

# Hosted Bodies Audit & Risk Committee

Thu 22 February 2024, 09:00 - 10:00

Virtual Via Teams

## Agenda

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### 09:00 - 09:05 **1. PRELIMINARY MATTERS**

5 min

Information *Patsy Roseblade, Chair*

#### **1.1. Welcome and Introductions**

Information *Patsy Roseblade, Chair*

#### **1.2. Apologies for Absence**

Information *Patsy Roseblade, Chair*

#### **1.3. Declarations of Interest**

Information *Patsy Roseblade, 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 the 19 December 2023**

Decision *Patsy Roseblade, Chair*

 2.1 Unconfirmed Minutes HB 19.12.24 ARC HB 22 February 2024.pdf (5 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 19 December 2023.pdf (1 pages)

#### **3.2. Matters Arising Not Contained Within the Action Log**

Discussion *Patsy Roseblade, Chair*

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### 09:15 - 09:50 **4. IMPROVING CARE**

35 min

#### **4.1. EASC Update**

Discussion *Stephen Harray, Chief Ambulance Services Commissioner*

 4.1 EASC Update report ARC 22 Feb 2024 v2.pdf (11 pages)

 4.1.1 App1 EASC Risk register EASC 30 Jan 2024 ARC 22 Feb 2024.pdf (3 pages)

 4.1.2App 2 EASC Assurance Framework EASC 30 Jan 2024 ARC 22 Feb 2024.pdf (24 pages)

- 📄 4.1.3 App3\_Performance Dashboard December 2023\_Public\_EASC\_30\_Jan\_2024 ARC 22 Feb 2024.pdf (24 pages)
- 📄 4.1.4\_Integrated Commissioning Action Plans\_EASC\_30\_Jan\_2024 ARC 22 Feb 2024.pdf (4 pages)

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

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

- 📄 4.2 WHSSC CRAF Cover Report ARC HB 22 February 2024.pdf (6 pages)
- 📄 4.2a Appendix 1 - CRAF December 2023 V2 ARC 22 February 2024.pdf (34 pages)

## 4.3. WHSSC Audit Recommendations Tracker

*Discussion*                      *WHSSC Director of Finance*

- 📄 4.3 WHSSC Audit Tracker Report ARC HB 22 February 2024.pdf (7 pages)
- 📄 4.3a Appendix 1 - Audit Recommendations Progress Tracker 2022-2023 for ARC 22-02-24.pdf (7 pages)
- 📄 4.3b Appendix 2 - Audit Wales WHSSC Governance Tracker - Jan 2024.pdf (22 pages)

## 4.4. National Imaging Academy for Wales Risk Register

*Discussion*                      *Philip Wardle, Academy Director*

- 📄 4.4a NIAW Risk Register ARC HB 22 February 2024.pdf (6 pages)
- 📄 4.4b NIAW Risk Register ARC HB 22 February 2024.pdf (2 pages)

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

5 min

*Discussion*                      *Patsy Roseblade, Chair*

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## 09:55 - 10:00 6. DATE AND TIME OF NEXT MEETING: 18 APRIL 2024 at 1:30PM

5 min

**Agenda Item Number: 2.1**

**Confirmed Minutes of the Meeting of Cwm Taf Morgannwg  
University (CTMUHB)**

**Hosted Bodies Audit and Risk Committee held on 19 December  
2023 as a virtual Meeting via Microsoft Teams**

**Members Present:**

Patsy Roseblade	Independent Member (Chair)
Ian Wells	Independent Member (Vice Chair)
Kath Palmer	Independent Member

**In Attendance:**

Jacqueline Evans	Committee Secretary and Associate Director Corporate Services
Gwenan Roberts	Committee Secretary EASC/Deputy Director Corporate NCCU
Stacey Taylor	WHSSC Head of Corporate Governance
James Leaves	WHSSC Interim Director of Finance
Paul Dalton	Head of internal Audit
Emma Samways	Deputy Head of Internal Audit
Sara Utley	Audit Wales
Mark Jones	Audit Wales
Cally Hamblyn	Assistant Director of Governance & Risk
Sally May	CTMUHB Executive Director of Finance
Kathrine Davies	Corporate Governance Manager (Committee Secretariat)

**1. PRELIMINARY MATTERS**

**1.1 Welcome & Introduction**

P Roseblade, Committee Chair welcomed everyone to the meeting, The format of the proceedings in its virtual form were also noted. Members 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.

## 1.2 Apologies for Absence

Apologies have been received from:

- Geraint Hopkins, Independent Member CTMUHB
- Stephen HARRY, Board Director/Chief Ambulance Service Commissioner
- Steve Spill, Independent Member WHSSC

## 1.3 Declarations of Interest

There were no interests declared.

## 2. CONSENT AGENDA

### 2.1 Unconfirmed Minutes of the meeting held on 24 October 2023

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

## 3. MAIN AGENDA

### 3.1 Action Log

J. Evans provided an update on the following:

*Action Log Reference 4.1 – Child and Adolescent Mental Health Services (CAMHS) Environment and Workforce* – J Evans advised that an update had been provided at the recent Estates Programme meeting that all internal doors would now be included on the programme of work for estates within this financial period and that the internal, bedroom and locked doors had been ordered. She also advised that the fire doors were awaiting sign off from the Fire Officer and likely to be ordered in early January 2024. Fencing was also being included during this financial period and boundary fencing had been ordered. Extra care estates requirements would be included in the estates programme for 2024 along with bedroom fixtures and fittings.

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

## 4. IMPROVING CARE

### 4.1 EASC Update

G Roberts presented the report and highlighted key updates to Members on the following:

- EASC Risk Register
- EASC Assurance Framework
- EASC Performance Report
- Investigation by the Welsh Language Commissioner – The investigation had now been closed and thanks were extended to the CTMUHB Welsh Language Team for their assistance and support.

K. Palmer referred to the performance report and queried whether there were any specific targets that they were trying to meet and whether there were any themes and trends. G. Roberts advised that they could provide more detailed information on the targets at the next meeting.

K. Palmer sought clarity on 'lost hours'. G. Roberts advised that the target for ambulance handover outside the emergency department was 15 minutes and anything over that 15 minutes was classed as a 'lost hour'. She added that they plan on losing 6k hours per month in terms of the handover process. The current position was 19k hours, however, on a positive note it had been 32k hours in the previous year and significant improvements had been made.

G. Roberts advised that with regard to ambulance performance the expectation of the target was 65% and they were currently between 45-50%.

I Wells referred to the red and amber risks 4506 and 5370 that were scored at 25 which had caused concern for some time and requested that they indicate what was being done to mitigate these risks to assure Committee Members. G. Roberts advised that they would review the risks further and bring an update to the next meeting with further detail around the mitigating action being taken

Resolution: The report was **NOTED**.

Action: To provide more detailed information on any themes and trends with the specific targets to be met.

Action: To review the red and amber risks 4506 and 5370 and provide an update to the next meeting.

## 4.2 WHSSC Corporate Risk Assurance Framework (CRAF) and Risk Register

J. Evans presented the report that outlined the risks scoring 15 or above on the Commissioning Teams and Directorate Risk Registers.

I Wells referred to risk 57 – “Insufficient theatre bed causing delays”, and asked for an indication of the scale of the problem and how many patients were affected. J. Evans advised that she would take this away as an action with the Planning Directorate and would confirm outside of the meeting.

The Committee Chair requested that for the next meeting the risk register would include changes on the recommendations for impact scores. J. Evans drew attention to the update contained within the Action Log, noting that it was in progress with an update planned for the next meeting.

Resolution: The report was **NOTED**.

Action: To query the detail on risk 57 with the Planning Directorate and confirm outside of the meeting.

## 4.3 WHSSC Audit Recommendations Tracker

J. Evans provided the Committee with an update on progress with regard to the implementation of recommendations from Internal and External Audit.

Resolution: The Committee:

- **NOTED** the report,
- **NOTED** progress achieved in implementing the recommendations made by WHSSC internal auditors,
- **NOTED** the 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,
- **NOTED** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **NOTED** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.

#### 4.4 INTERNAL AUDIT

##### 4.4.1 Internal Audit Review – WHSSC Integrated Commissioning Plan Process

E Samways presented the review of the process for developing both the planning and financial elements of the Integrated Commissioning Plan within WHSSC that had been completed in line with the 2023-24 Audit Plan.

The Committee were pleased to note that the review had been resulted in a 'substantial' assurance rating.

Resolution: The report was **NOTED**

#### 5. ANY OTHER BUSINESS

There was none to report.

#### 6. DATE AND TIME OF NEXT MEETING THURSDAY 22 FEBRUARY 2024 AT 9:00 AM

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG  
FOLLOWING MEETINGS HELD ON 19 DECEMBER 2023**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT FEBRUARY 2024
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 Now February 2024 <b>Now April 2024</b>	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 1 2024 - 2025
<b>COMPLETED ACTIONS</b>						
4.1	16/08/2023	Emergency Ambulance Services Committee (EASC) Update	Report on Red Release Performance/Ambulance Handover Delays/Harm Reviews to be produced and presented to the Quality & Safety Committee	December 2023 <b>Now January 2024</b>	Chief Ambulance Services Commissioner	<b>Completed</b> Report presented and discussed at the Quality & Safety Committee held on 23 January 2024
4.3	24/10/2023	Emergency Ambulance Services Committee (EASC) Update	Line Graph to be included in the next iteration of the report to highlight the unit hours production for each Health Board.	December 2023 <b>Now January 2024</b>	Chief Ambulance Services Commissioner	<b>Completed</b> This data has been added to the EASC Performance Dashboard which is on the agenda for the February 2024 meeting



**Agenda Item**

4.1

**Audit and Risk Committee**

**EMERGENCY AMBULANCE SERVICES COMMITTEE  
(EASC) UPDATE REPORT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	22/02/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Gwenan Roberts, EAS Committee Secretary
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stephen HARRY, Chief Ambulance Services Commissioner
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stephen HARRY, Chief Ambulance Services Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Emergency Ambulance Services Committee meeting	30 January 2024	Approved

<b>Acronyms / Glossary of Terms</b>	
CHARU	Cymru High Acuity Response Unit
DAG	Delivery Assurance Group
EMRTS	Emergency Medical Retrieval and Transfer Service
NEPTS	Non-Emergency Patient Transport Service
RRV	Rapid Response Vehicle
WAST	Welsh Ambulance Services NHS Trust

## 1. Situation / Background

- 1.1 The purpose of the report is to provide an update on the following:
- EASC Risk Register
  - EASC Assurance Framework
  - EASC Performance Report
  - Integrated Commissioning Action Plans.

## 2. Specific Matters for Consideration

### Risk Register

- 2.1 The Risk Register has been reviewed in line with the new Cwm Taf Morgannwg (CTMUHB) Risk Management Policy and was endorsed at the EASC Management Group meeting held on 14 December 2023.
- 2.2 The risk register has been updated in January 2024, specifically for the red risks.
- 2.3 The risk register includes information related to the ongoing system pressures and the impact on patients and the increasing risk of harm.
- 2.4 The Risk Register is attached at **Appendix 1**.
- 2.5 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).
- 2.6 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.

### EASC Assurance Framework

- 2.7 The updated EASC Assurance Framework has been updated at **Appendix 2** following the update of the EASC Risk Register in January 2024.

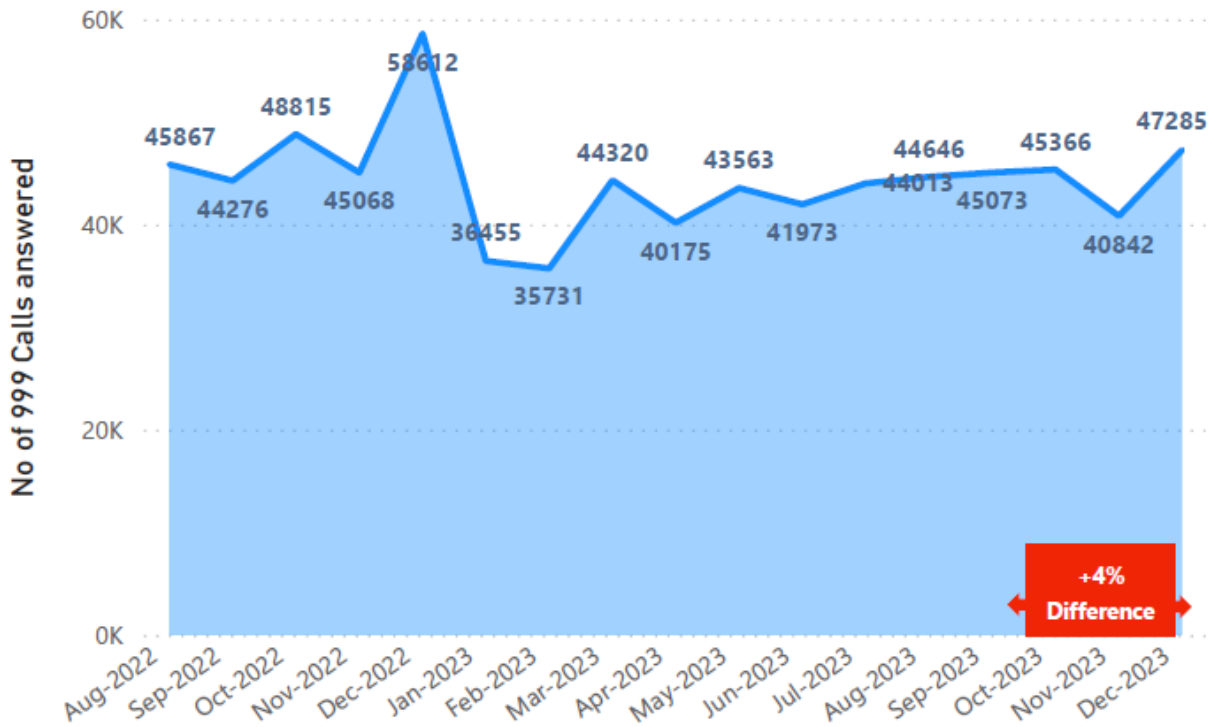
### EASC Performance Dashboard

- 2.8 The Performance Dashboard is available at **Appendix 3**.
- 2.9 The dashboard presents time series information across a number of periods, including daily, monthly and annual time periods.



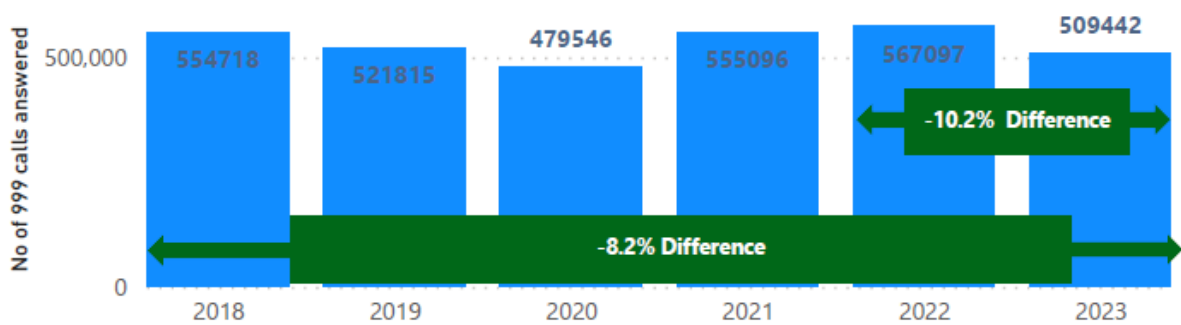
- 2.10 Of particular note within the dashboard for this reporting period:
- 999 call volumes in December 2023 were 19.3% lower than December 2022
  - 7.5% reduction in incidents in December 2023 compared to December 2022

### 1.1 Monthly - Volume of 999 Calls Answered



Source: Ops Directorate Telephony Qlikview

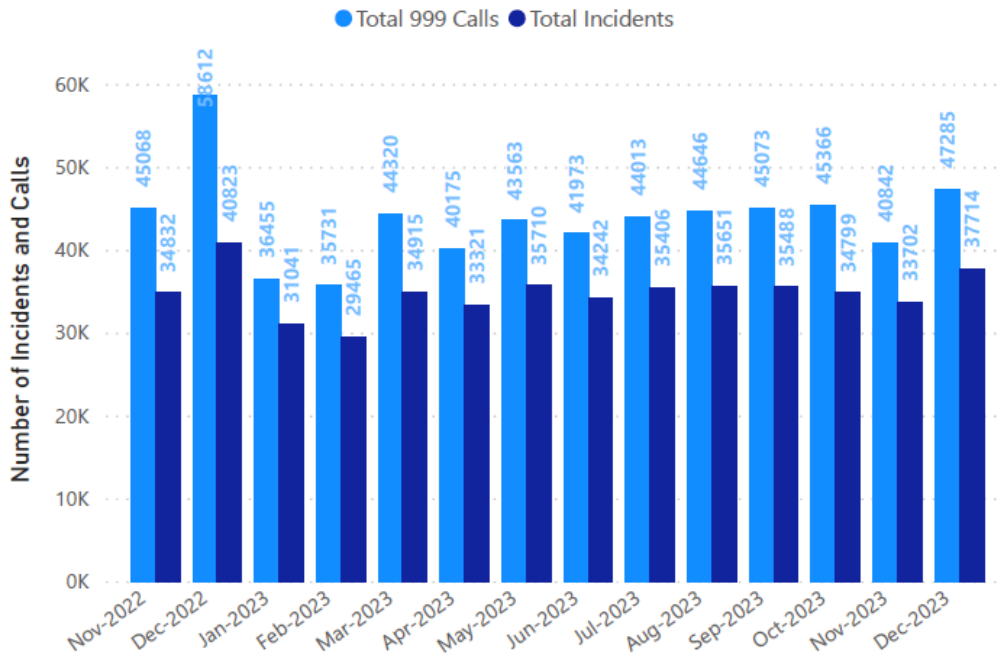
### 1.3 Annualised Data - Volume of Calls Answered





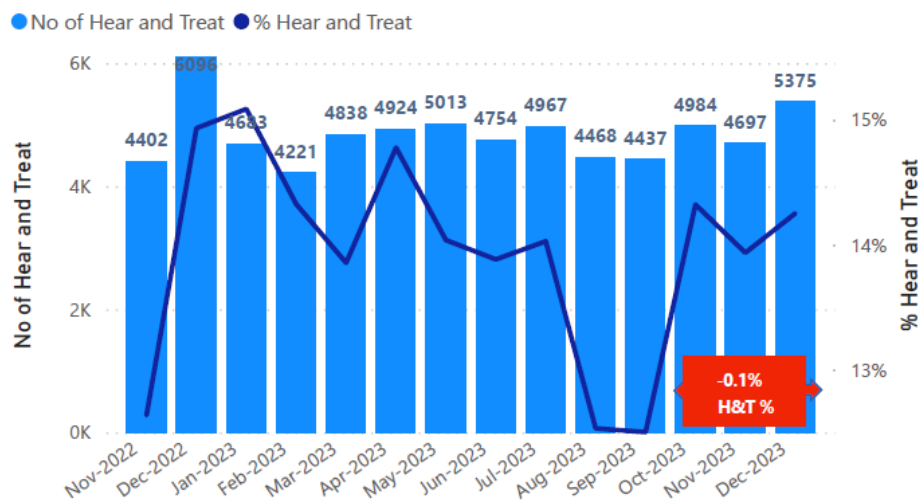
- 7.5% reduction in incidents in December 2023 compared to December 2022

#### 4.1 Monthly Volume of Incidents and Calls



- Hear and Treat levels are 0.7% higher in December 2023 compared to December 2022

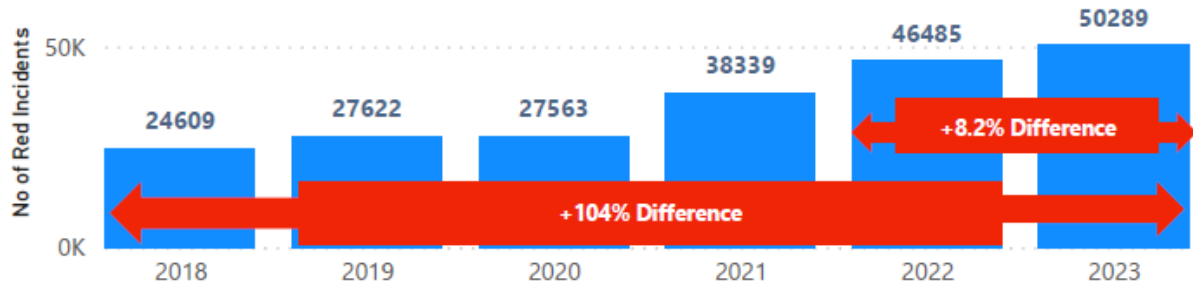
#### 5.1 Monthly - Volume of Hear and Treat Incidents



- Red incidents increased by 10.7% between October 2023 and December 2023 but decreased by 8.9% between December 2022 and December 2023.

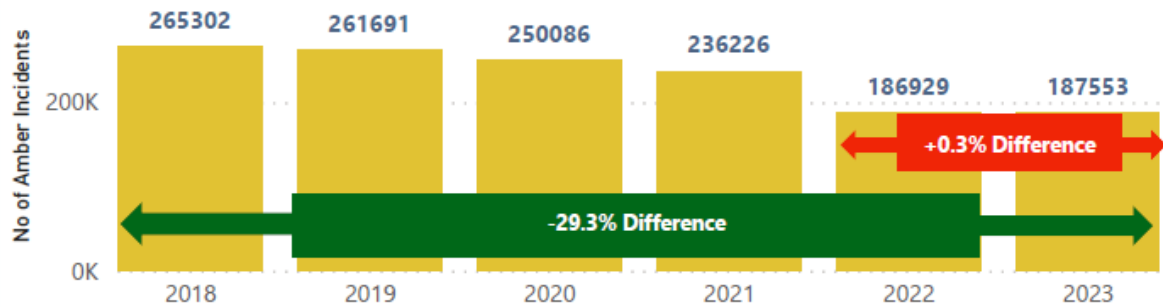


### 7.3 Annualised Data - Volume of Red Incidents



- Amber incidents in December 2023 were 29.8% higher compared to December 2022.

### 9.3 Annualised Data - Number of Amber Incidents

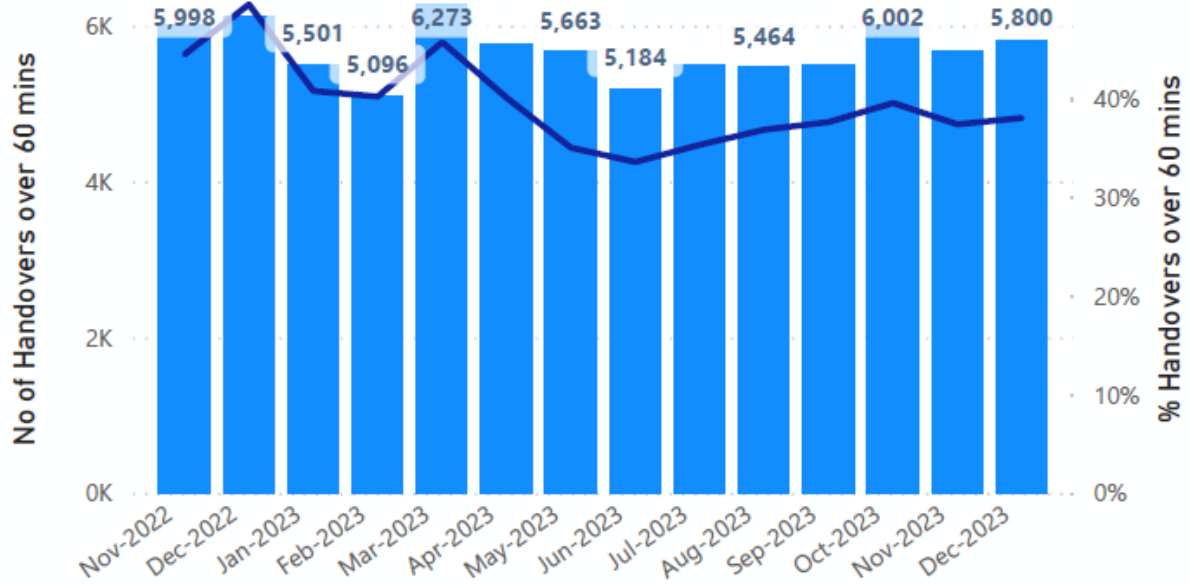


- Ambulance handover lost hours in December 2023 are 29.1% lower compared to December 2022. In 2023, some improvements have been made on a number of metrics, % handed over in 15 min and handovers over 4 hours. Between October 2023 and December 2023 there has been a 1.98% decrease in handover lost hours.

