</b> May 23 – SBUHB escalated to Gold Command based on the HEFA report which identified 7 major concerns. <b>June 23 - W&amp;C Commissioning team reviewed the risk which remains unchanged.</b>																								

<b>Risk Ref: 49 Calea technical issue (IF02)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health <b>Risk Appetite Level:</b>		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																															
<b>Risk: There is a risk that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm</b>		<b>Date Added to Register: 19/01/22</b> <b>Provider: Calea</b>	<b>Date Last Reviewed by Joint Committee:</b> <b>CDGB 3 July 2023</b>																														
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC received notice of Implementation of Contingency Strategy from Calea on 15.06.23</li> <li>CDGB members, Intestinal Failure Lead and CVUHB Clinical Team notified of issues and actions taken to date.</li> <li>Calea are putting additional measures in place to avoid prolonging the impact on patients.</li> <li>Regular review meetings between Calea and procurement (acting on behalf of WHSSC) are in place.</li> </ul>		<b>What actions should we take:</b> <table border="1" style="width: 100%;"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023.  The contingencies include:               <ul style="list-style-type: none"> <li>Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2- week period, (in agreement with clinical teams)</li> <li>Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bags</li> <li>Outsourcing some manufacturing</li> </ul> </td> <td>TP/JT</td> <td>Weekly</td> </tr> <tr> <td>Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.</td> <td>TP</td> <td>Weekly</td> </tr> </tbody> </table>		Action	Lead	Date	Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023.  The contingencies include: <ul style="list-style-type: none"> <li>Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2- week period, (in agreement with clinical teams)</li> <li>Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bags</li> <li>Outsourcing some manufacturing</li> </ul>	TP/JT	Weekly	Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.	TP	Weekly																					
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<b>Additional comments:</b> May 23 - Commissioning Team reviewed the risk and agreed the risk is to remain on the register for monitoring purposes June 23- Commissioning Team reviewed the risk and agreed the risk score remains the same. Update – 15.06.23 notification received from Procurement re: contingency strategy implemented. Commissioning team informed and agreed the score is to be escalated from 8 to 15.																																	

De-escalated Risk

<b>Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health</b> <b>Risk Ref: MH/21/02</b> <b>Risk Appetite Level: Low</b>		<b>Director Lead: Director of Finance</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																																																																			
<b>Risk: There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)</b>		<b>Date Added to Register:24/02/21</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 24<sup>th</sup> January 2023</b>																																																																		
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Jun-23	12	8																																																																			
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Service specification reviewed to ensure relevant information is contained and monitored with the provider</li> <li>Monitor training status of the staff at Ty Llidiard</li> <li>Quality Assurance Improvement Service (QAIS) undertake regular review ensure that environments of care are safe</li> <li>Business Plan for Physician Associate provided</li> <li>This service has been de-escalated from Level 4 to Level 3 as agreed by CDGB on 14th December 2022. Progress against de-escalation action plans, and a favourable report following the latest quality visit provided assurance to support de-escalation of service to Level 3.</li> <li>Improved leadership evident via escalation meetings.</li> <li>Further audit being conducted around the referral processes to enable consideration of further de-escalation.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy</td> <td>Senior Planning Manager</td> <td>Completed</td> </tr> <tr> <td>Reviewed service specification</td> <td>Senior Planning Manager</td> <td>Completed</td> </tr> <tr> <td>Monitor training status of the staff by QAIS</td> <td>Shane Mills</td> <td>Completed</td> </tr> <tr> <td>Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.</td> <td>Dr Krishna Menon</td> <td>Completed</td> </tr> <tr> <td>Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.</td> <td>Director of Finance</td> <td>Completed</td> </tr> <tr> <td>Action plan developed following QAIS review conducted in March 22 and managed under escalation process.</td> <td>Shane Mills</td> <td>March 23 – Ongoing June 23</td> </tr> <tr> <td>Work is currently underway by NCCU to consider referral processes and assessments.</td> <td>NCCU</td> <td>Completed</td> </tr> </tbody> </table>		Action	Lead	Date	NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy	Senior Planning Manager	Completed	Reviewed service specification	Senior Planning Manager	Completed	Monitor training status of the staff by QAIS	Shane Mills	Completed	Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon	Completed	Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Director of Finance	Completed	Action plan developed following QAIS review conducted in March 22 and managed under escalation process.	Shane Mills	March 23 – Ongoing June 23	Work is currently underway by NCCU to consider referral processes and assessments.	NCCU	Completed																																										
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<b>Additional comments:</b> July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high April 22 – Score to remain as it is subject to impact of completed actions. June 22 – Risk remains at current level as risk of absconding is still prevalent December 23 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments March 23 – Risk score remains the same April 23 – Risk reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22 <sup>nd</sup> June 23 – Risk has been lowered due to progression of recruitment within the units																																																																					