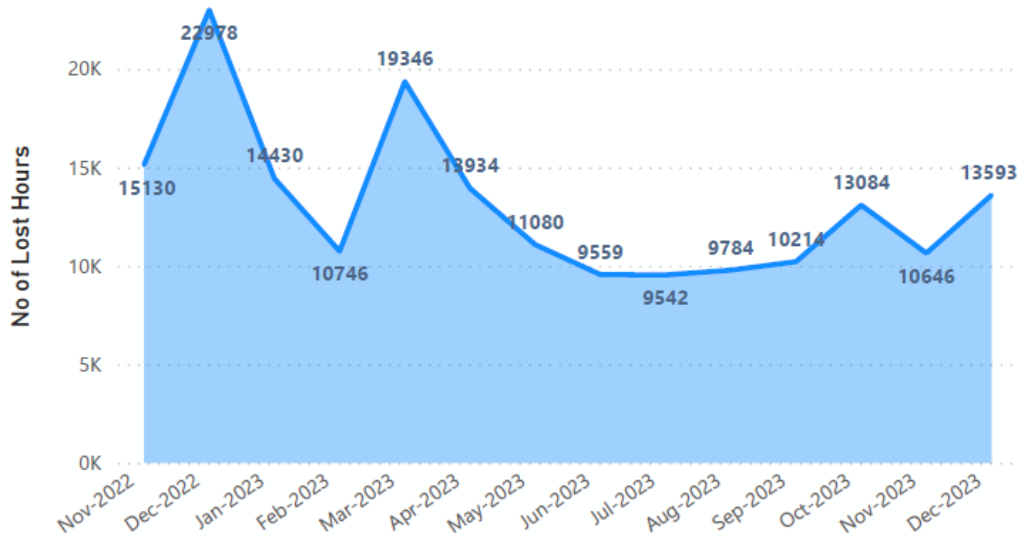


### 16.1 Number of Handovers over 60 minutes

● No of Incidents > 60 Mins(Monthly) ● % Handovers over 60 mins

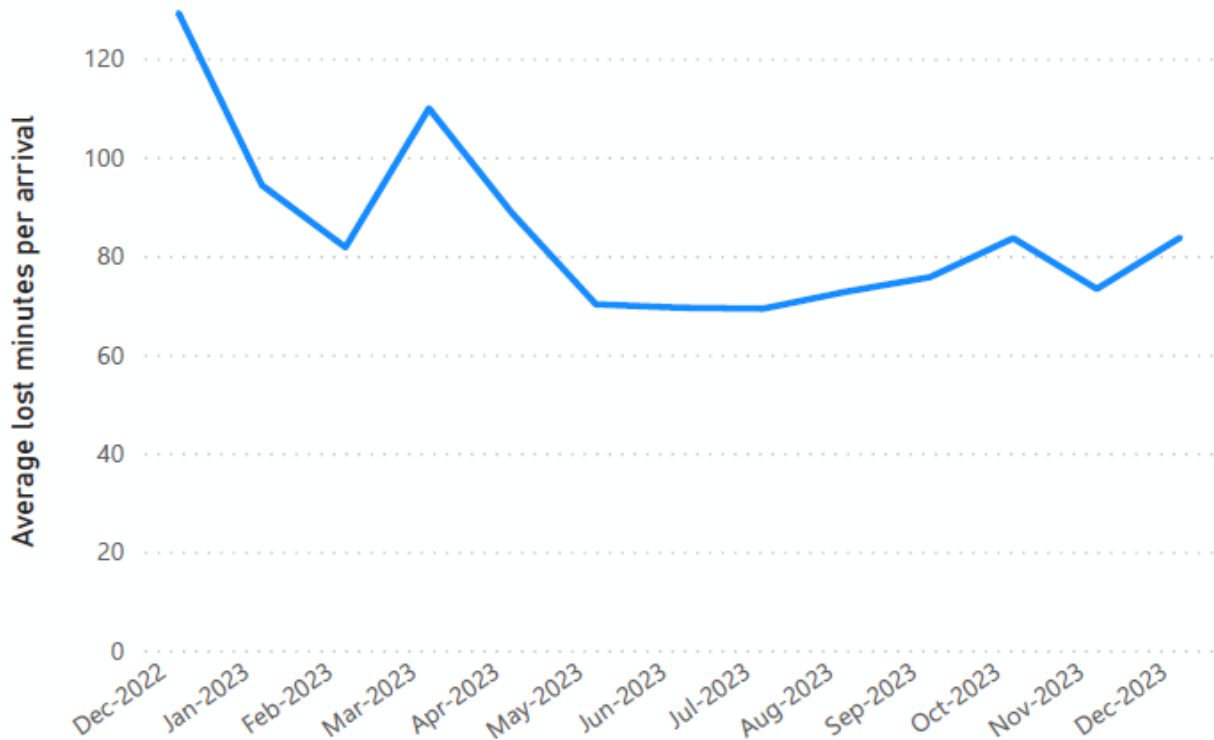


### 17.2 Hours lost for handovers over 4 Hours





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

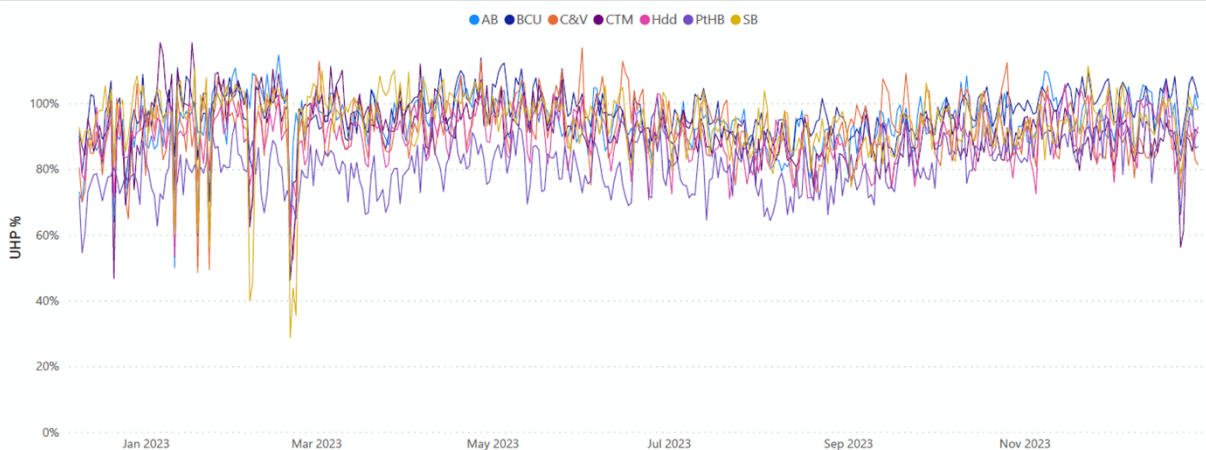


2.11 As requested by Members, the EASC Performance Dashboard has been updated to ensure that a line graph to be included to highlight the unit hours production for each Health Board. Power BI to interrogate information available here:

[https://app.powerbi.com/links/pjRCegNiqq?ctid=bb5628b8-e328-4082-a856-433c9edc8fae&pbi\\_source=linkShare&bookmarkGuid=f5a7a9d6-b7e4-444f-80de-e50a44007f0b](https://app.powerbi.com/links/pjRCegNiqq?ctid=bb5628b8-e328-4082-a856-433c9edc8fae&pbi_source=linkShare&bookmarkGuid=f5a7a9d6-b7e4-444f-80de-e50a44007f0b)

### Performance Report | Unit Hour Production (UHP)

#### 21.1 Unit Hours Production



### **EASC Action Plan**

- 2.12 Following receipt of confirmation of the EASC IMTP 23/26 from Welsh Government officials, further revisions to the EASC Action Plan are required (letter shared at the EASC Joint Committee meeting on 21 November 2023).
- 2.13 A revised format of this report will be shared via EASC Management Group for comment and amendments prior to submission to the EASC Committee.

### **Integrated Commissioning Action Plan (ICAP)**

- 2.14 In line with the requirements set out in the EASC IMTP response letter, the ICAPs are undergoing a review to reflect the challenges in 2023/24 and the requirement set out within the letter.
- 2.15 The revised draft will be shared through ICAP meetings and EASC Management Group for comment and amendments prior to submission to the EASC Committee.
- 2.16 The actions contained within ICAPs have been jointly analysed and remain appropriate for the delivery of improved ambulance services.
- 2.17 It is recognised that ICAP actions are aligned to all goals of the Six Goals for Urgent and Emergency Care Programme. ICAP actions contribute to improvements in ambulance handover delays and wider system improvements through improved delivery of services between health boards and WAST.
- 2.18 At the NHS Leadership Board meeting on the 20<sup>th</sup> December 2023, Welsh Government representatives requested that all health boards provide an update on the top 2/3 key actions being taken by each health board, to reduce ambulance handover delays.
- 2.19 All health boards have provided an update on their key actions and are included in **Appendix 4**.
- 2.20 The EASC Team will continue monitor progress against these key actions via the ICAP meetings.

### **Immediate Release Requests**

- 2.21 EASC members received an update on the work being undertaken in relation to the issues raised around immediate release requests at the December 2023 meeting of the EASC Committee. Further updates will be provided as this work progresses.

### 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 / ICAP meetings 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.

- 3.5 Work is being continued to deliver Goal 4 for the Six Goals for Urgent and Emergency Care Programme (Goal 4 lead Stephen Harry). 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.
- 3.7 Whilst improvements are being made, members will note that within the Ambulance Service Indicators and the Performance Dashboard there are a number of areas of concern regarding response performance and lost hours.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A more equal Wales
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Data to Knowledge
	If more than one applies please list below: Whole systems perspective Leadership Learning, improvement and research
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: Efficient Equitable Patient centred Timely Safe



<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Reporting on governance matters from last EASC meeting.
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Reporting on risks related to commissioning services across Wales; linked to commissioning intentions and the five step patient pathway
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Ambulance performance of significant concern to the public and impacts on health boards reputation	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Audit and Risk Committee is asked to:

- Note the EASC Risk Register and EASC Assurance Framework
- Note the EASC Performance Report and Dashboard
- Note the Integrated Commissioning Action Plans (ICAPs).

## 6. Next Steps

- The EASC Risk Register will be reviewed in line with the Policy related to red risks in April and reported to the new Joint Commissioning Committee.
- EASC Assurance Framework will be reviewed in line with the risk register
- EASC Performance Report and Dashboard will be presented to the next EAS Committee meeting and daily, weekly and monthly dashboards widely circulated to the system.

## 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 and regularly updated</li> <li><b>Ambulance improvement plan developed and circulated weekly</b></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 <b>Three key actions with appropriate indicators agreed with each HB during the winter period</b>	<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	<p>Reviewed January 2024 To review July 2024</p> <p>To remain on risk register</p>
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 (2023 to 2026) approved by EASC (2023)</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 2023-26 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year</li> <li>IMTP tracker in use</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	<p>Reviewed July 2023 Next review April 2024 To remain on Risk Register</p>
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; whole system approach with key stakeholders</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>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> <li><b>Ambulance improvement plan developed, agreed and circulated weekly</b></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> <li><b>Three key actions with appropriate indicators agreed with each HB during the winter period</b></li> <li>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</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	<p>Reviewed January 2024</p> <p>Review April 2024</p> <p>Plan – IMTP Commission – Quality and Delivery Frameworks Secure – via organisation WAST / EMRTS Work together collaboratively through EASC governance mechanisms</p>
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> <li>Integrated Commissioning action plans supporting health boards to commission the required ambulance services for their populations</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> <li>Monthly ICAP meetings and overview report</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> <li>ICAP report to EASC / AR Committee</li> </ul>	4x3=12	CXL 4x2 = 8	↔	01/08/2020	<p>Reviewed October 2023</p> <p>Next review April 2024</p>

## 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 – extended to 31 March 2024</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 Oct 2023</li> </ul>	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	<p>Reviewed October 2023</p> <p>Next review April 2024</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> <li>Commissioned a new demand and capacity review (August 2023)</li> <li>Financial commitment to maintain overtime for WAST staff (Sept 2023)</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</li> </ul>	<p>Delivery of EASC IMTP and WAST IMTP</p> <p>Implementation of the commissioning intentions through the commissioning agreement</p> <p>Role of the EASC Management Group to provide oversight on operational performance</p> <p>Development of WAST performance improvement plan</p> <p>EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities</p> <p>ICAP meetings and monitoring commitments and deliver</p> <p>Three key actions with appropriate indicators agreed with each HB during the winter period</p> <p>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</p>	<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= 15	↔	Aug-20	<p>Reviewed January 2024</p> <p>Next review April 2024</p> <p>Closely monitored – daily and weekly dashboard</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> <li>Ambulance improvement plan developed, agreed and circulated weekly</li> </ul>	<p>EASC IMTP accepted with accountability conditions awaiting outcome of WAST IMTP</p> <p>Implementation of the commissioning intentions through the commissioning agreement</p> <p>Role of the EASC Management Group to provide oversight on operational performance</p> <p>Development of WAST performance improvement plan</p> <p>Weekly dashboard of management information developed and shared across NHS Wales to capture progress</p> <p>EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities</p> <p>Three key actions with appropriate indicators agreed with each HB during the winter period</p> <p>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</p>	<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= 15	↔	Aug-20	<p>Reviewed January 2024</p> <p>Next review April 2024</p> <p>Closely monitored, daily and weekly dashboard</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> <li>ICAP health board and WAST commitment to meet monthly</li> <li>National task and finish group on operational escalation and CASC an integral part</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 October 2023</p> <p>Next review April 2024</p>

## 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
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> <li>• ICAP meeting overseeing performance and outcomes</li> <li>• Update to host Quality and Safety Meeting (23 January 2024)</li> <li>• Key item on EASC agenda</li> <li>• New Quality and Safety Report</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> <li>• Agreed with WAST 5 key actions for the winter period</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> </ul>	5x4 = 20	CXL 5x1 = 5	↔	Dec-21	<p>Reviewed January 2024</p> <p>Next review April 2024</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>	<p>The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position</p> <p>Bi monthly CASC IQPD meetings with Welsh Government</p> <p>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</p> <p>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</p> <p>Quality and Safety Report presented at every EASC meeting</p> <p>New demand and capacity review commissioned</p> <p>ICAP meetings with health boards and WAST</p> <p>Performance dashboard</p> <p>IMTP tracker</p> <p>Key item on EASC agenda</p> <p>New Quality and Safety Report</p> <p>Ambulance improvement plan developed, agreed and circulated weekly</p>	<p>Delivery of EASC IMTP and WAST IMTP</p> <p>Implementation of the commissioning intentions through the commissioning agreement</p> <p>Role of the EASC Management Group to provide oversight on quality and safety</p> <p>Development of WAST performance improvement plan</p> <p>EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities</p> <p>Actions from the Ministerial summit on handover improvement</p> <p>Integrated Commissioning Action Plan (ICAP) work</p> <ul style="list-style-type: none"> <li>• Agreed with WAST 5 key actions for the winter period</li> <li>• Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>• Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</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>Reviewed January 2024</p> <p>Next review April 2024</p> <p>Review position when red and amber performance improve dramatically</p>

## 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 direction</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 (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 Direction</b>	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee  Audit and Risk Committee	<b>8 (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 (C5xL4)</b>	
10.	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 (C5xL5)</b>	

CTMUHBs Risk Management Strategy A	 Risk Management Strategy - Approved t updated July 2023
CTMUHBs Risk Domain and Scoring Matrix	 Risk domain and scoring matrix_EASC_ 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			<b>3 (5)</b>	<b>7 (12), 9 (5)</b>	<b>6 (12), 11 (10)</b>
	4			<b>4 (8)</b>		
	3					
	2		<b>5 (6)</b>		<b>8 (4)</b>	
	1	<b>1 (4) 2 (4)</b>				
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

Strategic Goal: <b>Set the Strategic Commissioning direction</b>		Risk score <b>4</b>
Strategic Risk: Failure to produce an agreed Strategic Commissioning direction and commissioning intentions (Risk No 1 / 4260)		
<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> )			

Risk Lead	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	Assurance committee	<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</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 Commissioning Frameworks</li> <li>Local integrated commissioning action plans (ICAPs) developed by HBs and WAST, process supported by EASC Team and now on version 5.</li> <li><b>Ambulance improvement plan developed and circulated weekly</b></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>


<p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Not applicable for this risk</li> </ul>	
<p><b>Gaps in Controls and Assurances</b></p> <ul style="list-style-type: none"> <li>None currently identified</li> </ul>	<p><b>Actions and mitigations</b></p> <ul style="list-style-type: none"> <li>EASC IMTP (confirmation received 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> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> </ul>

<p><b>Linked National Priority Measures</b></p> <p><b>Six Goals of Urgent and Emergency Care</b></p> <p>11. Percentage of total conveyances taken to a service other than a Type One Emergency Department</p>	<p><b>Current Performance - Highlights</b></p>
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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	
<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></p> <p>EASC IMTP 2023-2026 submitted to WG – and approved (Nov 2023)</p> <p>EASC IMTP 2022-2025 approved by EASC March 2022</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>EASC 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>Letter of approval received 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 approved by Welsh Government</p> <p>IMTP Tracker in place</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 regularly;</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>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> <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> </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>

<ul style="list-style-type: none"> <li>review and refine commissioning arrangements and refresh Commissioning Framework;</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>within EASC IMTP</li> </ul>	
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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> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</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	2	8	
<b>Current</b>	4	3	12	
Target	4	2	8	
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> <li>Use of daily, weekly and monthly dashboards across whole system</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>EASC 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> <li>New D&amp;C for EMS planned to start</li> <li>D&amp;C for NEPTS services completed</li> <li>ICAP report to EASC / Audit and Risk Committee</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> </ul>

	<ul style="list-style-type: none"> <li>EASC action plan and actions within the Integrated Commissioning Action Plans</li> </ul>
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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, now extended to 31 March 2024</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> <li>To maintain on risk register</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	5	3	15	
<b>Current</b>	<b>5</b>	<b>5</b>	<b>25</b>	
Target	5	3	15	
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 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 EASC 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> <li><b>Ambulance improvement plan developed, agreed and circulated weekly</b></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 dashboards 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> <li>Role of the EASC Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</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>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</li> </ul>
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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><b>Until target met, to remain at score 25</b></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> <li><b>Ambulance improvement plan developed, agreed and circulated weekly</b></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> <p>September data showed deterioration – being closely monitored, daily and weekly)</p>


<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>	
<p><b>Gaps in Controls and Assurances</b></p> <ul style="list-style-type: none"> <li></li> </ul>	<p><b>Actions and mitigations</b></p> <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> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</li> </ul>

<p><b>Linked National Priority Measures</b></p> <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><b>Current Performance - Highlights</b></p> <p>Performance has improved by on average 3 hours</p>
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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 direction</b>		<b>Risk score</b> <b>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 (reviewed in March and Sept)</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
- EASC 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 Direction and Commissioning Intentions	<b>4</b>

[Click here to go back to the summary Section](#)



**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> ( <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 developed and submitted (approved by WG Nov 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> <li>Update to host Quality and Safety Meeting (23 January 2024)</li> <li>Key item on EASC agenda</li> <li>New Quality and Safety Report</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> </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> </ul>


- Provide necessary funding to WAST
- **Agreed with WAST 5 key actions for the winter period**

Linked National Priority Measures	Current Performance - Highlights

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>

[Click here to go back to the summary Section](#)

<b>Strategic Goal: Effective Commissioning</b>		<b>Risk score 25</b>
<b>Strategic Risk: Failure to secure sufficient ambulance capacity to meet the needs of the population (Risk number 5370)</b>		
<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

	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 EASC IQPD meetings with Welsh Government</li> <li>Key item on EASC agenda</li> <li>New Quality and Safety Report</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</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> <li>New D&amp;C for EMS (starting summer 2023)</li> <li>ICAPS</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>	
<p><b>Gaps in Controls and Assurances</b></p>	<p><b>Actions and mitigations</b></p>
<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> <li>• Agreed with WAST 5 key actions for the winter period</li> <li>• Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>• Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</li> </ul>

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

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>

Latest data loaded

**12/31/2023**



# Emergency Ambulance Services Committee

## Ambulance Data Portal | Performance Report

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# Performance Report | Summary and contents

**Contents (Ctrl+Click to go to the required slide and the house symbol to return to summary).**

1. Front page
2. Summary and contents
3. 999 call demand
4. 111 Wales to 999 Transfers
5. 999 call answer times
6. All incidents and RED performance
7. Hear and Treat
8. See and Treat
9. RED incidents
10. RED incident response time
11. AMBER incidents
12. AMBER incident response times
13. GREEN incidents
14. GREEN incident response times
15. Transported to Tier 1 site
16. Transported to non-Tier 1 site
17. Handover delays over 15-minutes
18. Handover delays over 60-minutes

19. Handover delays over 4-hours
20. Trajectory
21. RED/AMBER release requests
22. Unit Hour Production (UHP)
23. Glossary of Terms

## Data acquisition key



**Data acquisition:** EASC Ambulance Service Indicators



**Data acquisition:** WAST Qlik Sense



**Data acquisition:** WAST Data Academy SQL



**Data acquisition:** WAST Microsoft Excel

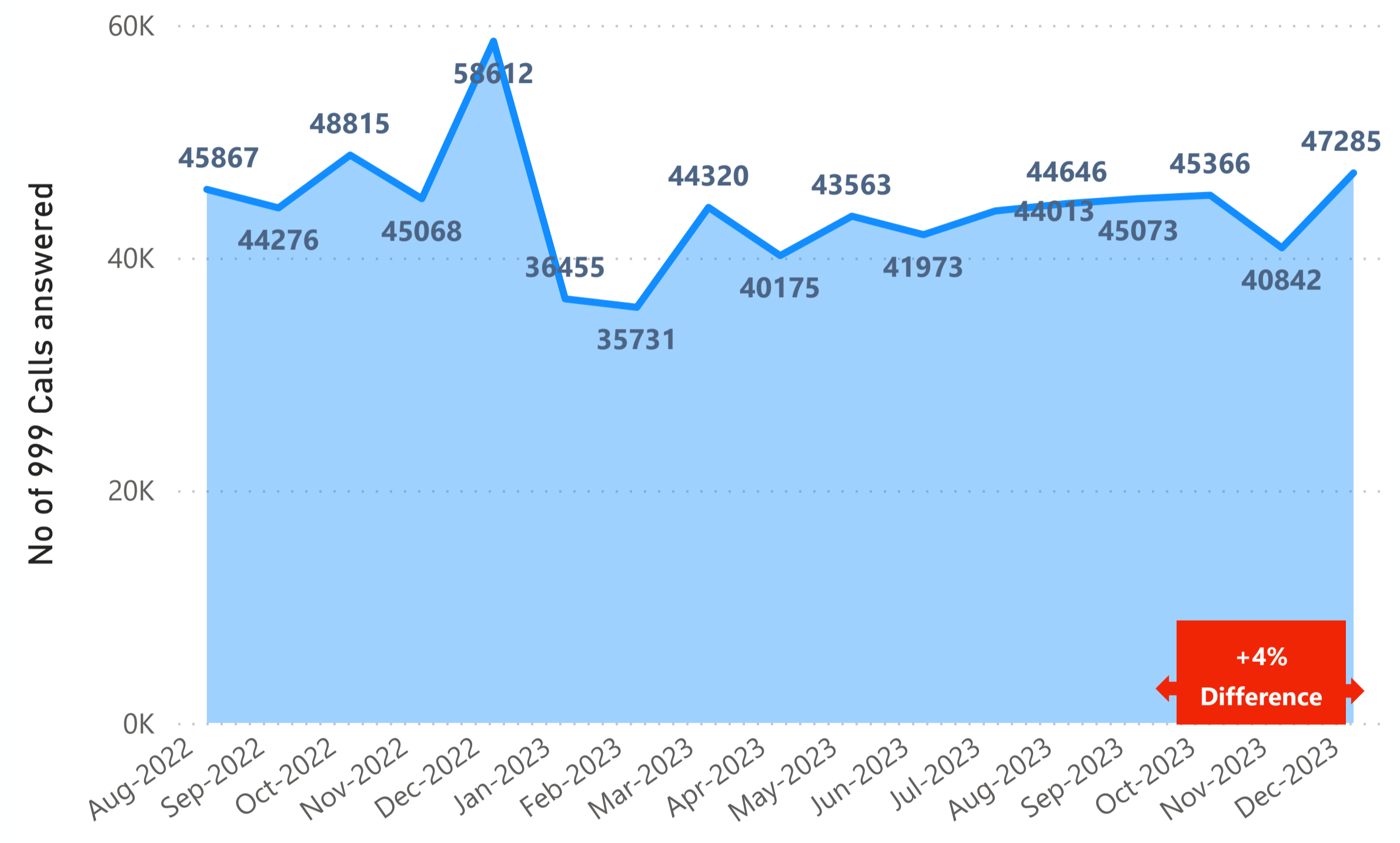
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# Performance Report | 999 calls demand

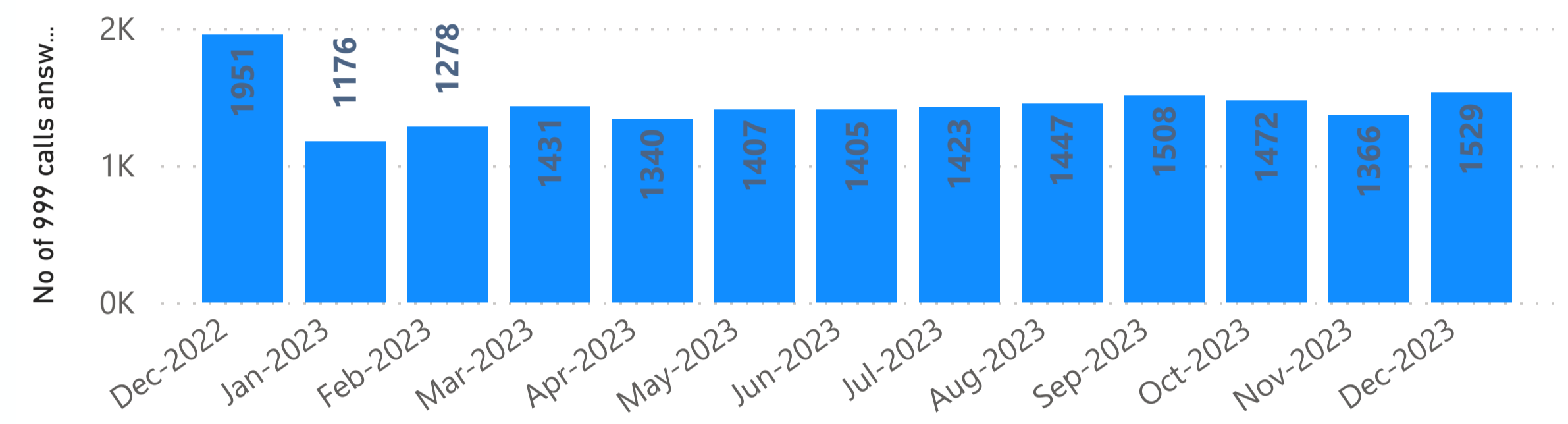
The number of 999 calls saw a 4% increase from October 2023 to December 2023. The number of 999 calls were 19.3% lower in December 2023 as compared with the same period the previous year. The daily average number of 999 calls answered has reduced by 370 calls in December 2023 as compared to December 2022.

## 1.1 Monthly -Volume of 999 Calls Answered

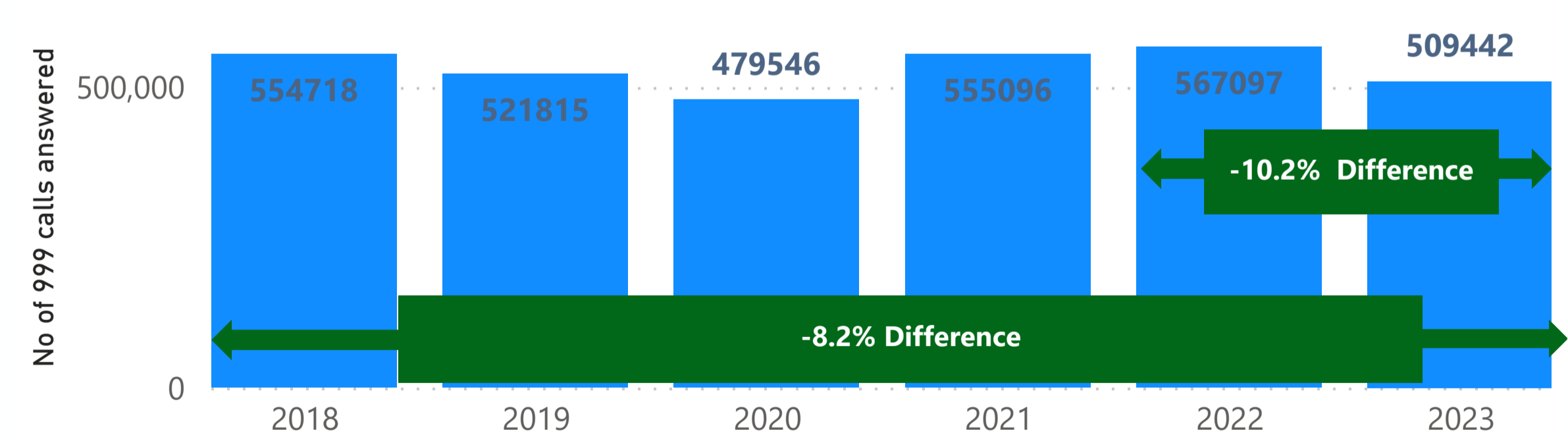


Source: Ops Directorate Telephony Qlikview

## 1.2 Daily Average - 999 Calls Answered



## 1.3 Annualised Data - Volume of Calls Answered



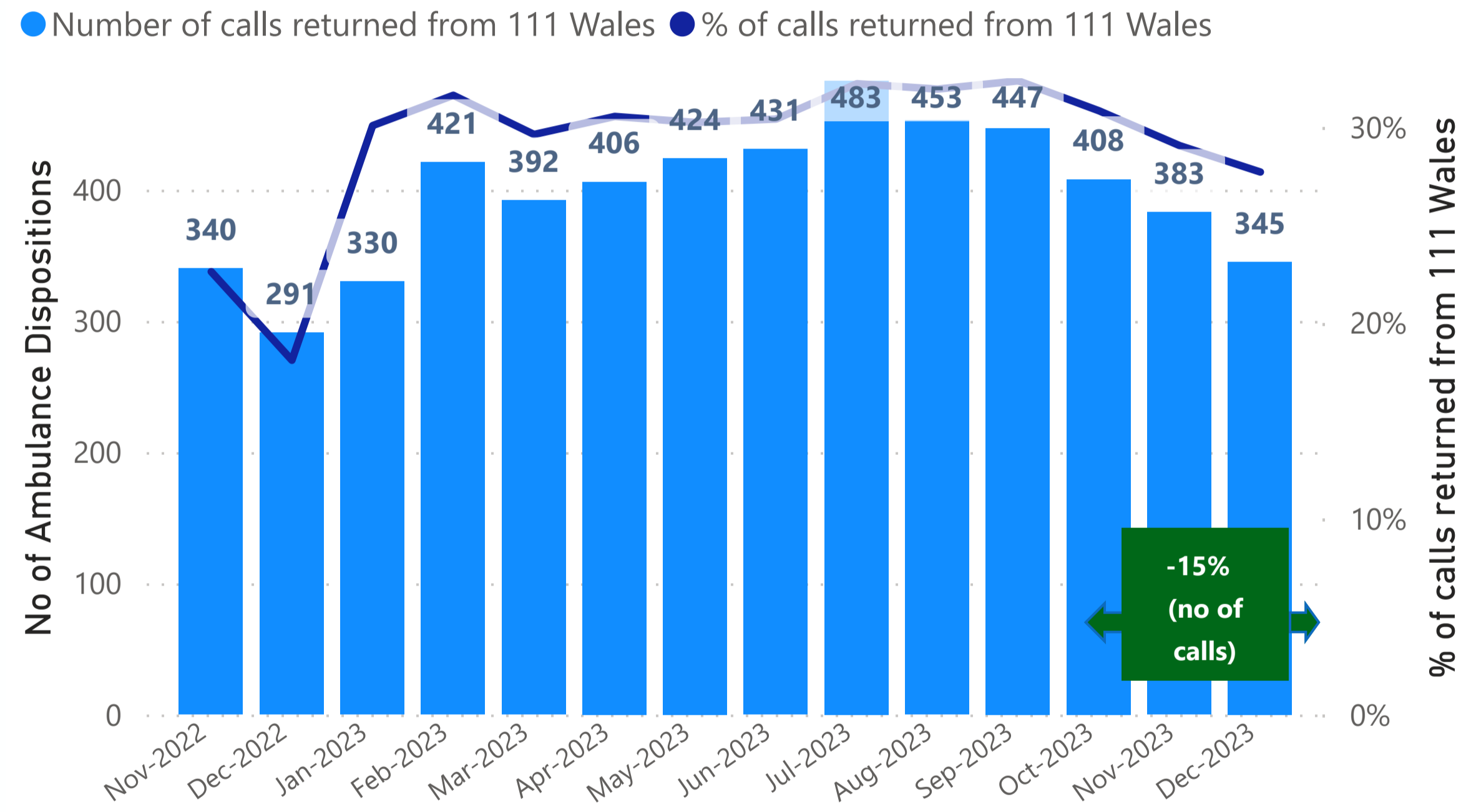
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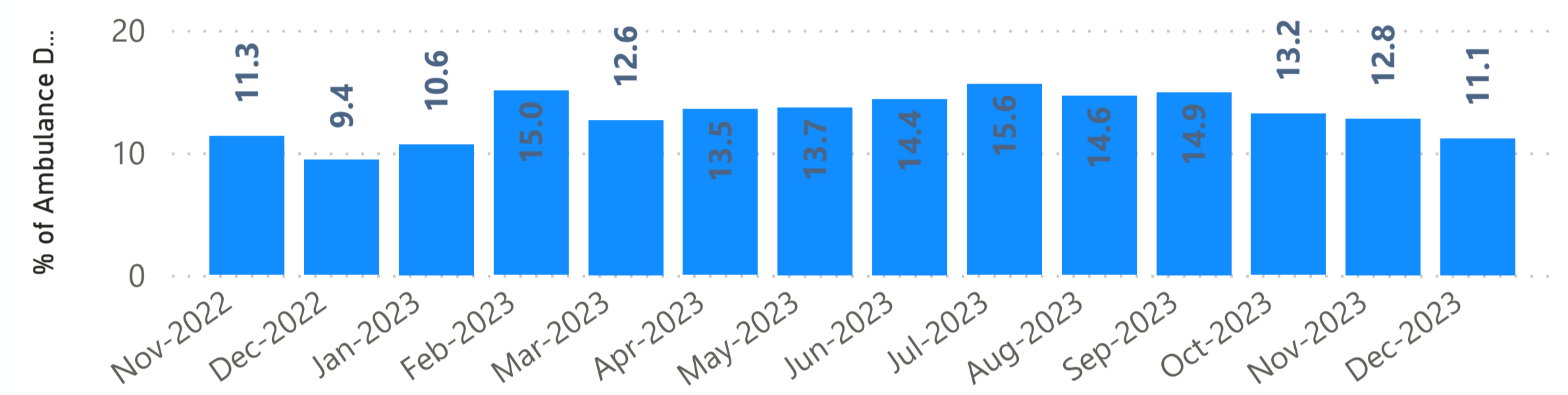
# Performance Report | 111 Wales to 999 Transfers

There was a 15% reduction in the number of calls returned from 111 Wales from October 2023 to December 2023. In December 2023, the number of calls returned was 18.6% higher and the % of calls were 9.6% higher than in December 2022.

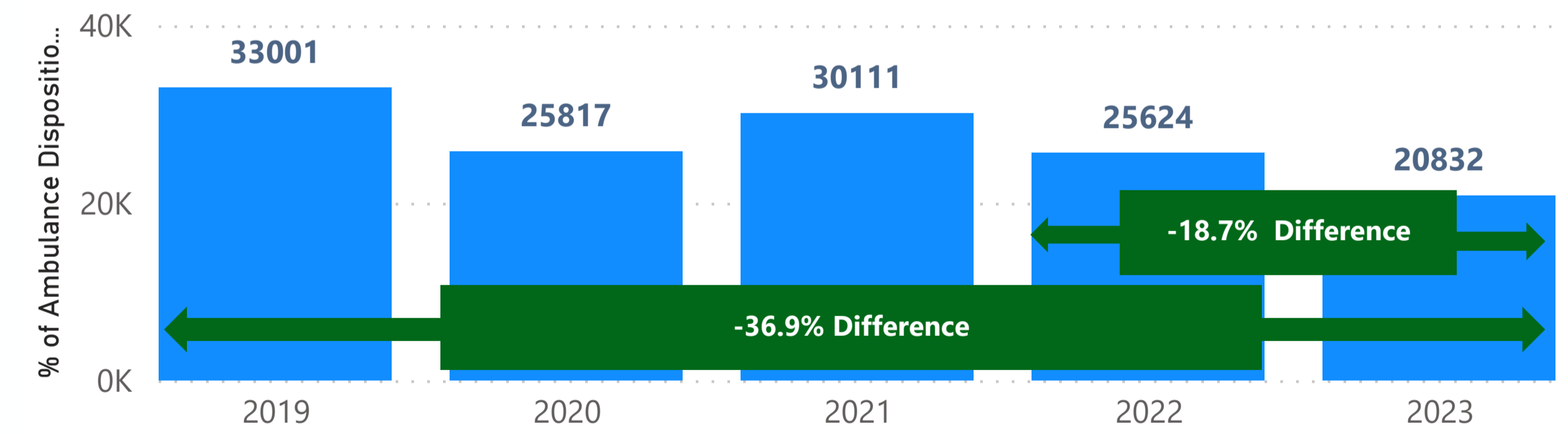
## 2.1 Monthly - Calls returned from 111 Wales



## 2.2 Daily Average - Calls Returned from 111 Wales



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



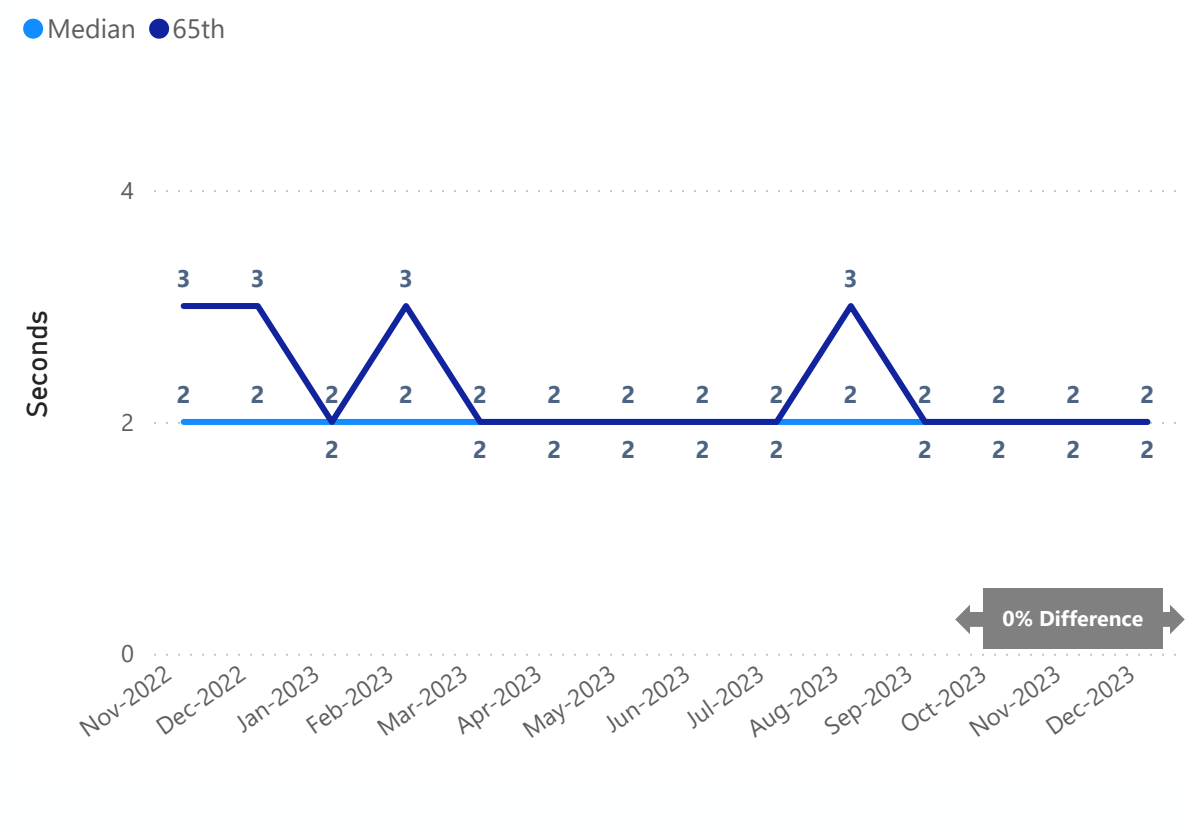
Source: AQ19ii Calls Returned from NHS Direct with an Outcome of "Ambulance Required"

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# Performance Report | 999 call answer times

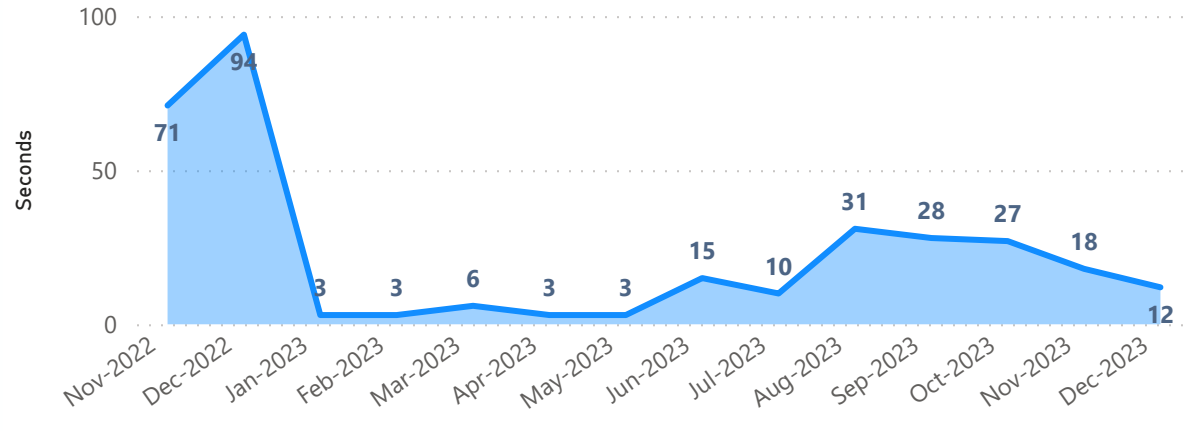
999 call answer times have remained constant. The 95th percentile showed an increase up to December 2022 and then reduced from January 2023, to May 2023. It then increased from June to August 2023 and has been reducing from August 2023 to December 2023.

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

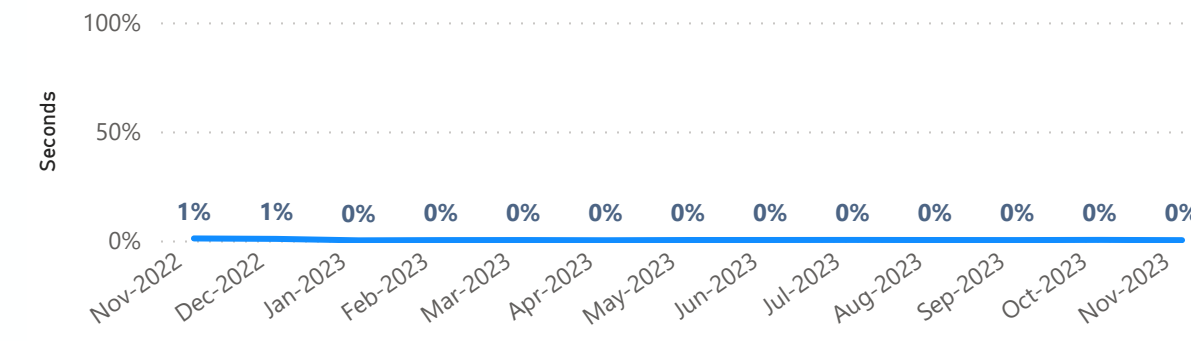


Source: AQ17ii 999 Calls: Time to Answer Median, 65th and 95th percentile (in seconds)

### 3.2 95th Percentile



### 3.3 Call Abandonment



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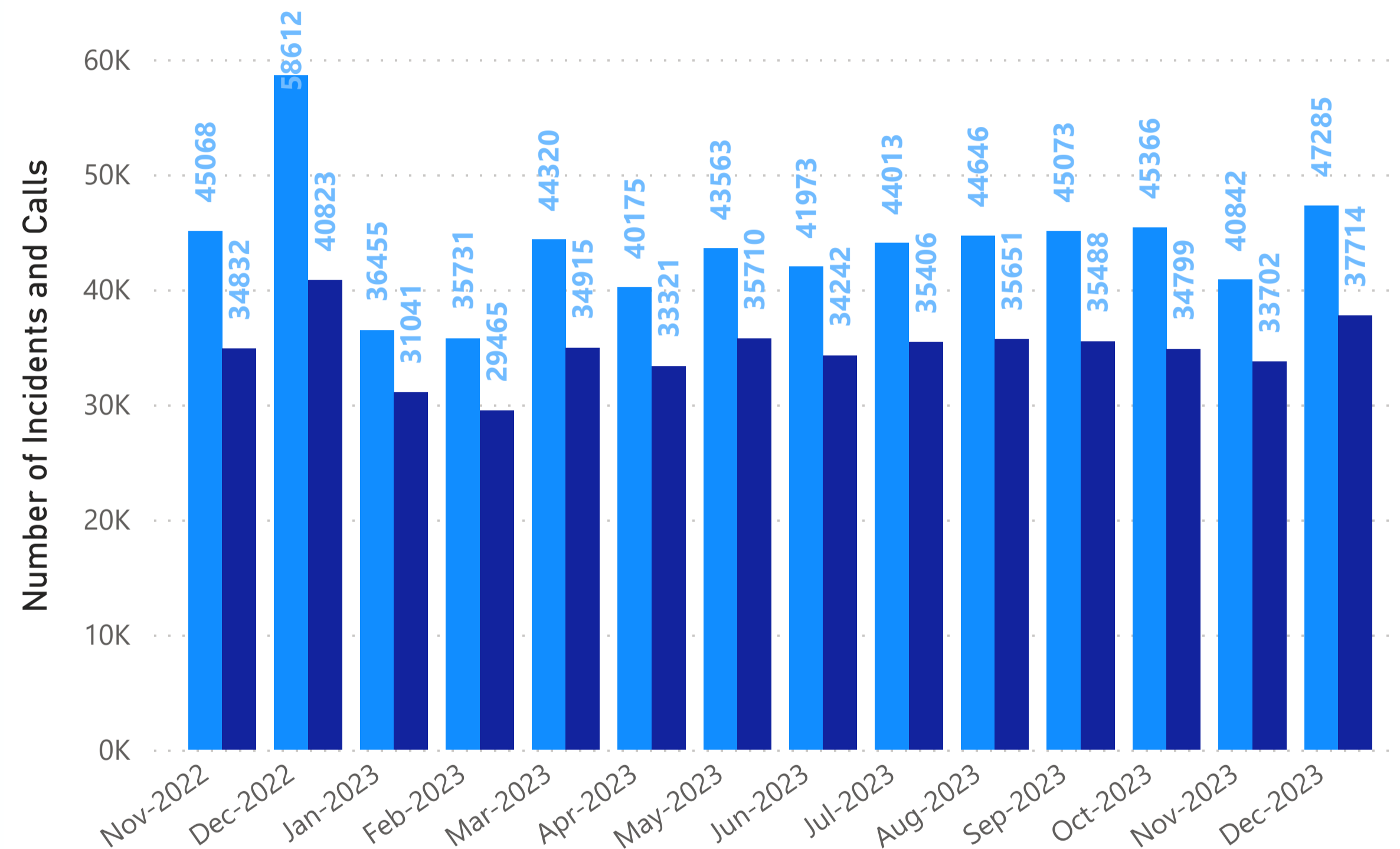


# Performance Report | All incidents

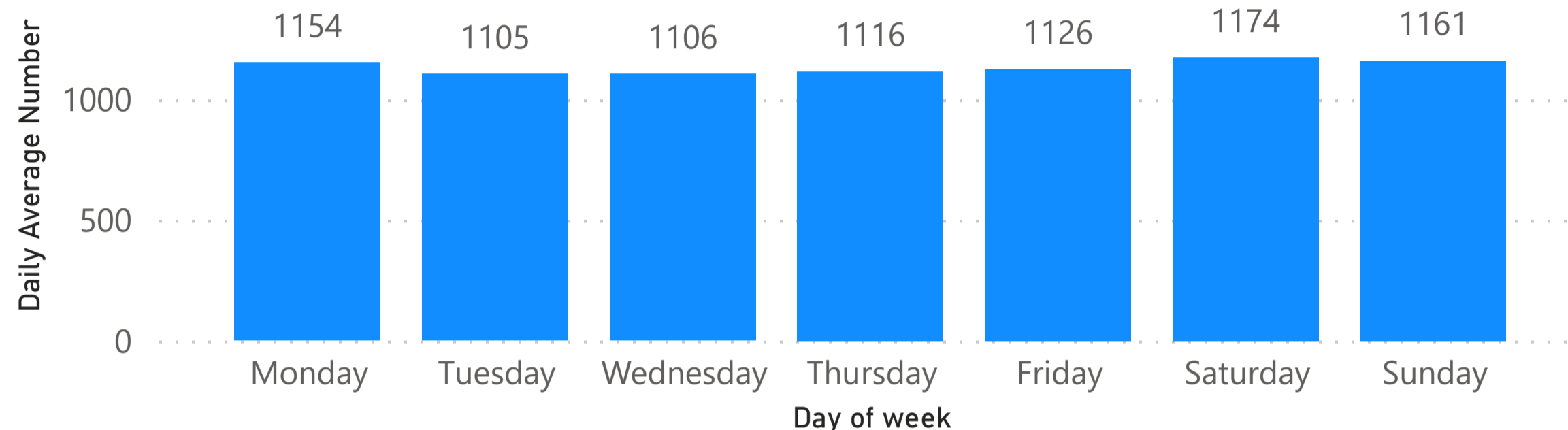
December 2023 saw a 19.3% in reduction calls and a 7.5% reduction in incidents compared to December 2022.