<b>Risk Ref: 33 - Welsh Government Priority Delivery Measures (CD03) (CS10)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health <b>Risk Appetite Level:</b>		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee																			
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives		<b>Date Added to Register:</b> 26 January 2022	<b>Date last reviewed by:</b> Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																		
<b>Risk Rating</b> (impact x likelihood)		<b>Groups discussed risk during period</b>																			
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Where appropriate WHSSC works with HBs to share capacity , develop regional approaches, as well as supporting outsourcing where required.</li> <li>The JC and MG receive regular specialised services performance reports at each meeting</li> <li>The Integrated Governance Committee (IGC) oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the plan. They receive regular updates on progress.</li> <li>The ICP approved by the Joint Committee in February 2023 included performance assumptions.</li> <li>The Joint Committee received a report on the proposed WHSSC process for responding to the Ministerial Priority Measures on the 15 March 2022. The Joint Committee held a recovery workshop on the 12 July 2022 during which the Committee received comprehensive recovery presentations from providers on recovery trajectories across NHS Wales. These will be kept under review over the next few months.</li> <li>A follow up workshop was held on the 6 September at the request of the Joint Committee to focus on Paediatric recovery trajectories.</li> <li>The JC received a Recovery Update (incl Progress with Paediatric Surgery) at its meeting on 8 November 2022, and a further updates are given through the regular performance reports.</li> <li>It was agreed with the JC in November to use the approved Escalation Framework for performance reasons and this was implemented immediately..</li> <li>We have refreshed and developed our Performance Management Framework after the pandemic, this was approved by JC in May 2023.</li> <li>A refreshed integrated Performance Report has been developed and will be used to report performance from April 2023 onwards (first report to JC in July).</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>The JC and MG receive routine integrated reports at each meeting on the performance of specialised services.</td> <td>NJ/SD</td> <td>Monthly</td> </tr> <tr> <td>The JC held recovery workshops on 12 July, 6 September and 8 November 2022 and a number of actions were agreed which help inform further discussions. The recovery trajectories are kept under review and monitored through the performance reports.</td> <td>NJ/SD</td> <td>Completed</td> </tr> <tr> <td>WHSSC's performance management arrangements will be reviewed following the immediate recovery from the pandemic and a revised Performance Management Framework published.</td> <td>NJ/SD</td> <td>Completed</td> </tr> <tr> <td>The Escalation Framework will be used as appropriate to drive improvement in waiting times and access to services.</td> <td>NJ/SD</td> <td>Completed</td> </tr> <tr> <td>As at April 2023 the new Performance Report highlights that plastics in SBUHB is the only specialty that is breaching the Ministerial Measures waiting times target. The level of the escalation for this service has been increased to level 2.</td> <td>NJ</td> <td>Completed</td> </tr> </tbody> </table>		Action	Lead	Date	The JC and MG receive routine integrated reports at each meeting on the performance of specialised services.	NJ/SD	Monthly	The JC held recovery workshops on 12 July, 6 September and 8 November 2022 and a number of actions were agreed which help inform further discussions. The recovery trajectories are kept under review and monitored through the performance reports.	NJ/SD	Completed	WHSSC's performance management arrangements will be reviewed following the immediate recovery from the pandemic and a revised Performance Management Framework published.	NJ/SD	Completed	The Escalation Framework will be used as appropriate to drive improvement in waiting times and access to services.	NJ/SD	Completed	As at April 2023 the new Performance Report highlights that plastics in SBUHB is the only specialty that is breaching the Ministerial Measures waiting times target. The level of the escalation for this service has been increased to level 2.	NJ	Completed
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<b>Additional comments:</b> The WHSSC ICP 2023-2026 was agreed by JC in February 2023 and this included performance planning assumptions. The Ministerial Measures were revised by Welsh Government in June 2023 and the impact on specialised services will be continuously assessed in the light of the assumptions made in the Plan. <b>June 2023 – Risk score reduced from 20 to 12 and risk de-escalated from the CRAF – will remain on the Corporate Services Risk Register as a cross-directorate risk.</b>																					

**Risk Appetite Levels**

Appetite Level	Described as:
None	<b>Avoid</b> - The avoidance of risk and uncertainty is a key organisational objective.
Low	<b>Minimal</b> - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	<b>Cautious</b> - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	<b>Open</b> - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	<b>Seek</b> - Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk.  <b>Mature</b> - Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

**Risk Matrix**

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
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

Likelihood Score (L) - What is the likelihood of the consequence occurring?				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently

Consequence x Likelihood = Risk Score

Domains
Impact on the safety of patients, staff or public (physical/psychological harm)
Population Health
Quality/complaints/audit
Human resources/ organisational development/staffing/ competence
Statutory duty/ inspections
Adverse publicity/ reputation
Business objectives/ projects
Finance including claims
Service/business interruption
Environmental impact