## 4.1 Monthly Volume of Incidents and Calls

● Total 999 Calls ● Total Incidents

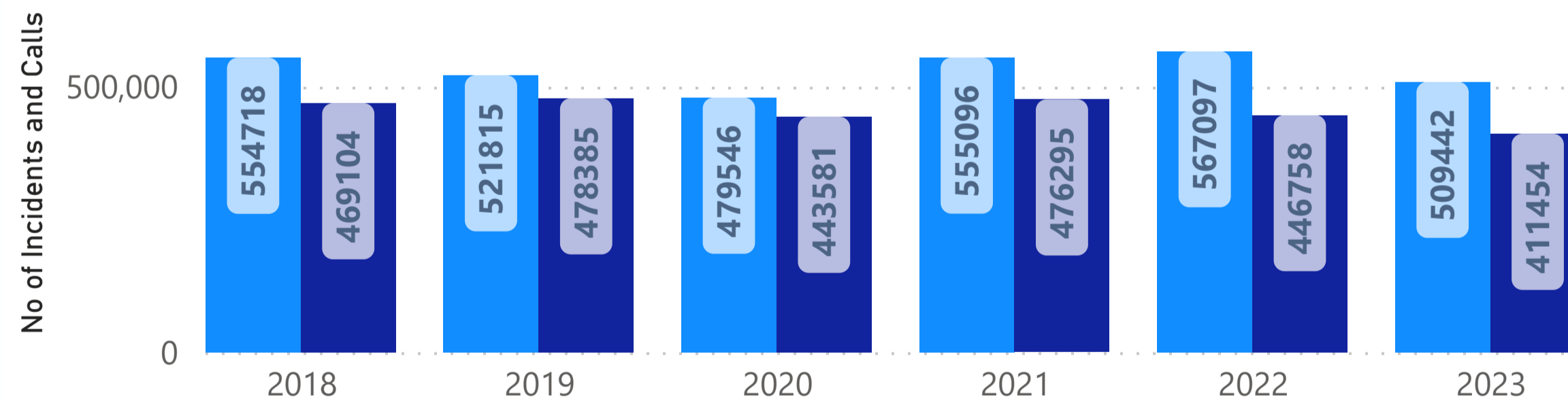


## 4.2 Average Daily Incidents - 2023



## 4.3 Annualised Data - Total Incidents and Calls

● Total 999 Calls ● Total Incidents



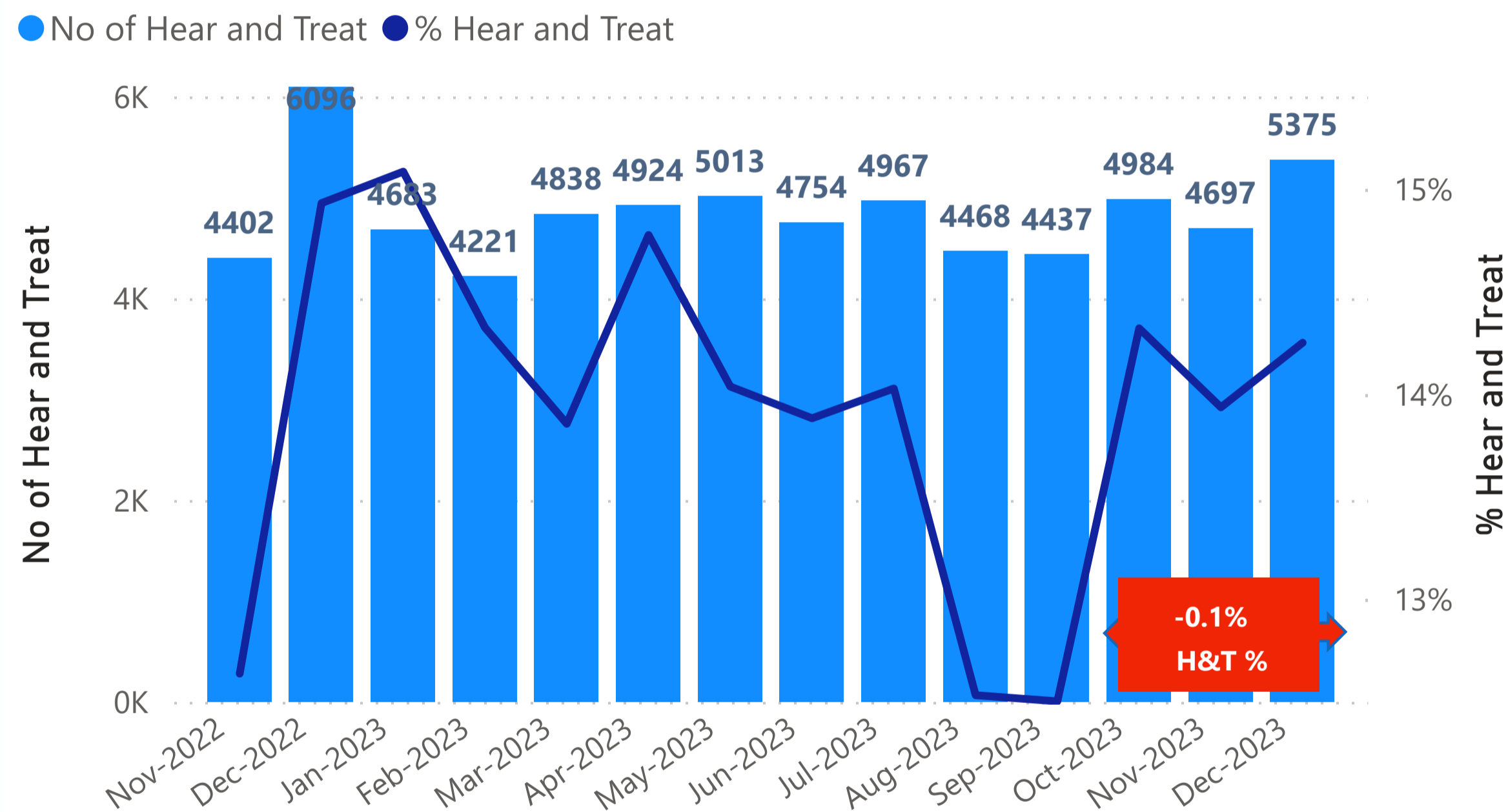
Source: AQ15 Total number of incidents; Avg Daily Incidents - WAST SQL Data Academy

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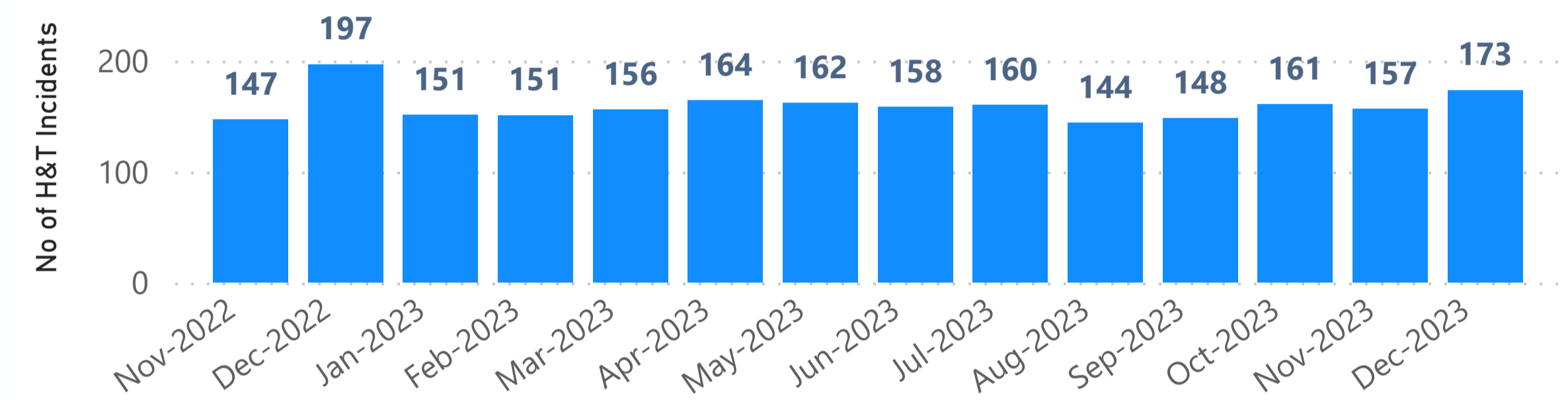
# Performance Report | Hear and Treat

The percentage of Hear and Treat Incidents has reduced by 0.1% from October 2023 to December 2023. The percentage of Hear and Treat incidents in December 2023 were 0.7% lower than the same period last year.

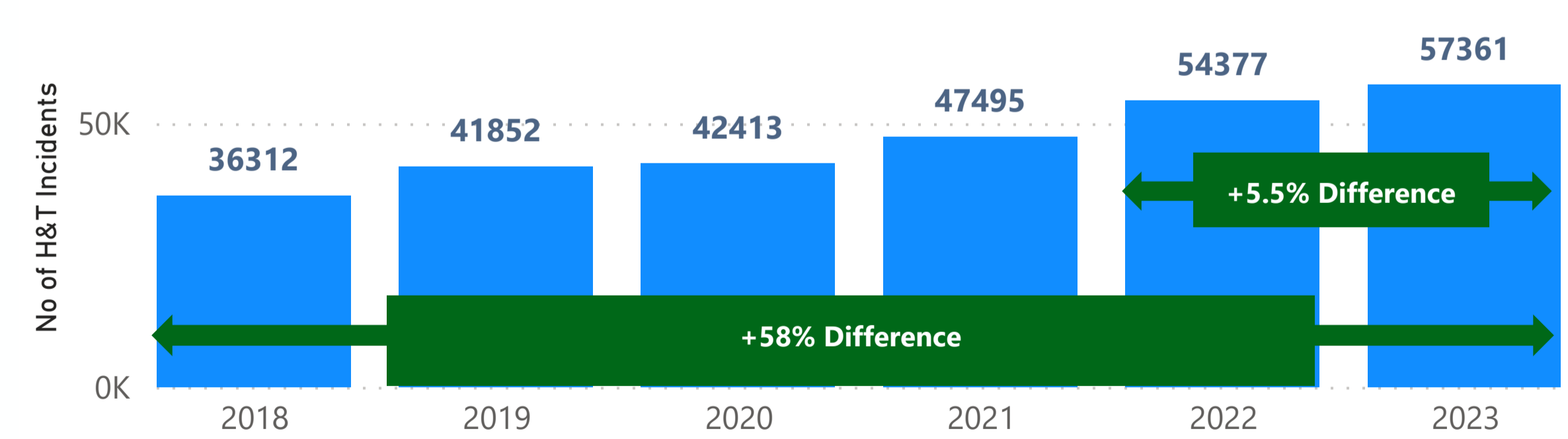
## 5.1 Monthly - Volume of Hear and Treat Incidents



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



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



Source: AQ10i Number of calls ended following WAST telephone assessment (Hear and Treat)

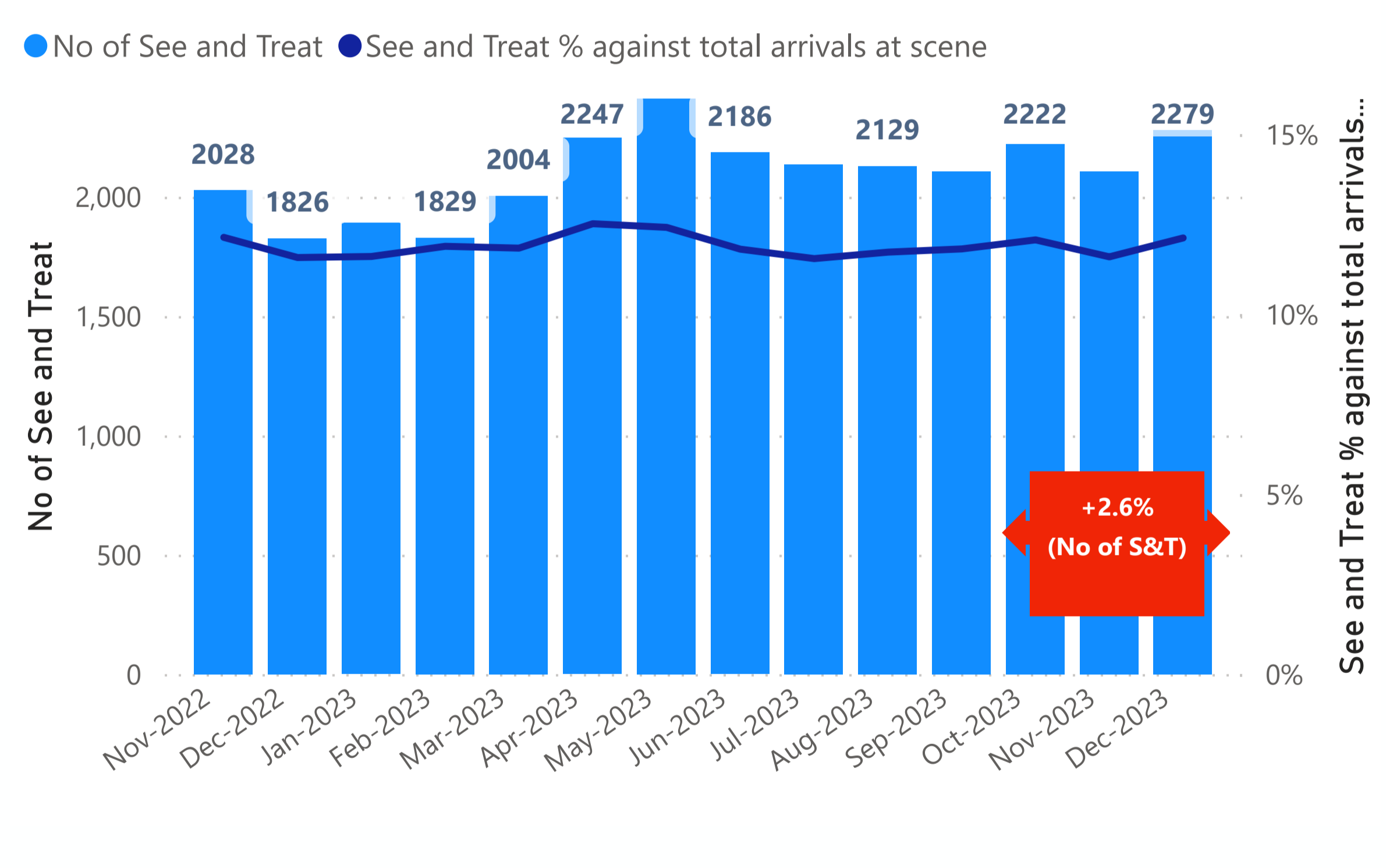
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# Performance Report | See and Treat

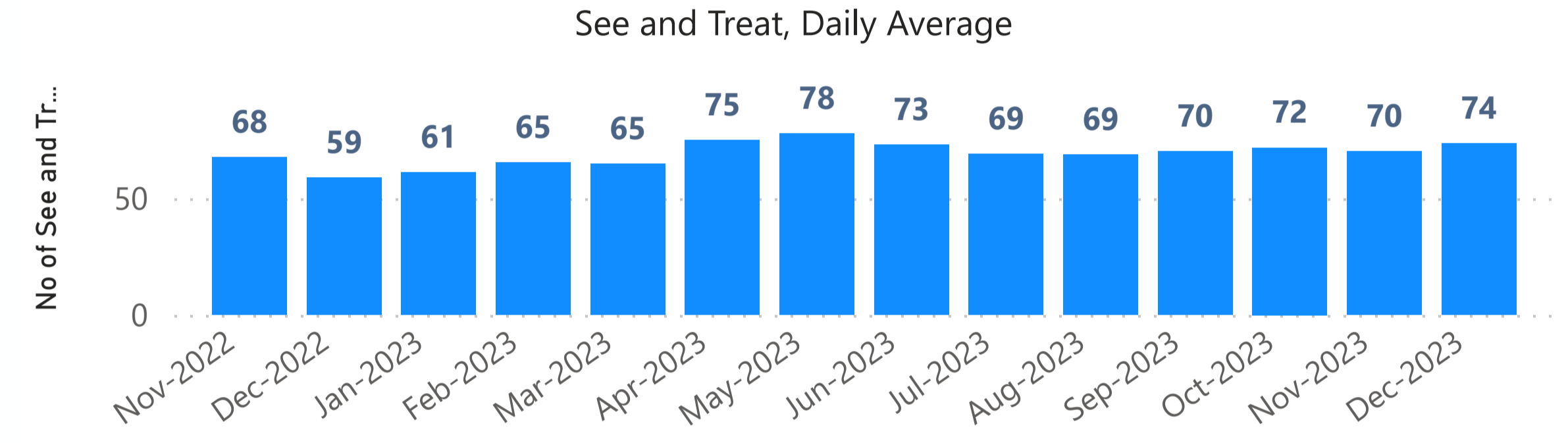
The number of See and Treat responses have increased by 2.6% constant from October 2023 to December 2023. In December 2023 the number of See and Treat responses were 24.2% higher than December 2022. The daily average of See and Treat responses were 15 incidents higher for the same time period.

## 6.1 Monthly Volume of See and Treat Responses

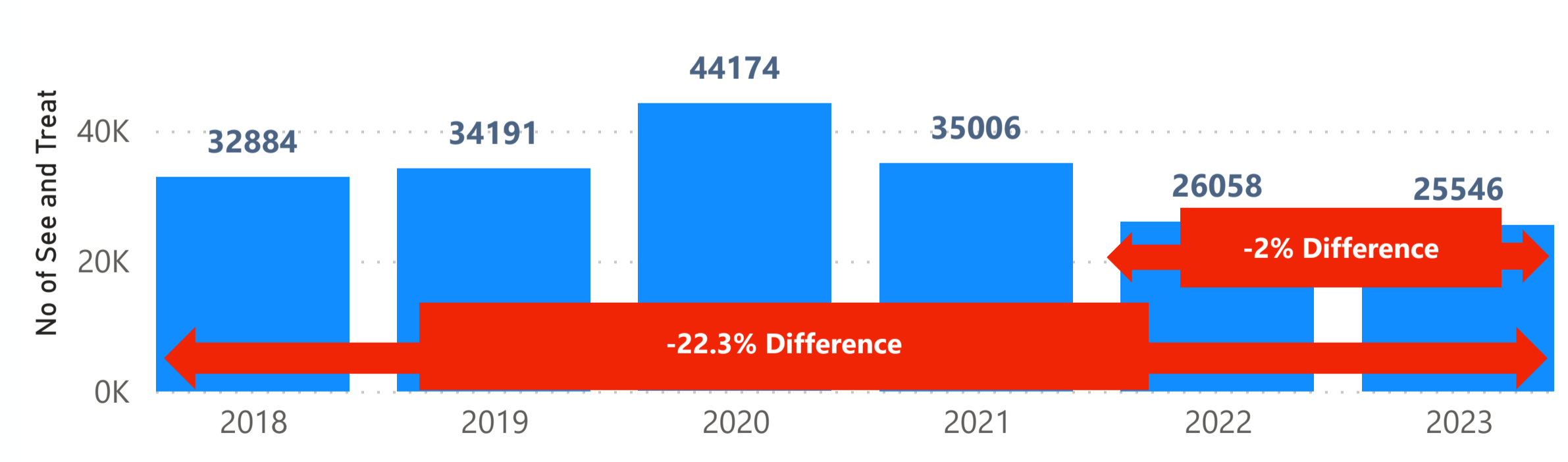


Source: AQI19i Total Number of Incidents where an Ambulance Resource Attended Scene

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



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



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[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.



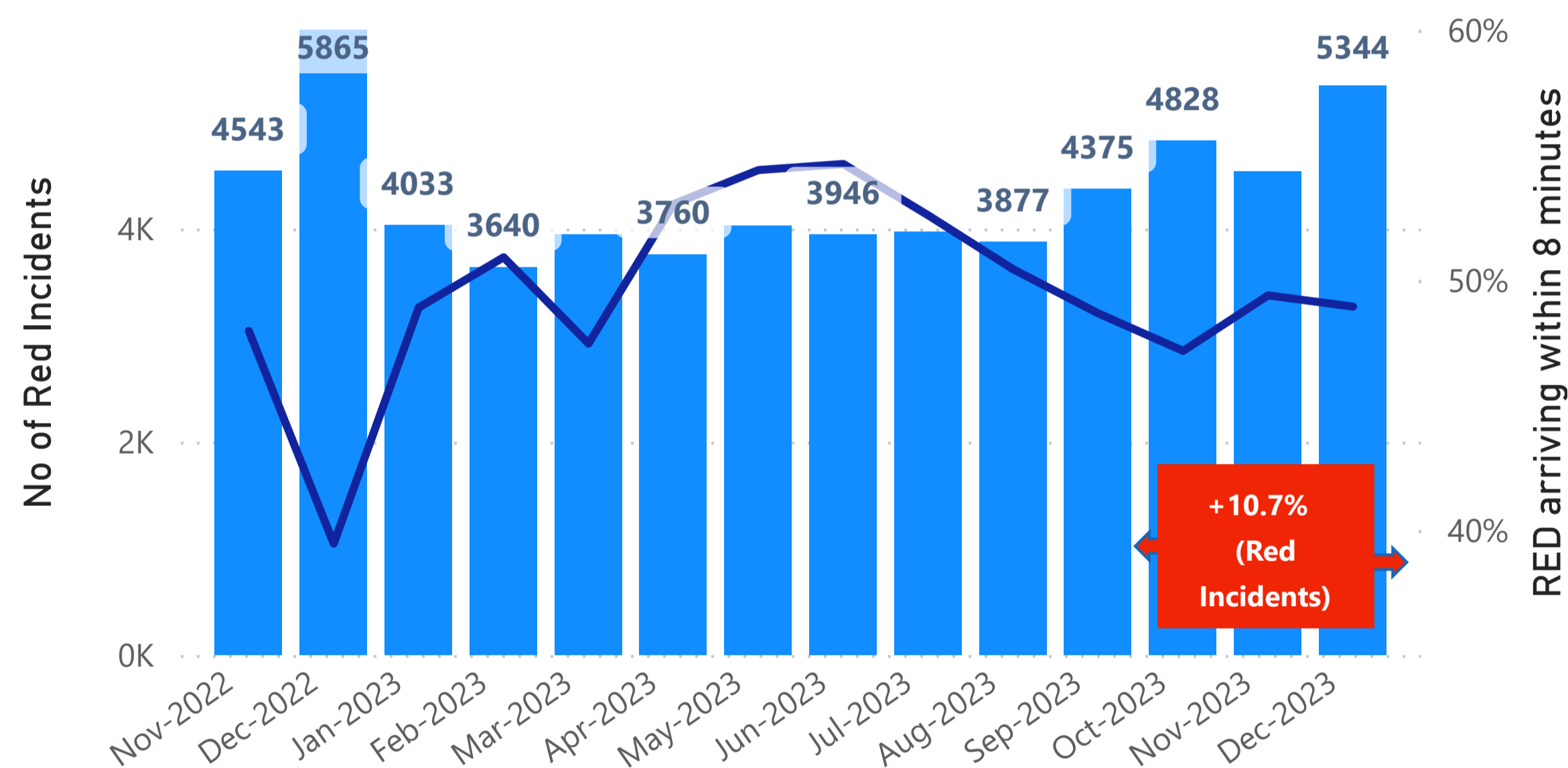


# Performance Report | RED incidents

There has been a 10.7% increase in the number of red incidents from October 2023 to December 2023. However, the number of red incidents in December 2023 is 8.9% lower than December 2022. The 8 min % performance is 9.5% higher for the same time period.

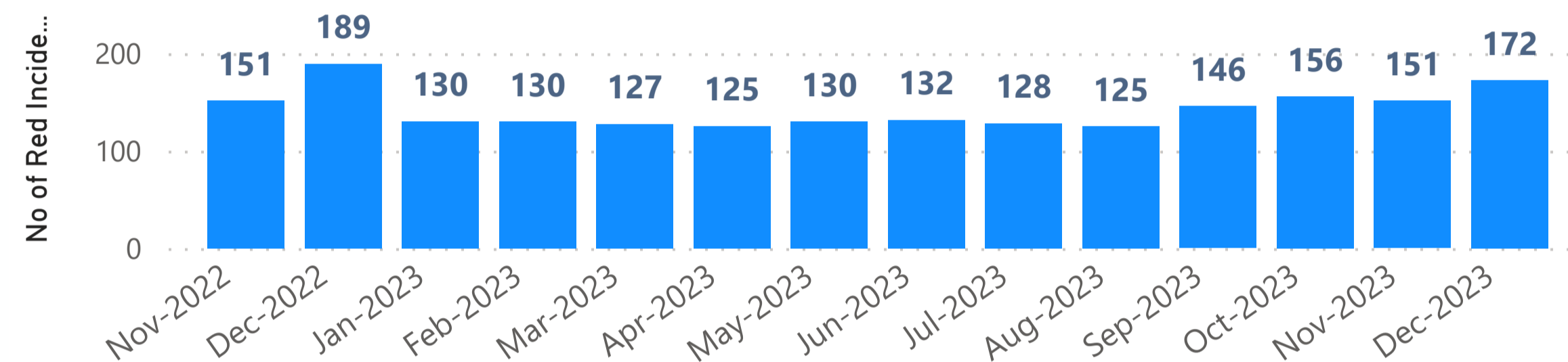
## 7.1 Monthly Volume of Red Incidents and Red % Performance

● RED incidents ● RED arriving within 8 minutes

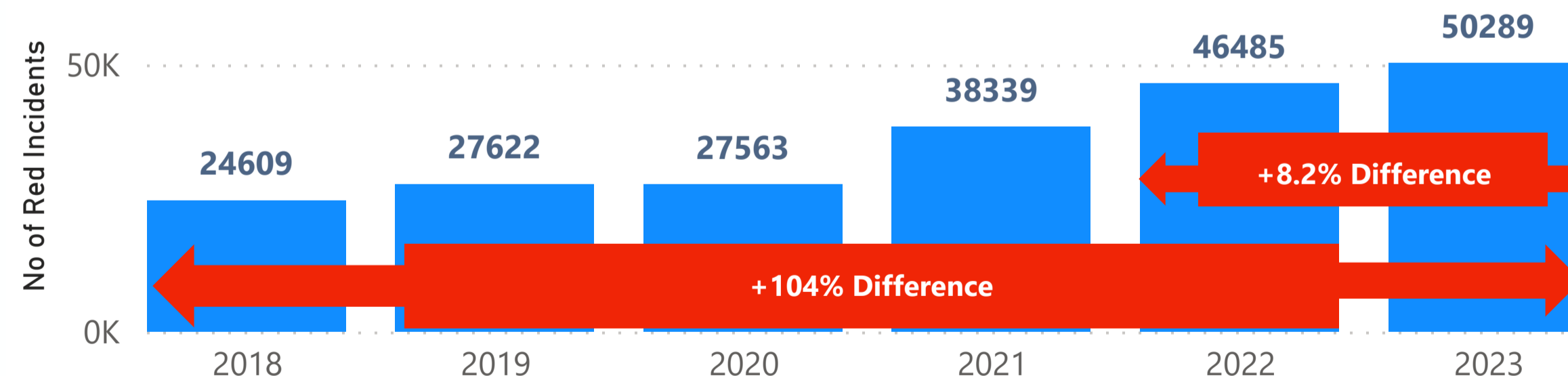


## 7.2 Daily Average - Red Volume

Red Volume: daily average



## 7.3 Annualised Data - Volume of Red Incidents



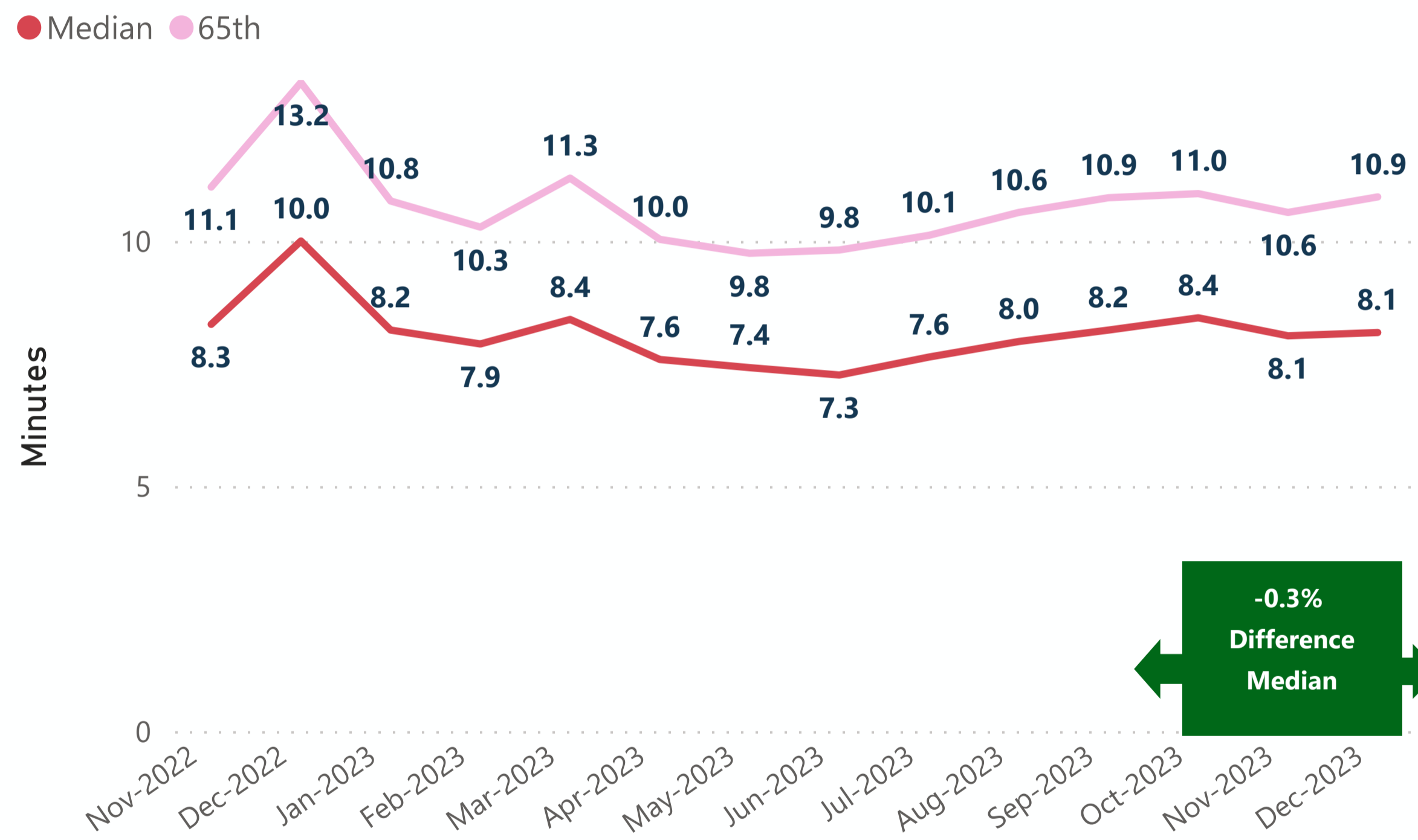
Source: AQI11 Number of RED category incidents resulting in an emergency response

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# Performance Report | RED incident response time

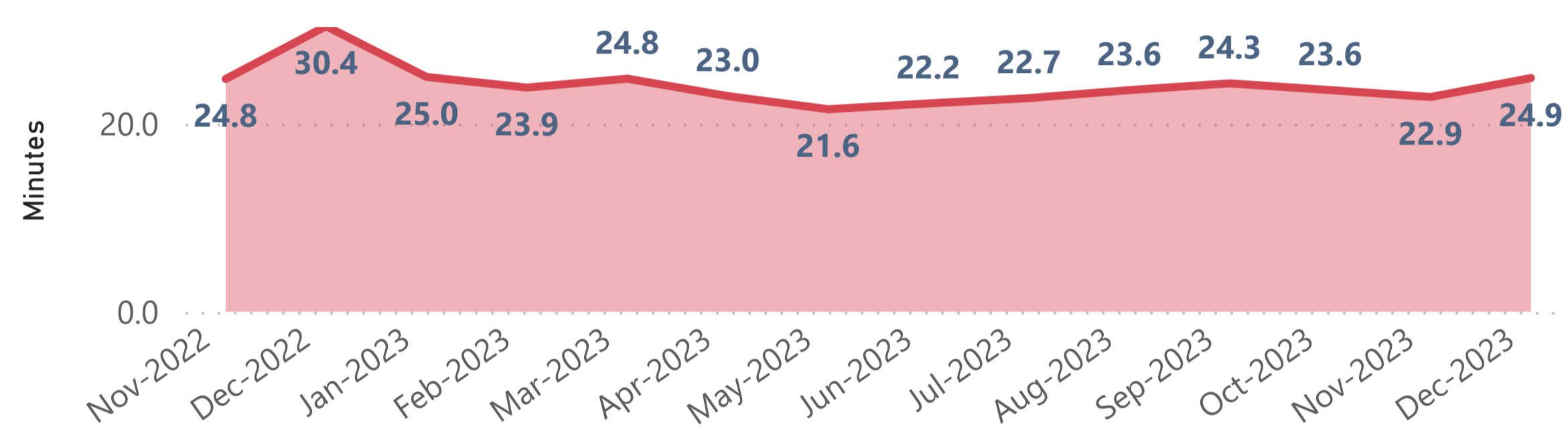
Whilst red median and 65th percentile has increased since June 2023, there is a 0.3% reduction in the red median between October 2023 and December 2023. The 95th percentile was 5.5 minutes less in December 2023 as compared to December 2022 and the longest red was 130 minutes less for the same period.

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

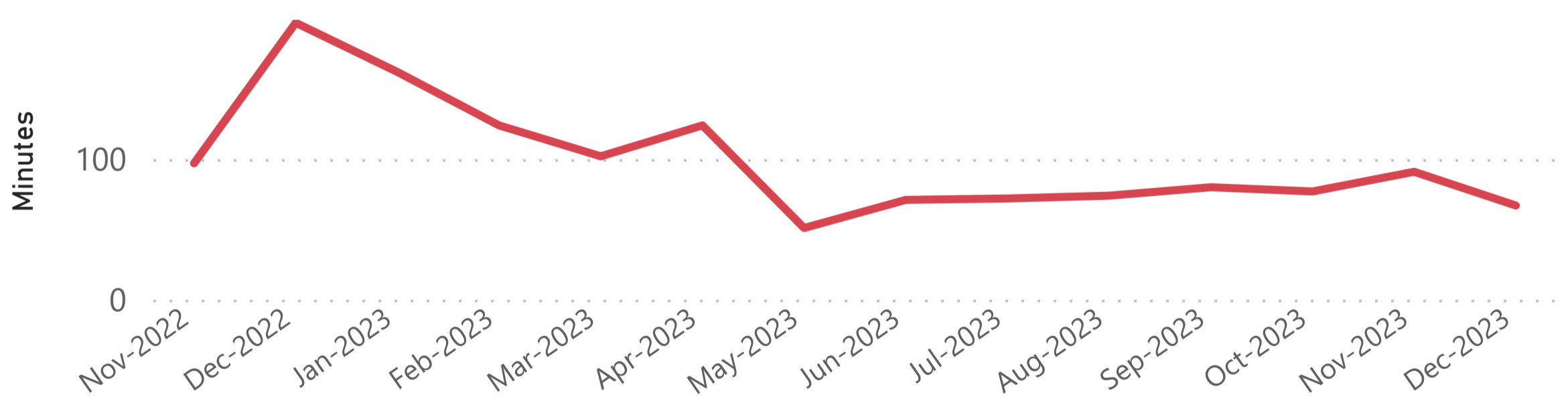


Source: AQI11 Red Category Median, 65th and 95th Response Minutes

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



## 8.3 Longest Red

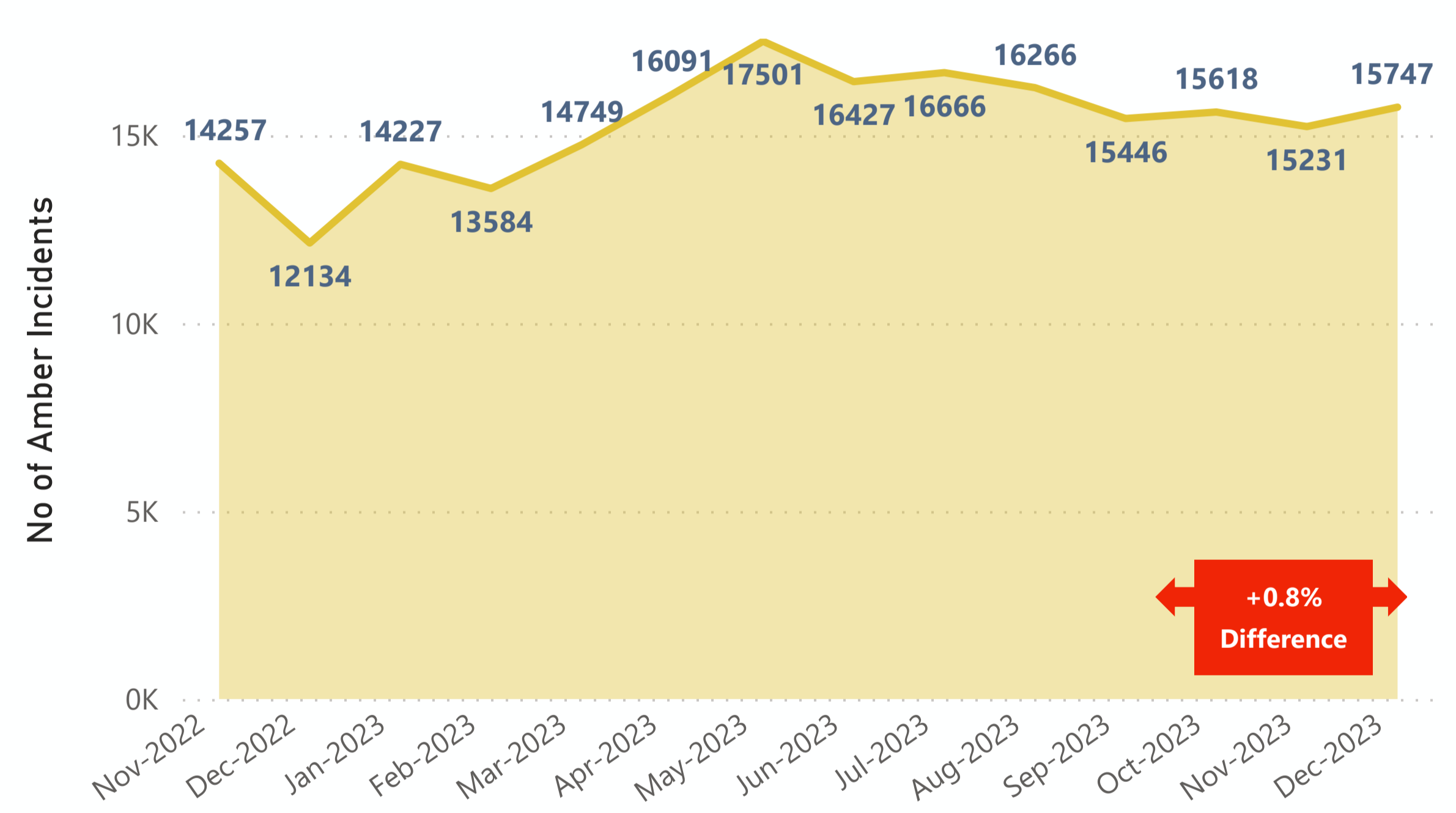


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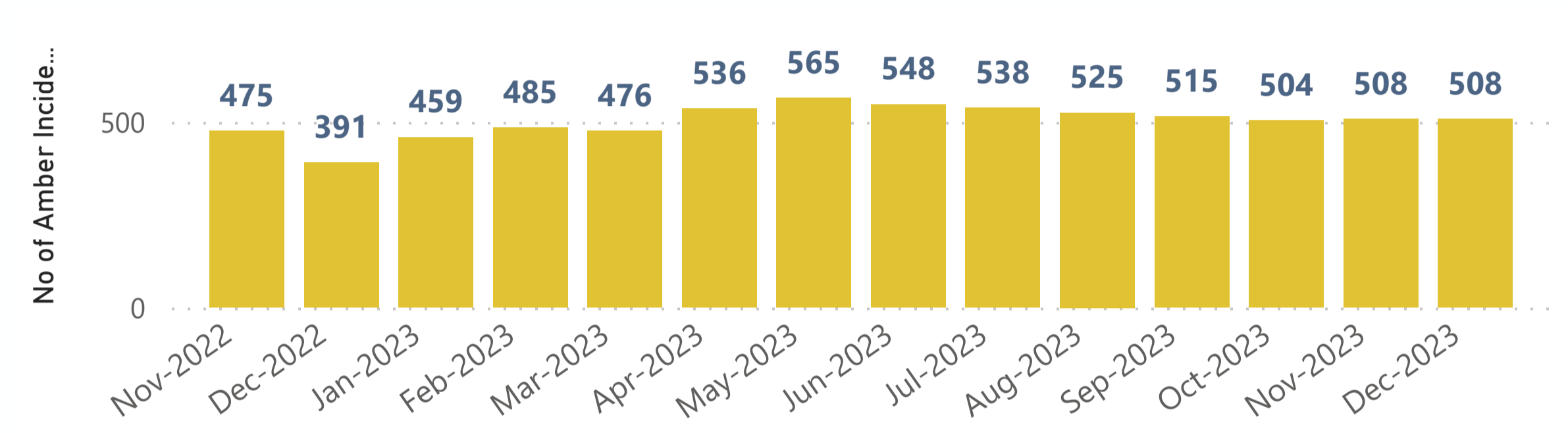
# Performance Report | AMBER incidents

There was a 0.8% reduction in the number of amber incidents from October to December 2023. The number of amber incidents in December 2023 were 29.8% higher than December 2022. The daily average were 117 amber incidents higher for the same period.

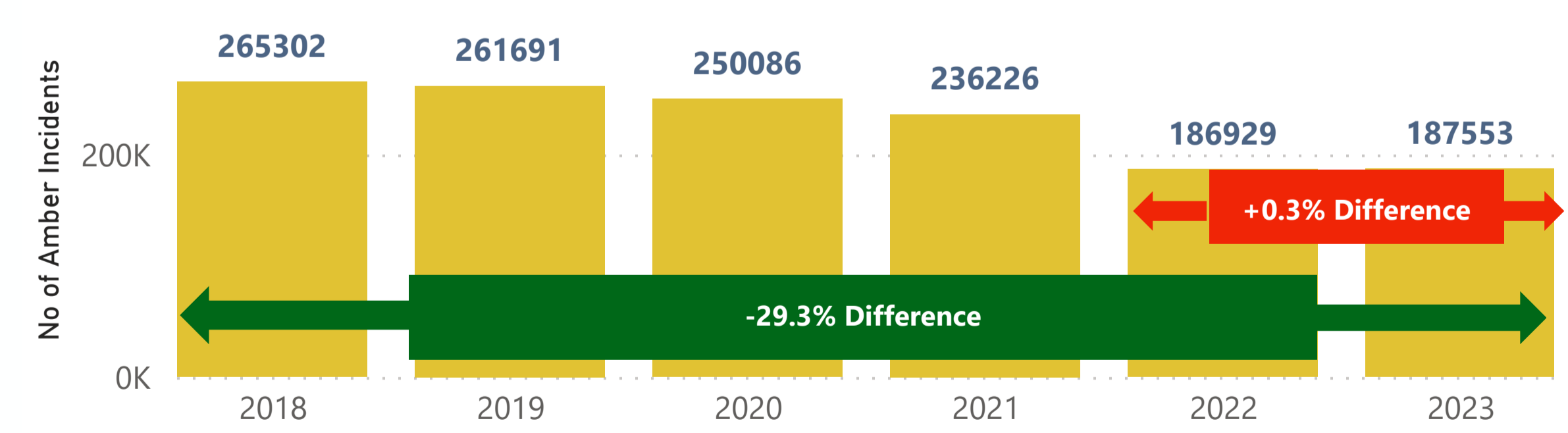
## 9.1 Monthly Volume of Amber Incidents



## 9.2 Daily Average - Number of Amber Incidents



## 9.3 Annualised Data - Number of Amber Incidents



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

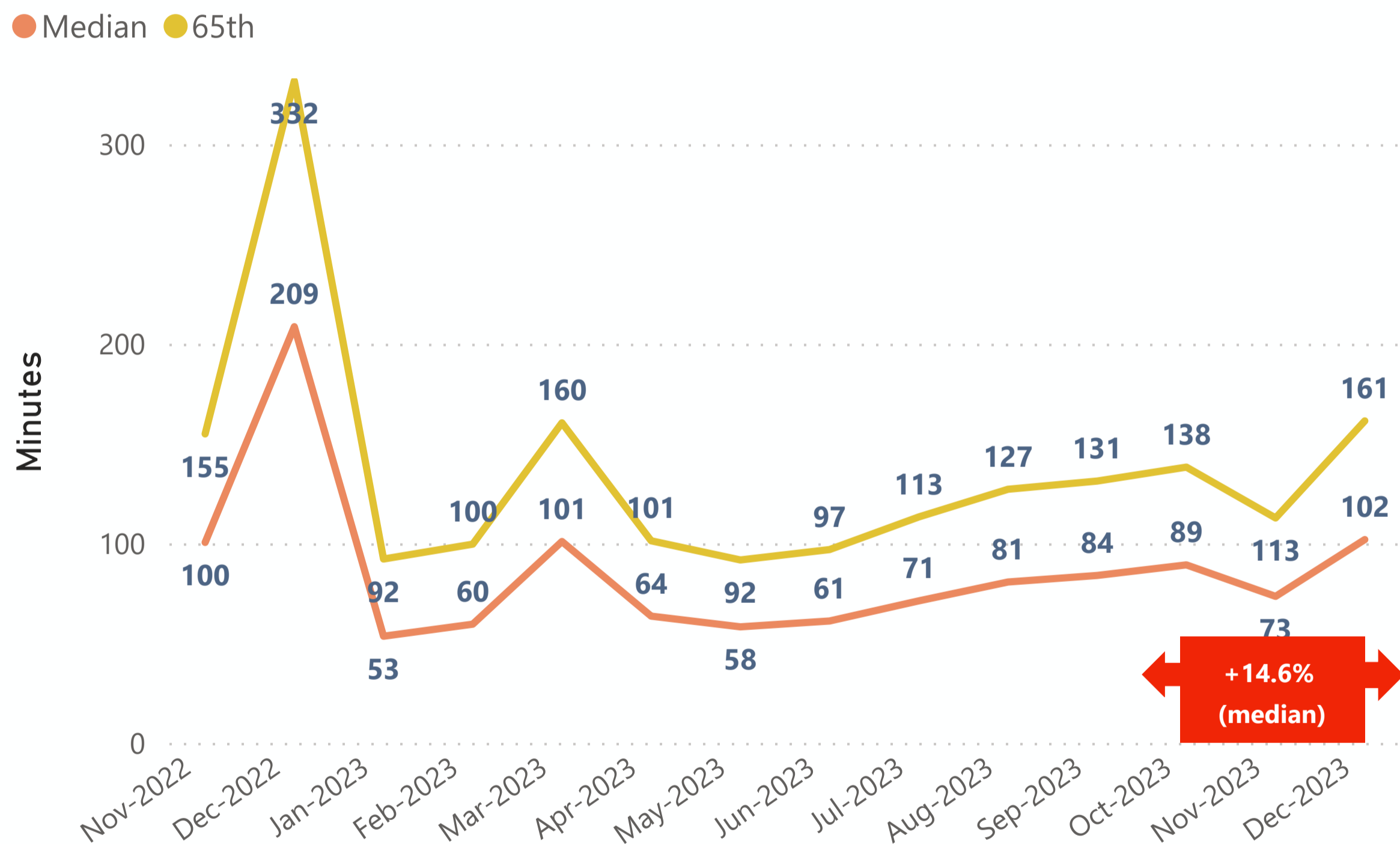
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# Performance Report | AMBER incident response times

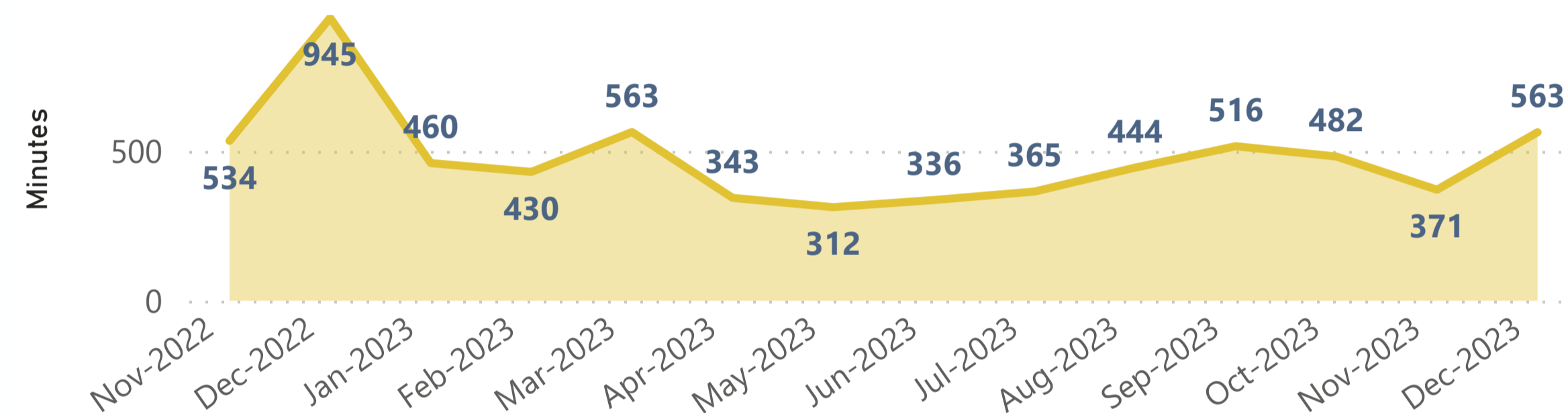
There was a 14.6% increase in amber median from October 2023 to December 2023. The amber median and the 65th percentile in December 2023 were both 103.9% and 51.5% respectively lower with December 2022. The 95th percentile was 382 minutes lower and the longest amber was 347 minutes lower for the same period.

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

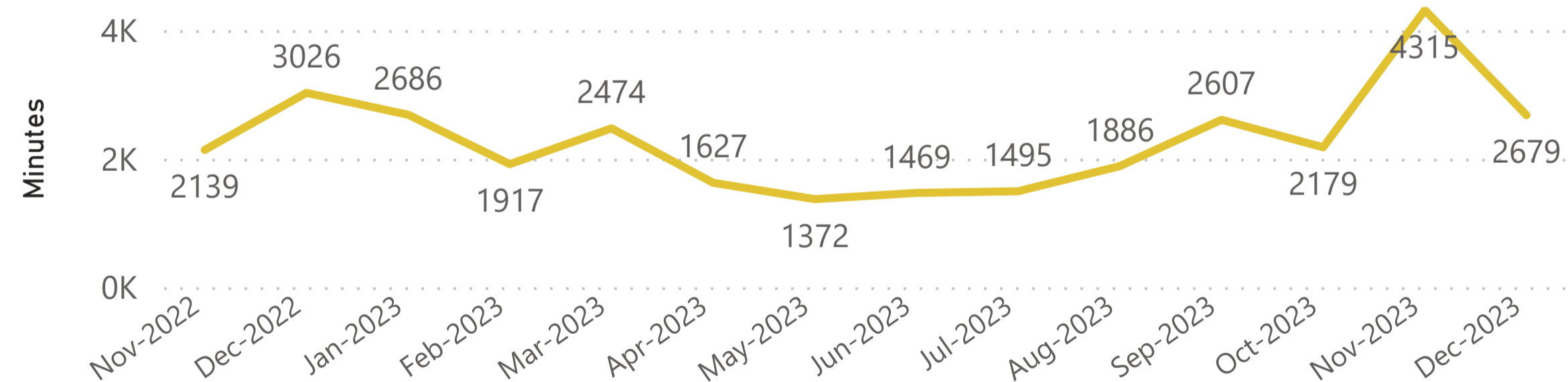


Source: AQ111 Amber Category Median, 65th and 95th Response Minutes

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



## 10.3 Longest Amber (Minutes)



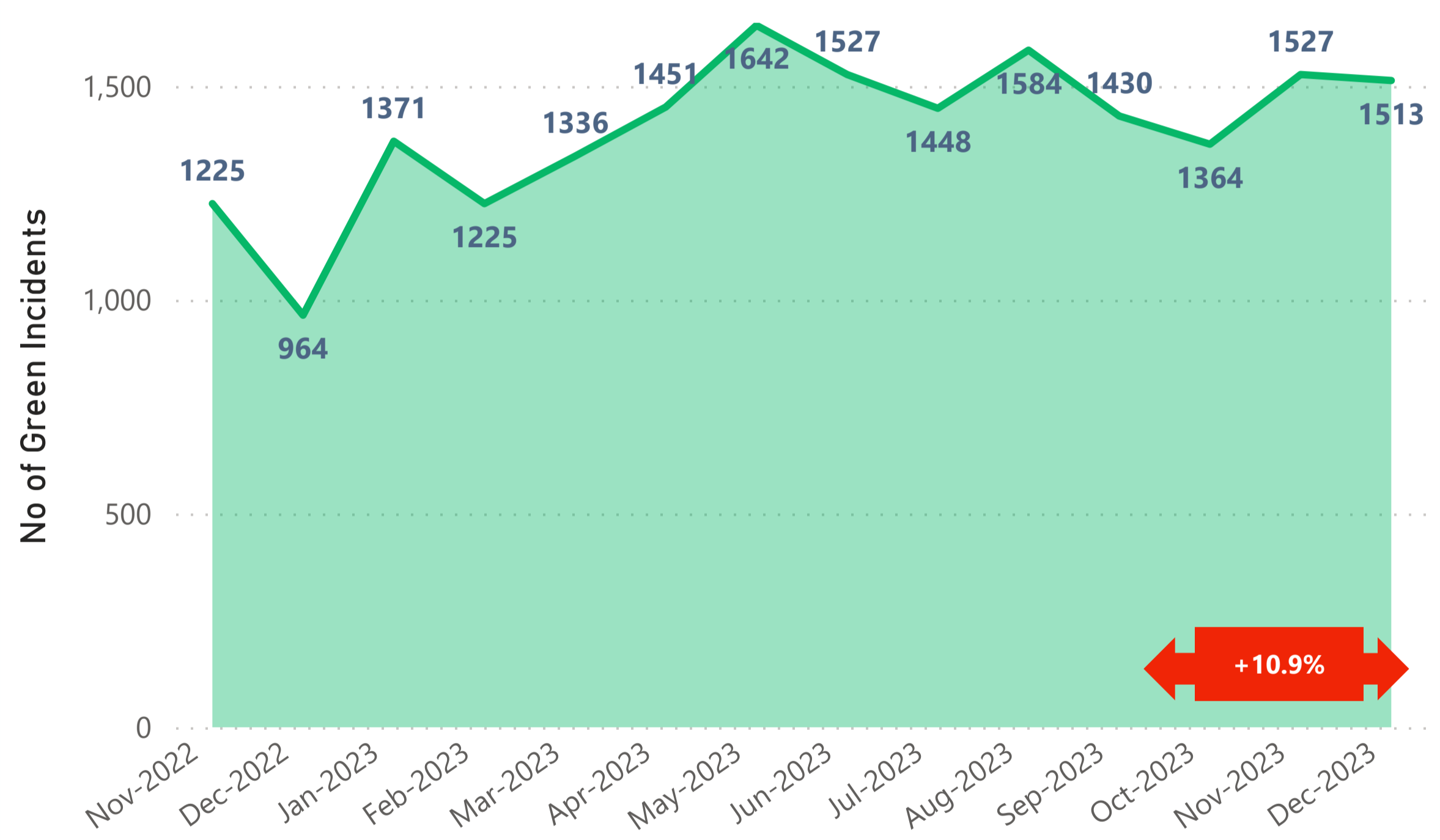
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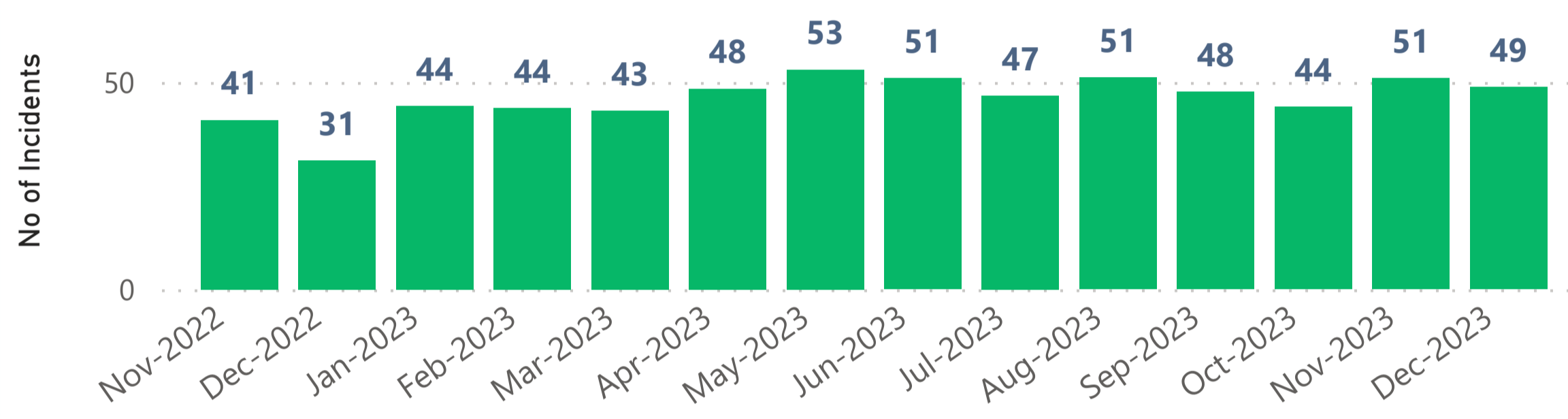
# Performance Report | GREEN incidents

The number of green incidents increased by 10.9% from October 2023 to December 2023. The number of green incidents in December 2023 were 57% higher than in December 2022. The daily average were 18 incidents higher for the same date period.

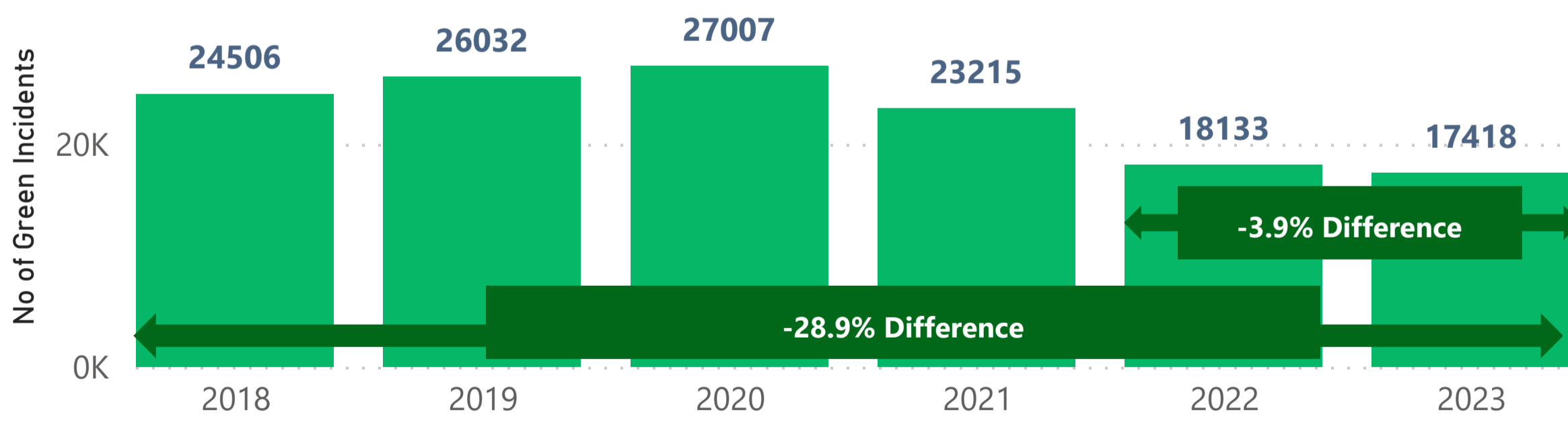
## 11.1 Monthly Volume of Green Incidents



## 11.2 Daily Average - Number of Green Incidents



## 11.3 Annualised Data - Number of Green Incidents



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

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 CTM\_CASC\_EASC@WALES.NHS.UK  
 @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.

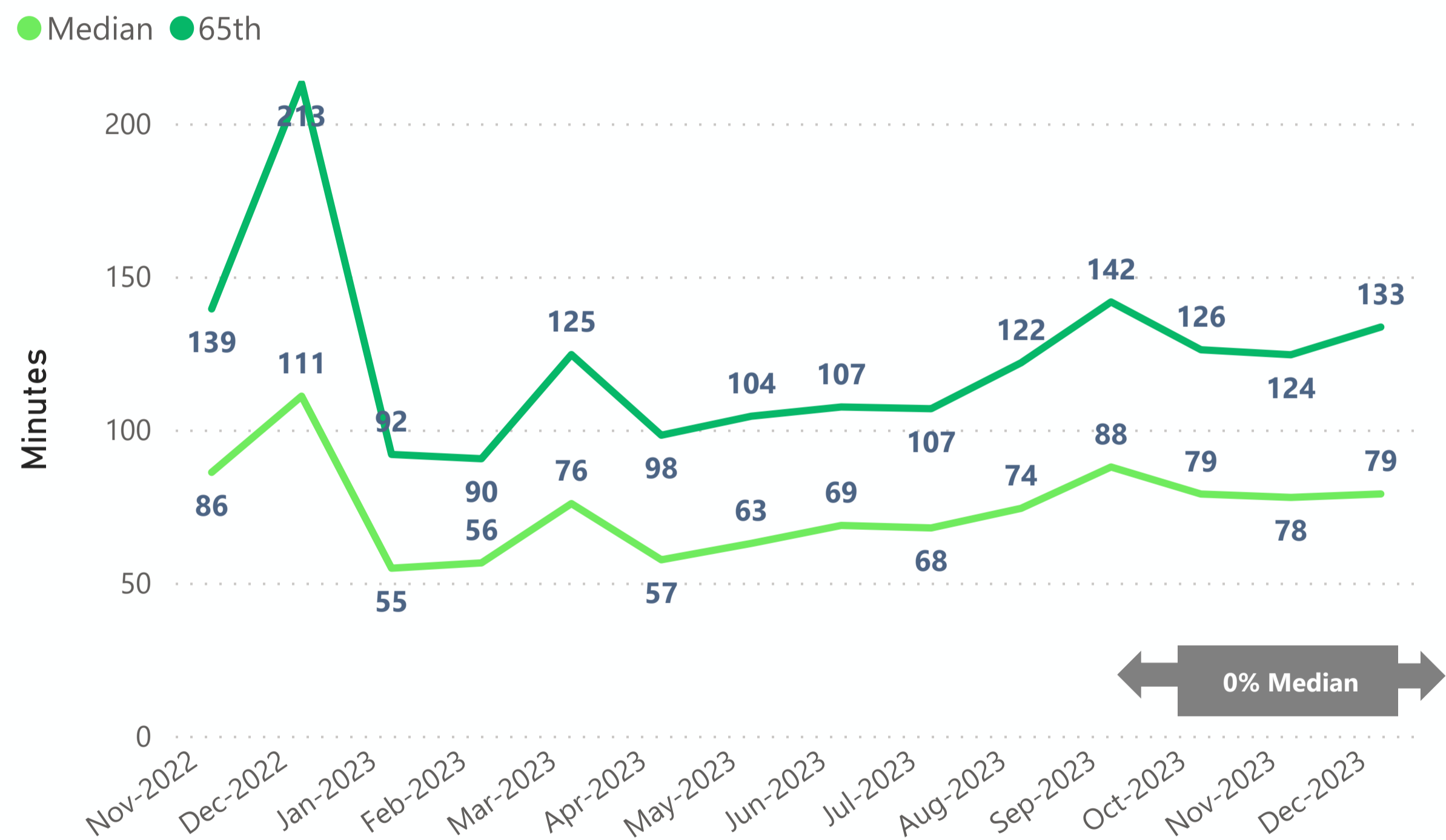




# Performance Report | GREEN incident response times

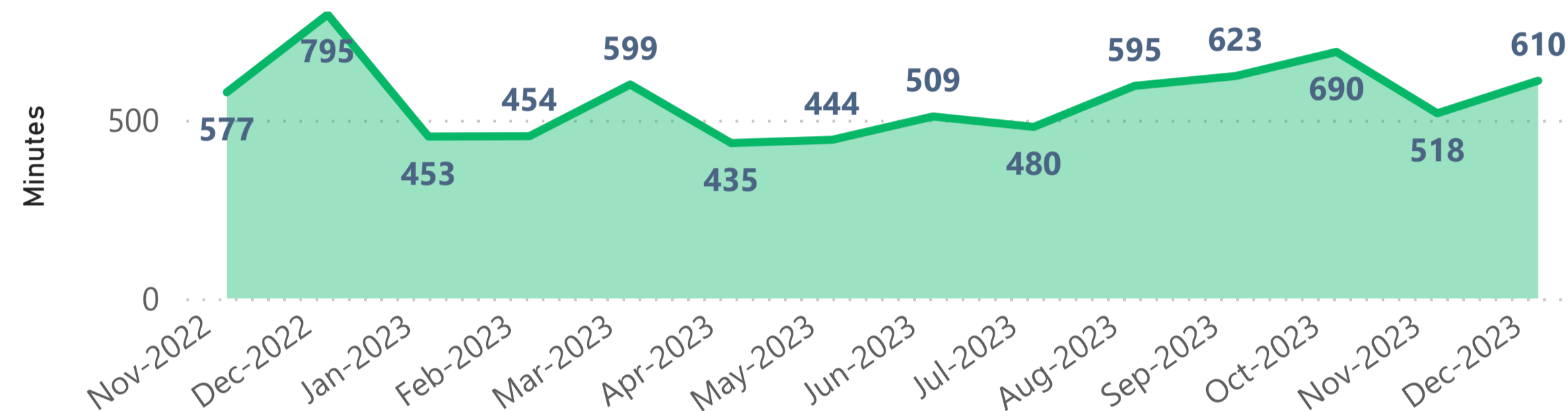
Green median and 65th percentile have increased from April 2023 to September 2023. Green Median is consistent from October 2023 to December 2023. Green median in December 2023 was 32 minutes lower than December 2022. The green 65th percentile was 80 minutes lower and the green 95th percentile was 185 minutes lower for the same period.

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

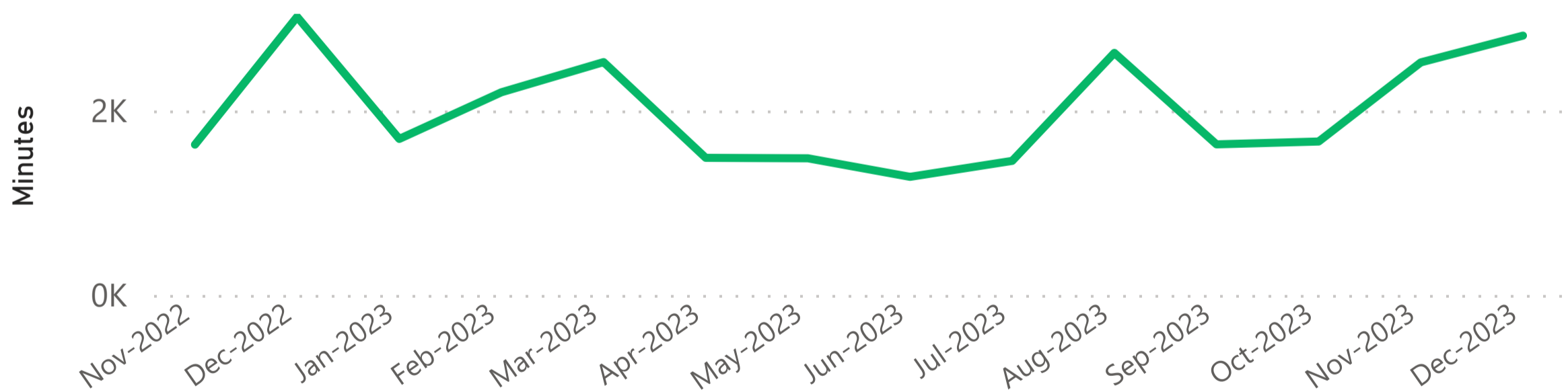


Source: AQI11 Green Category Median, 65th and 95th Response Minutes

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



## 12.3 Longest Green



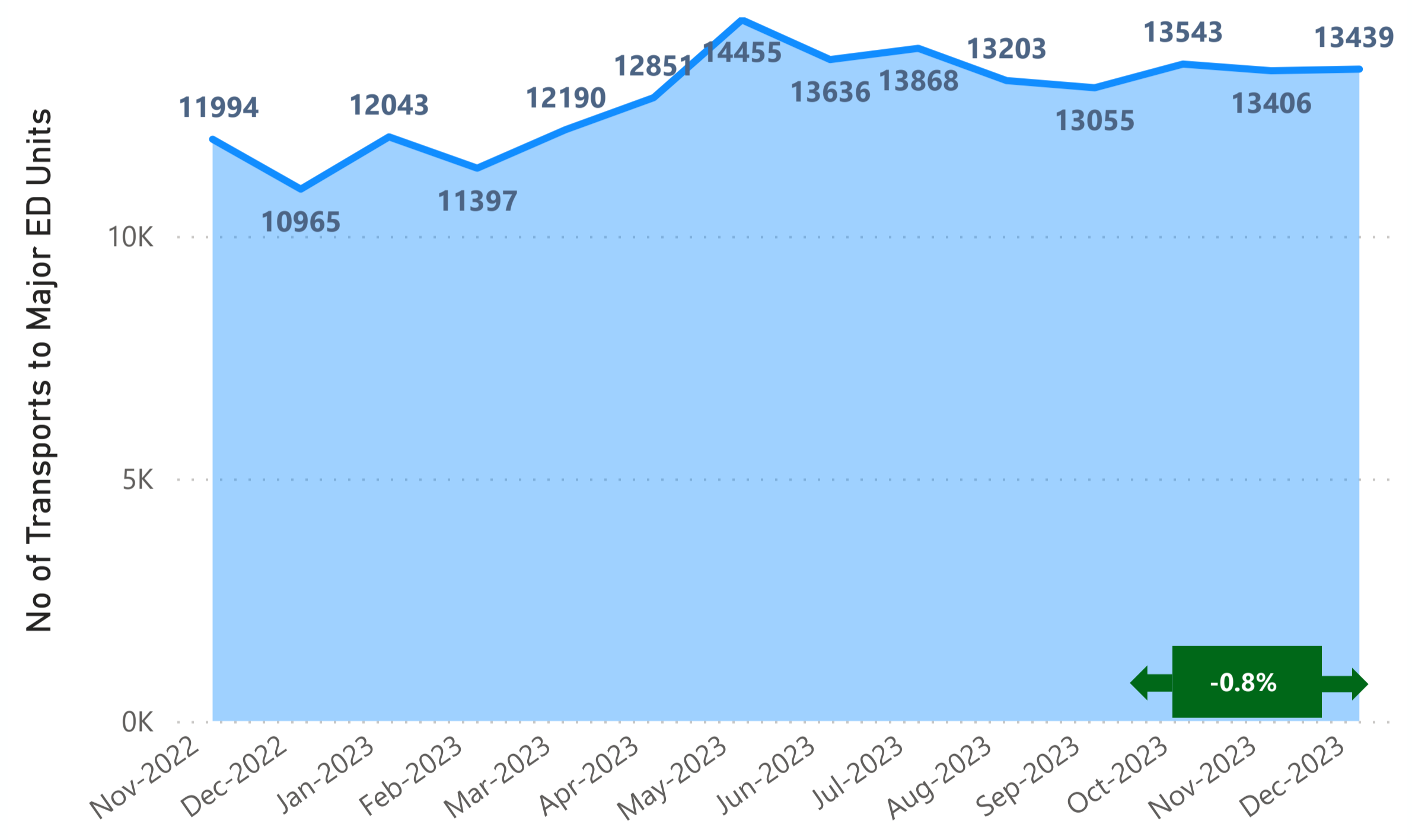
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# Performance Report | Transported to Tier 1 site

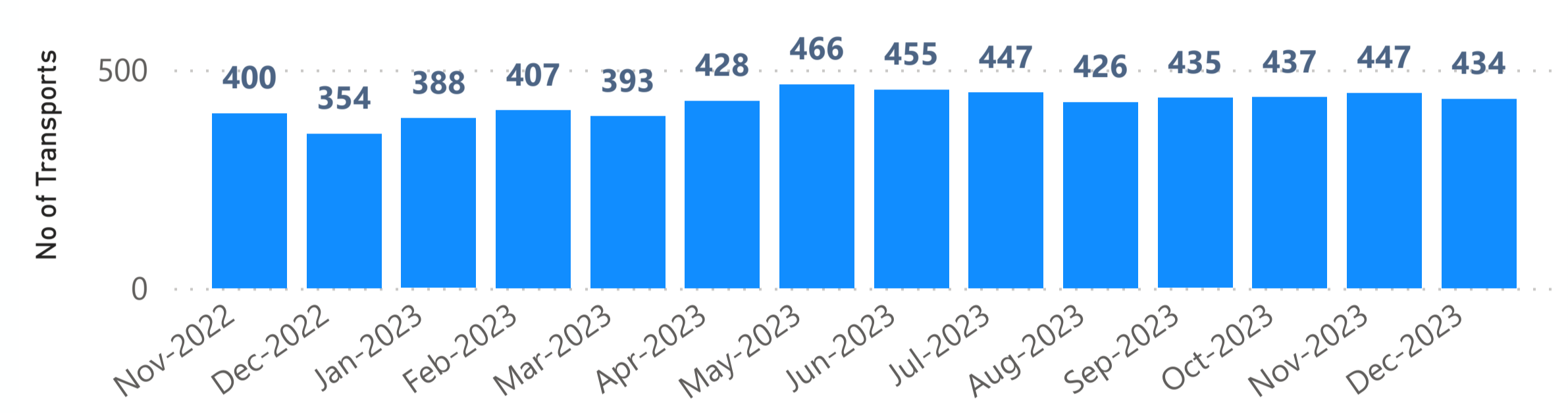
The number of incidents transported to Tier 1 sites have been increasing for the period shown (in 13.1), although since 2018, the total number of transfers has been reducing. In December 2023, the number of incidents transported to Tier 1 sites were 22.6% higher than December 2022. The daily number of incidents were 80 incidents higher for the same period.

## 13.1 Monthly Volume of Transport to Major ED Units

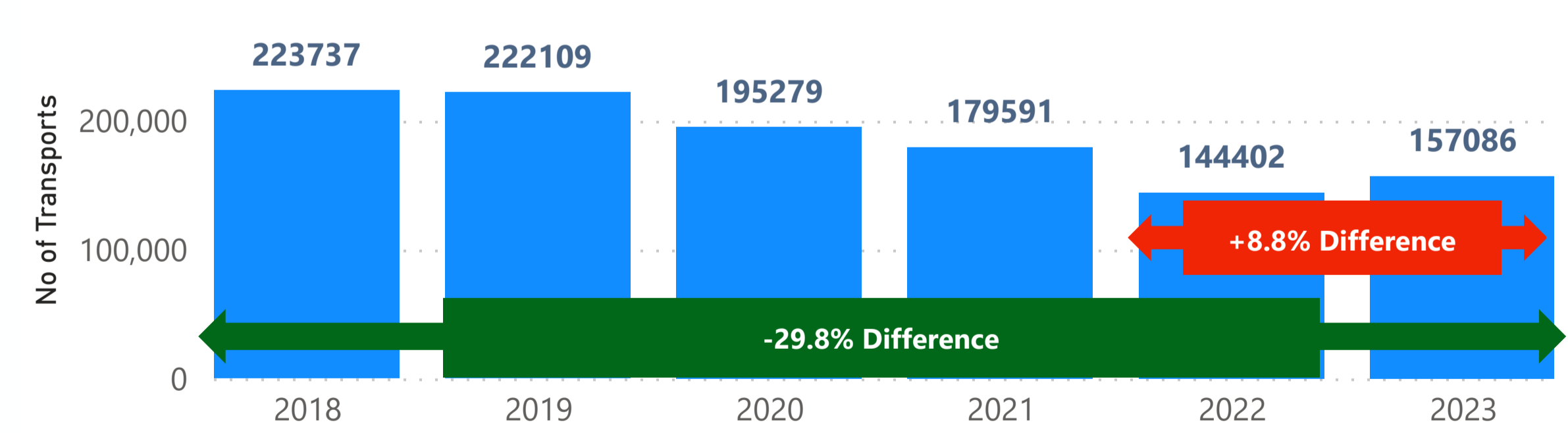


Source: AQI19ii Tier 1 Major A&E Units

## 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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Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

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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.



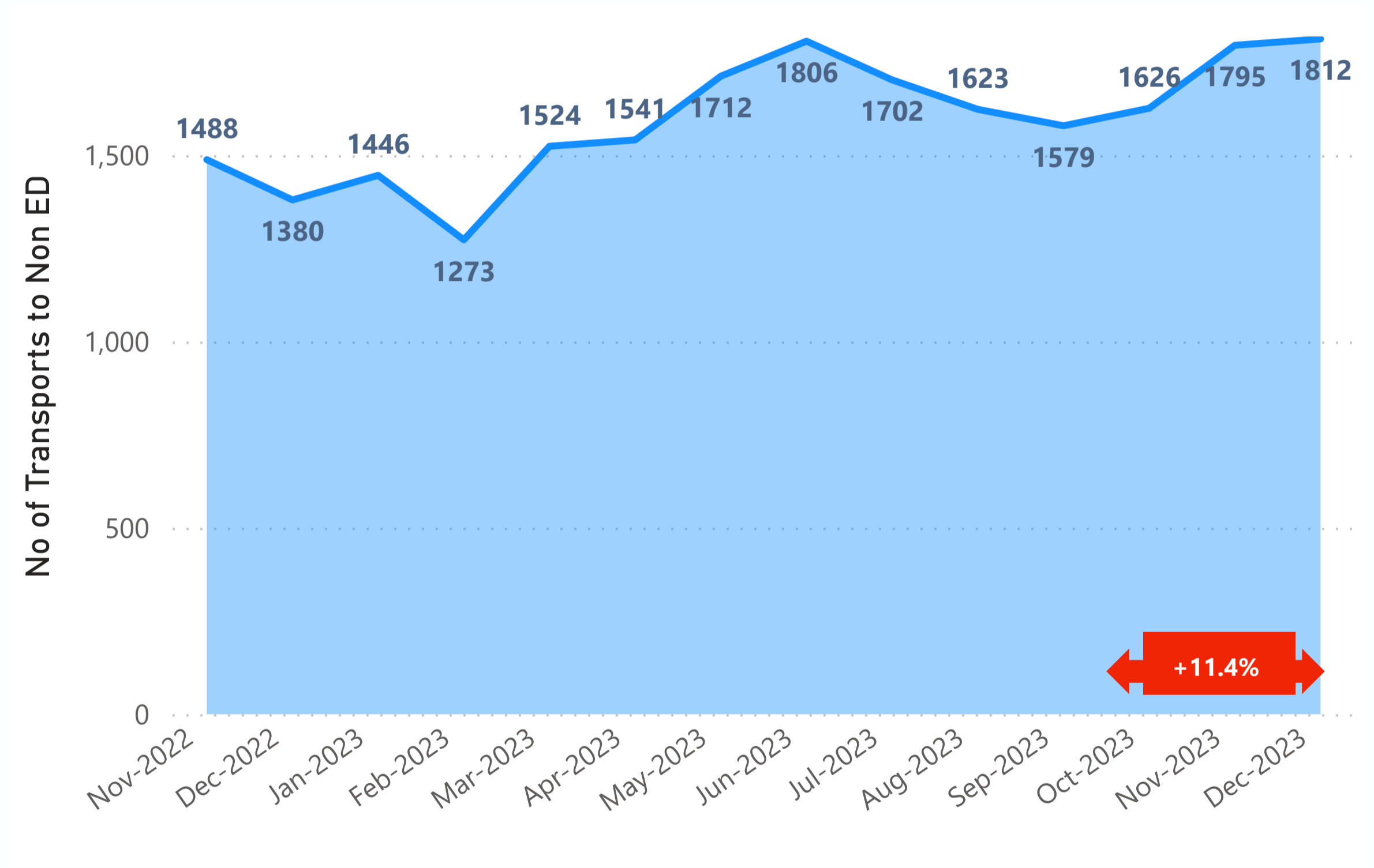
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GWASANAETHAU DIGIDOL  
DIGITAL SERVICES  
National Collaborative Commissioning Unit



# Performance Report | Transported to non-Tier 1 site

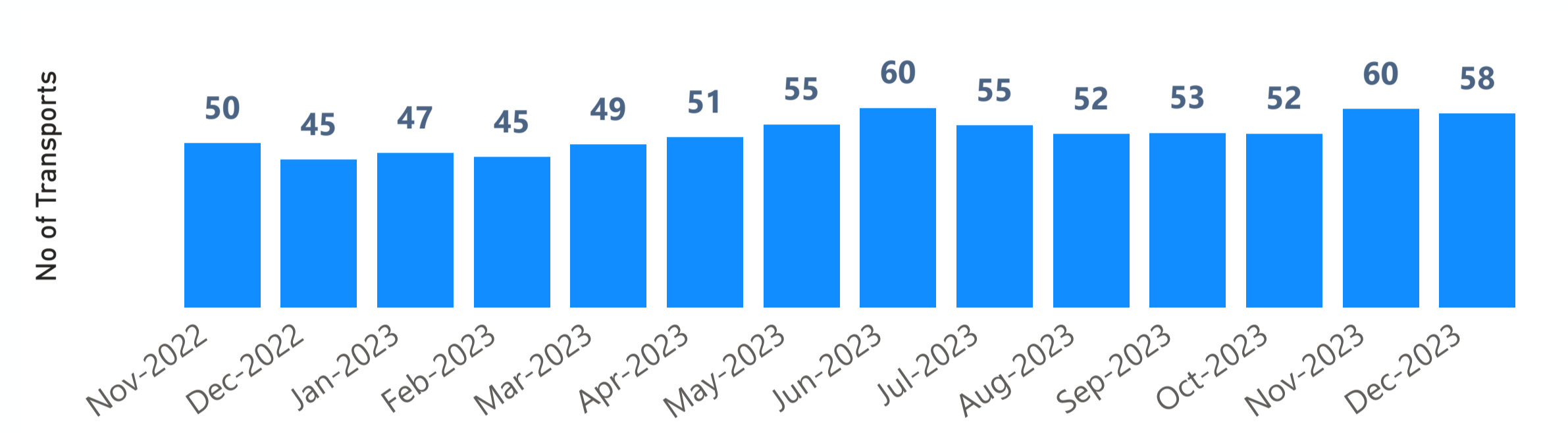
There has been a 11.4% increase in the number of incidents transported to non Tier 1 sites from October 2023 to December 2023. The number of incidents transported to non tier 1 sites were 23.8% increase in December 2023 as compared to the same period the previous year. The daily average in December 2023 were 13 incidents higher than December 2022.

## 14.1 Monthly Volume of Transport to non Major ED

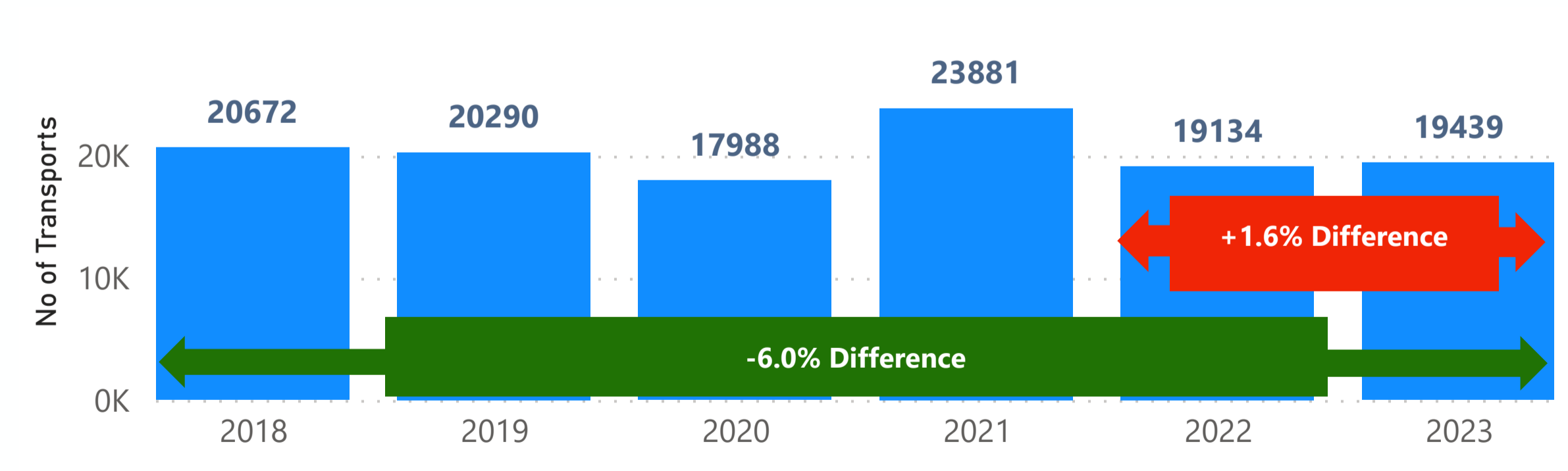


Source: AQI19ii Total number of patients conveyed to hospital by type / AQI19ii Tier 1 Major A&E Units

## 14.2 Daily Average - Transport to Non Major ED



## 14.3 Annualised Data - Transport to Non Major ED



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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.

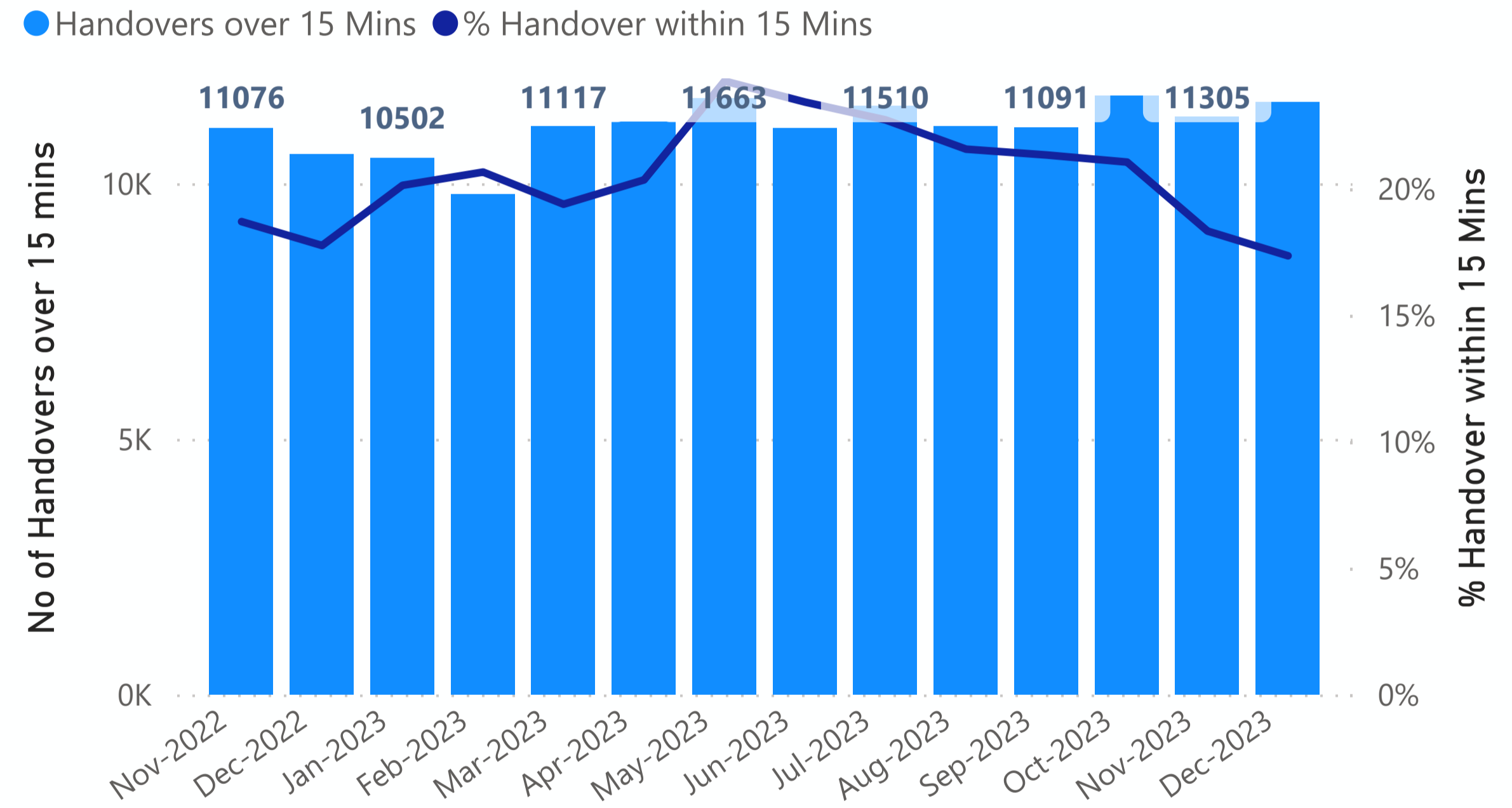




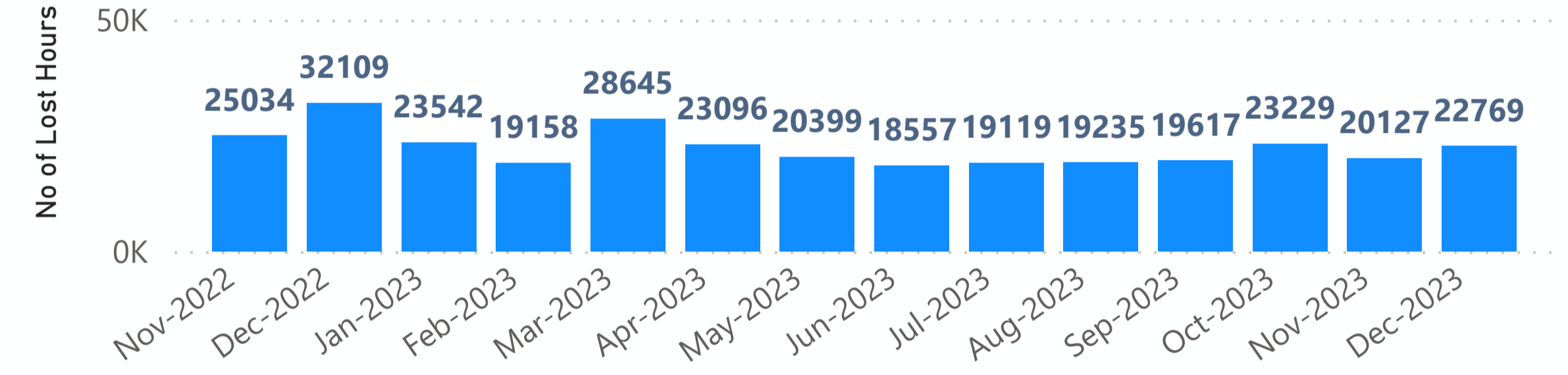
# Performance Report | Handover delays over 15-minutes

The number of handovers over 15 mins in December 2023 were 9.6% higher as compared to December 2022. The % of handovers within 15 minutes were 0.4% lower for the same period. The total lost hours over 15 minutes for December 2023 reduced by 29.1% from December 2022.

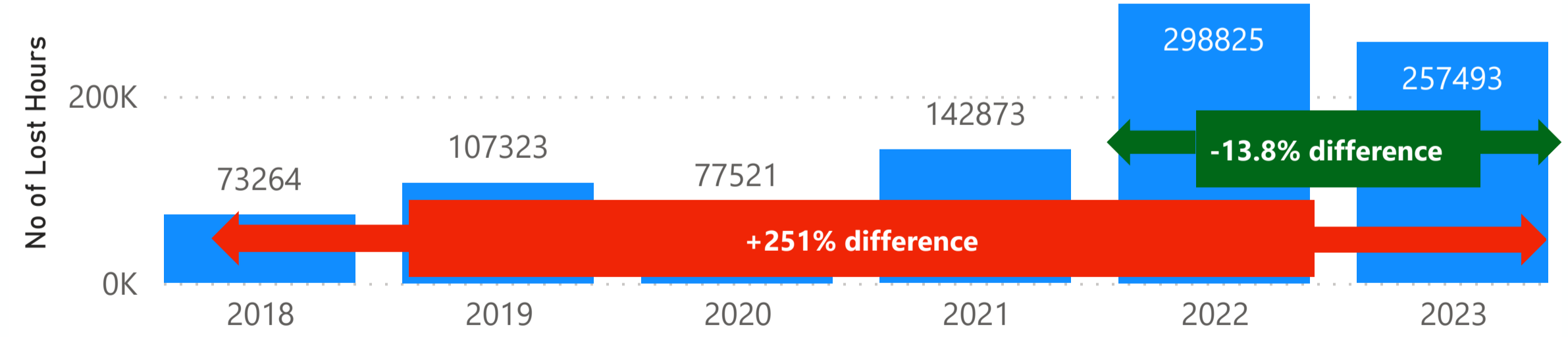
## 15.1 Volume of Handovers over 15 minutes



## 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

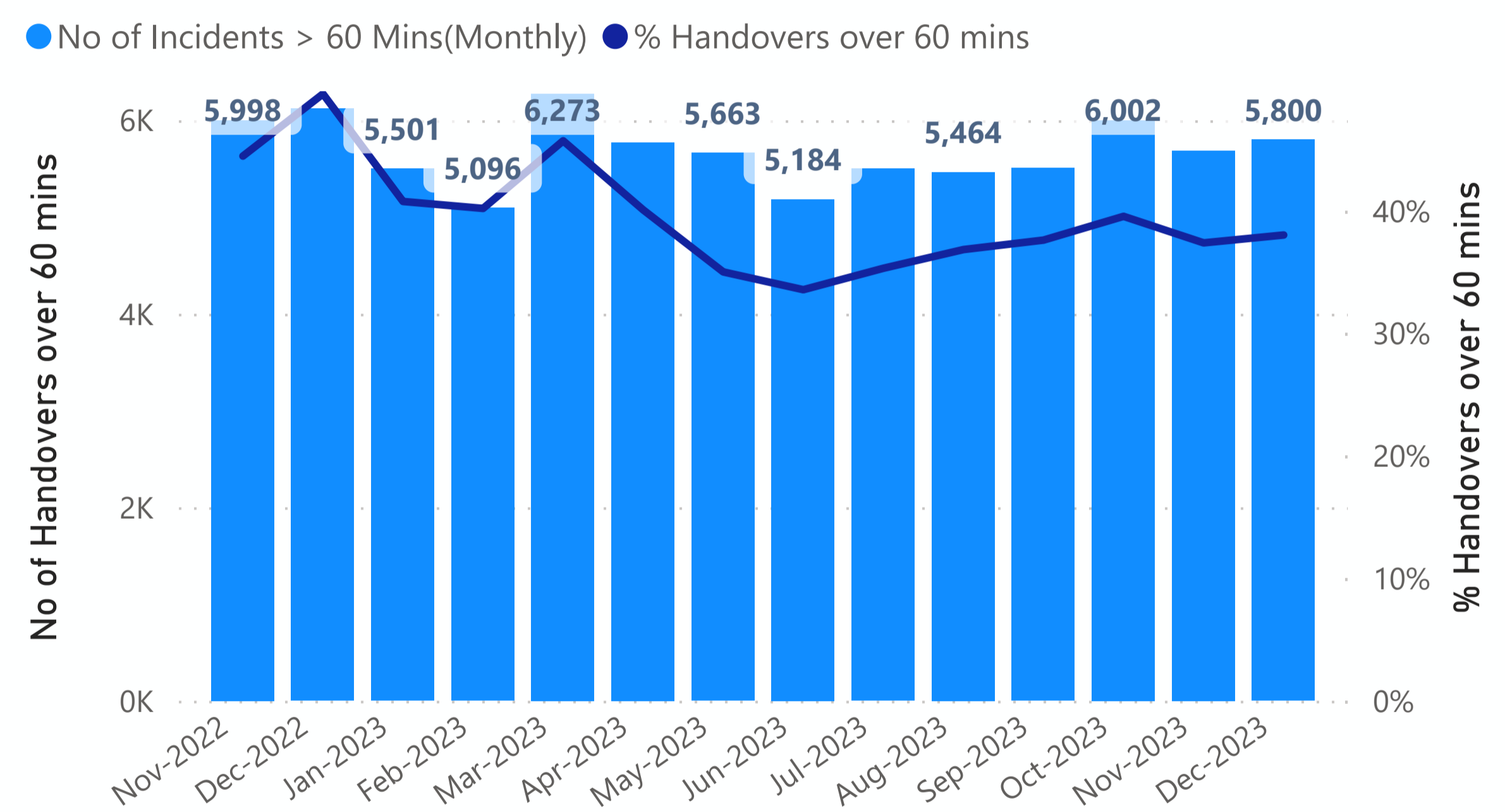
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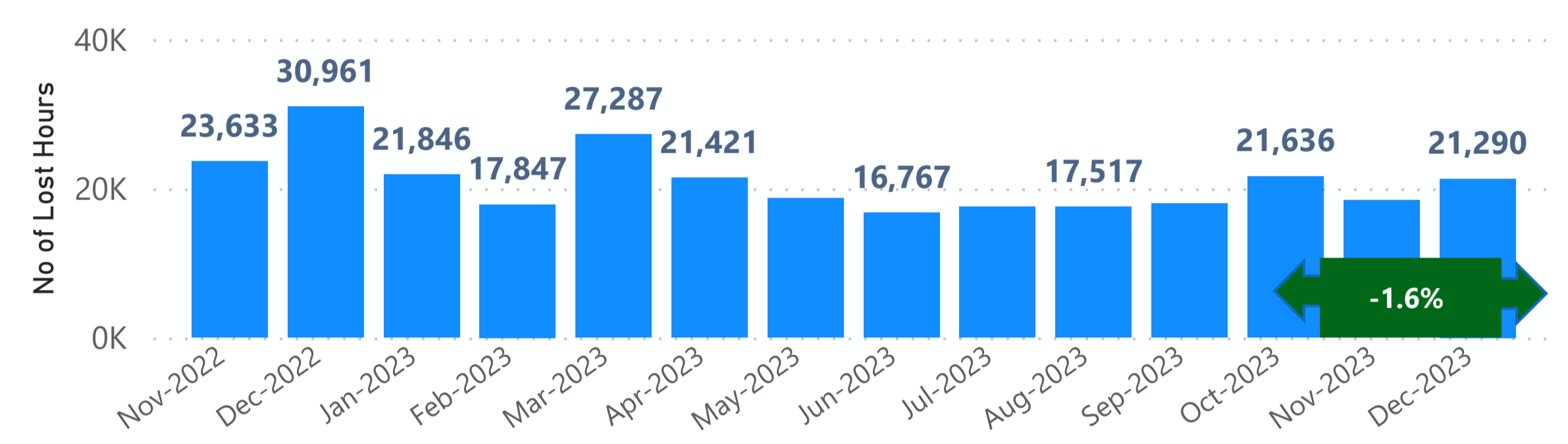
# Performance Report | Handover delays over 60-minutes

The number and % of handovers over 60 minutes have been increasing since June 2023. The number and % of handovers over 60 minutes were 5.2% and 11.5% respectively lower in December 2023 as compared to December 2022. Total lost hours over 60 minutes were 31.2% lower for the same period.

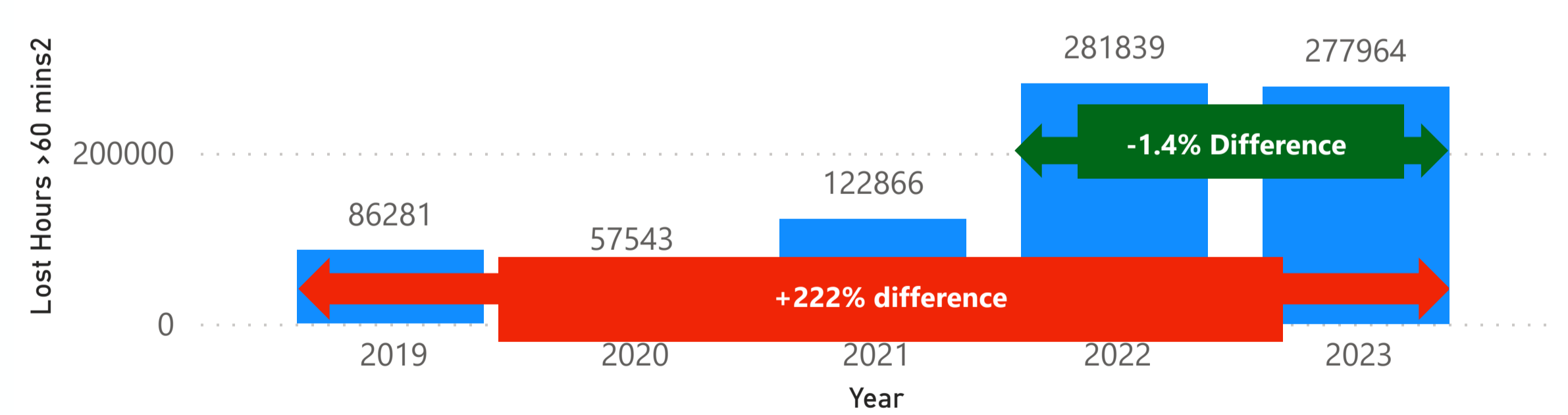
## 16.1 Number of Handovers over 60 minutes



## 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

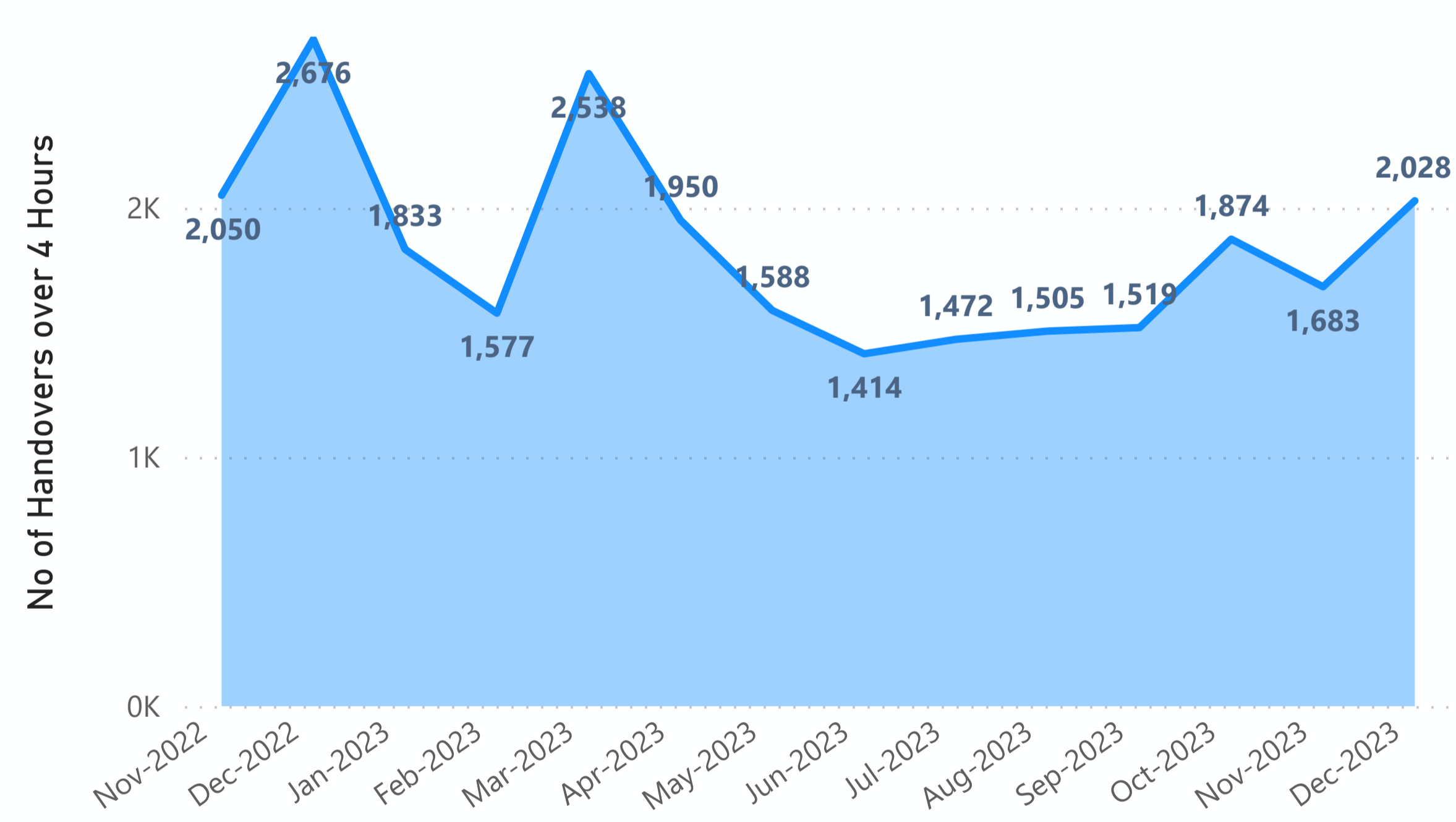
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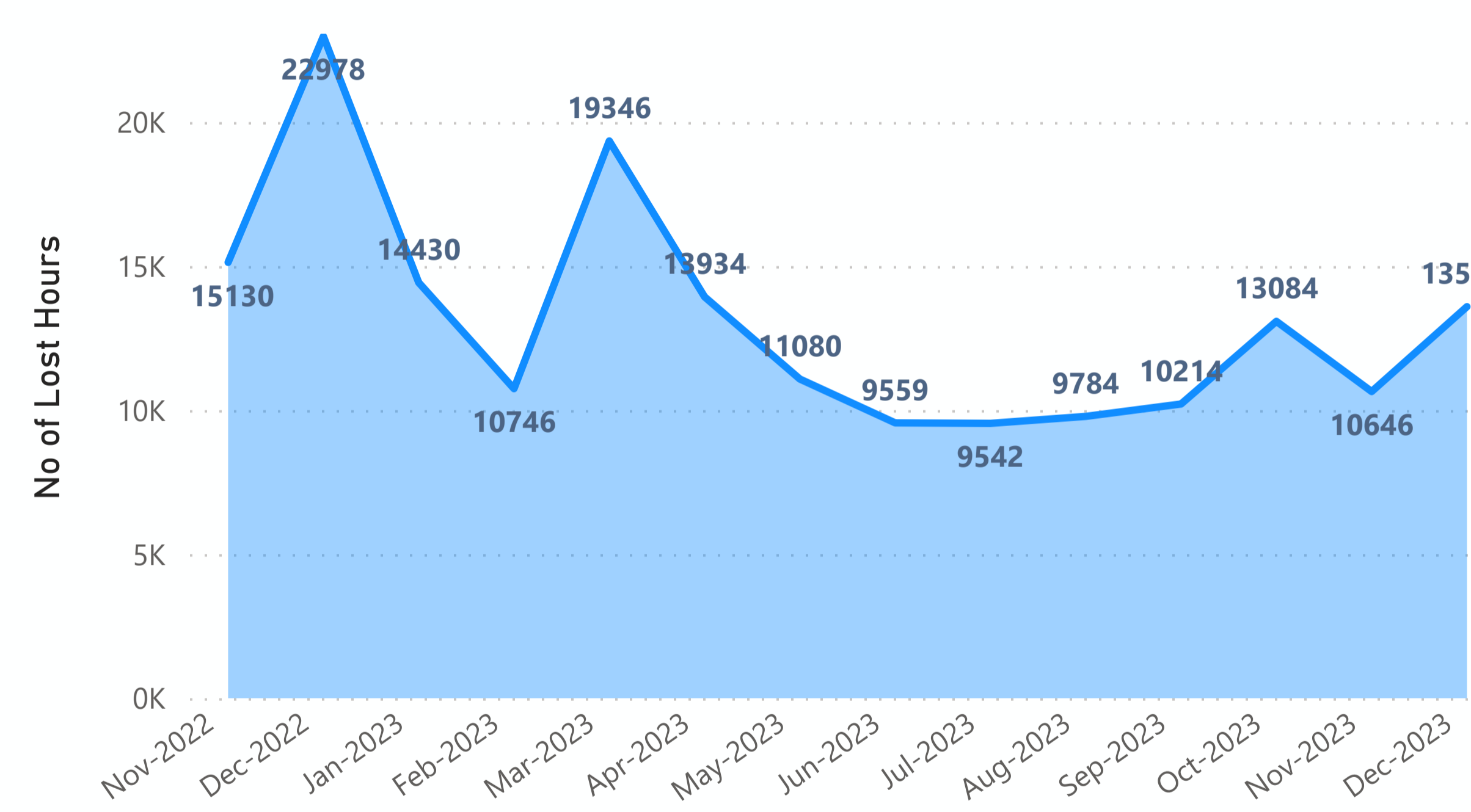
# Performance Report | Handover delays over 4-hours

There is an overall downward trend for handovers over 4 hours and total lost hours. until June 2023. The number of delays over 4 hours were 24.3% lower in December 2023 as compared with December 2022, and a 69% reduction in lost hours over 4 hours for the same period.

### 17.1 Number of Handovers over 4 Hours



### 17.2 Hours lost for handovers over 4 Hours



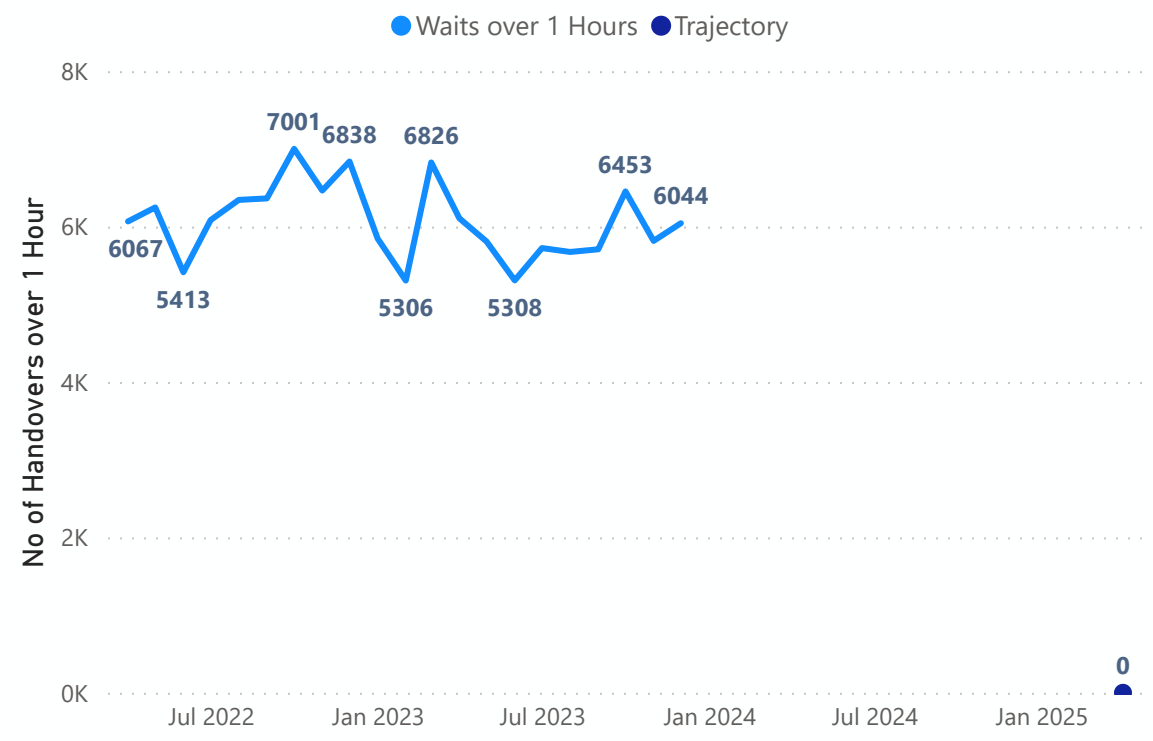
Source: Welsh Ambulance Services NHS Trust Data Academy SQL

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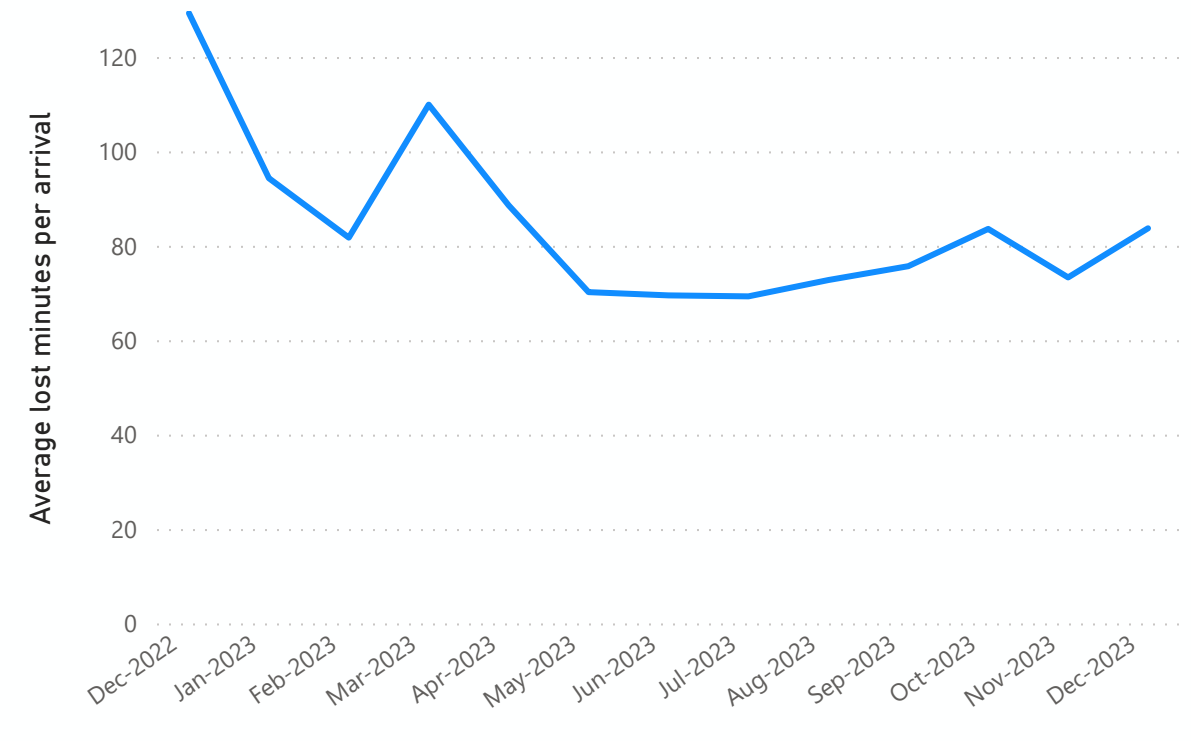
# Performance Report | Trajectory

The number of handovers over 1 hour were 11.6% lower in December 2023 compared to December 2022. Average lost minutes per arrival for December 2023 were 45 minutes lower as compared to December 2022.

## 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

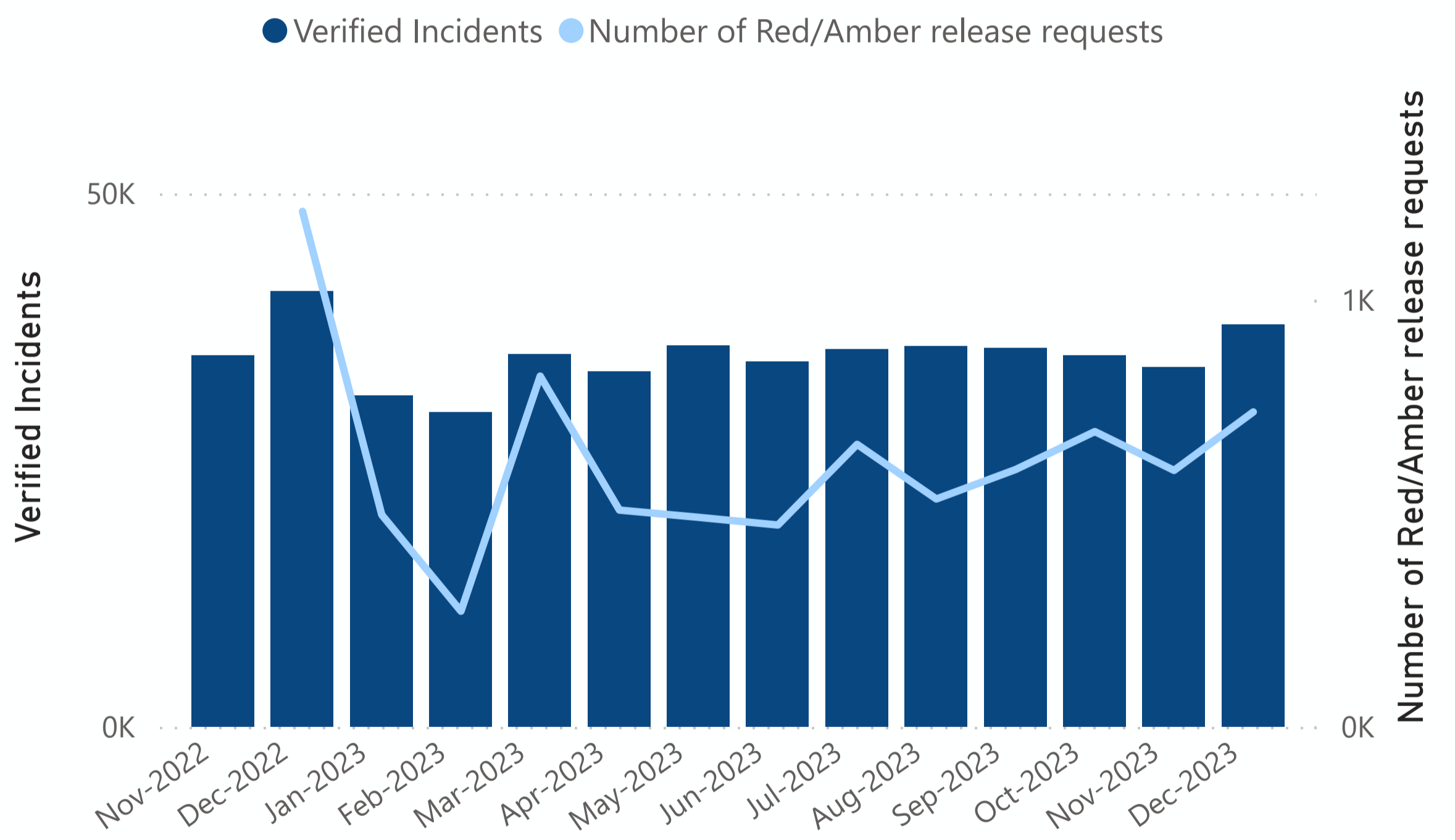
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# Performance Report | RED/AMBER release requests

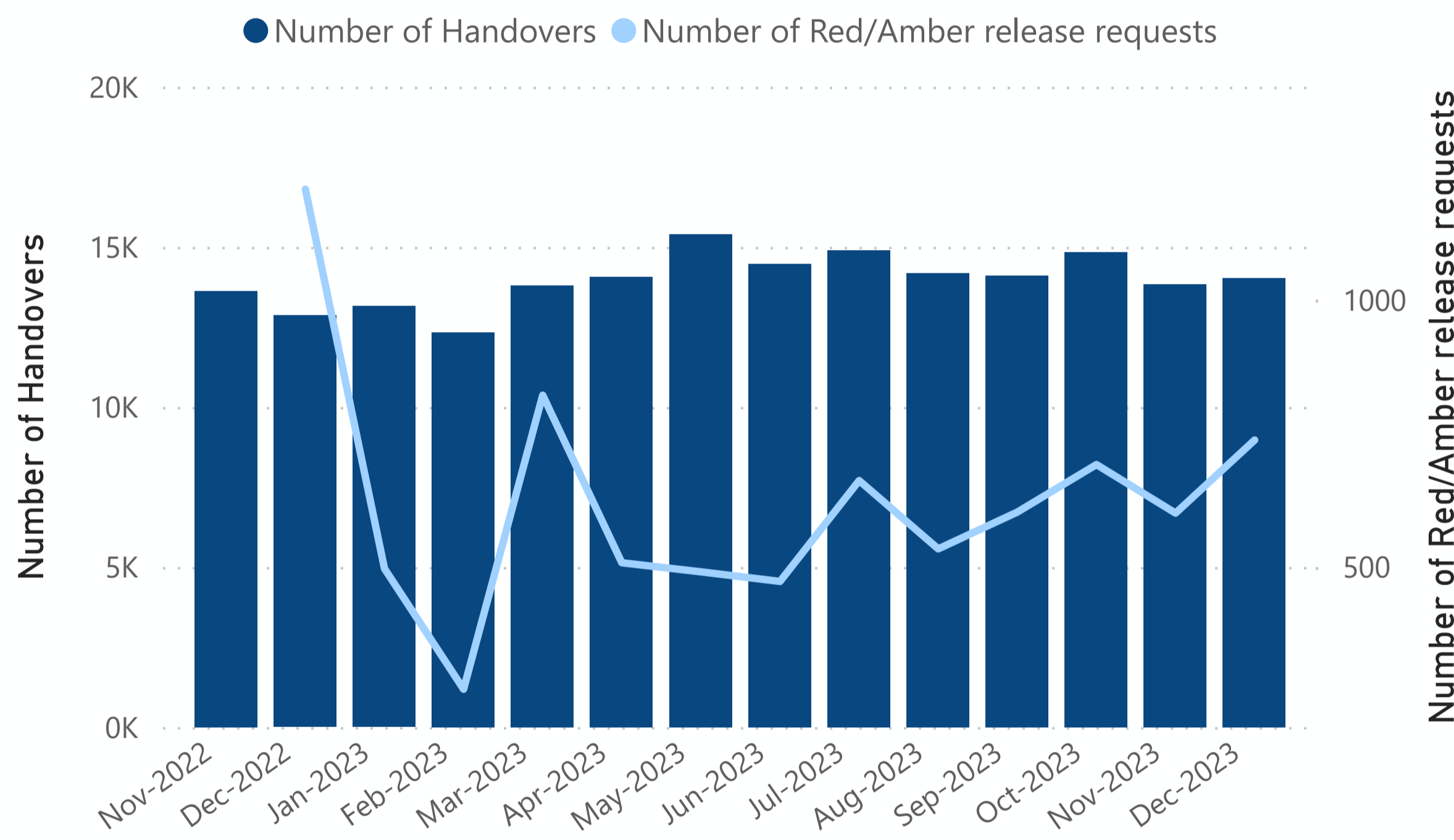


There is a downward trend in both verified incidents and release requests throughout the period. Release requests were 38.9% lower in December 2023 as compared to December 2022. The number of incidents were 7.6% lower and the number of patients handed over were 9% higher for December 2023 as compared to December 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 / AQI5 Total number of incidents

Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQI20i Total Number of Handovers

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# Performance Report | Unit Hour Production (UHP)

Lowest Recorded UHP

## 78.10%

All Wales Latest Month

Average Recorded UHP

## 94.06%

All Wales Latest Month

Highest Recorded UHP

## 102.30%

All Wales Latest Month

Lowest Recorded UHP

## 87.1%

N Wales Latest Month

Lowest Recorded UHP

## 77.1%

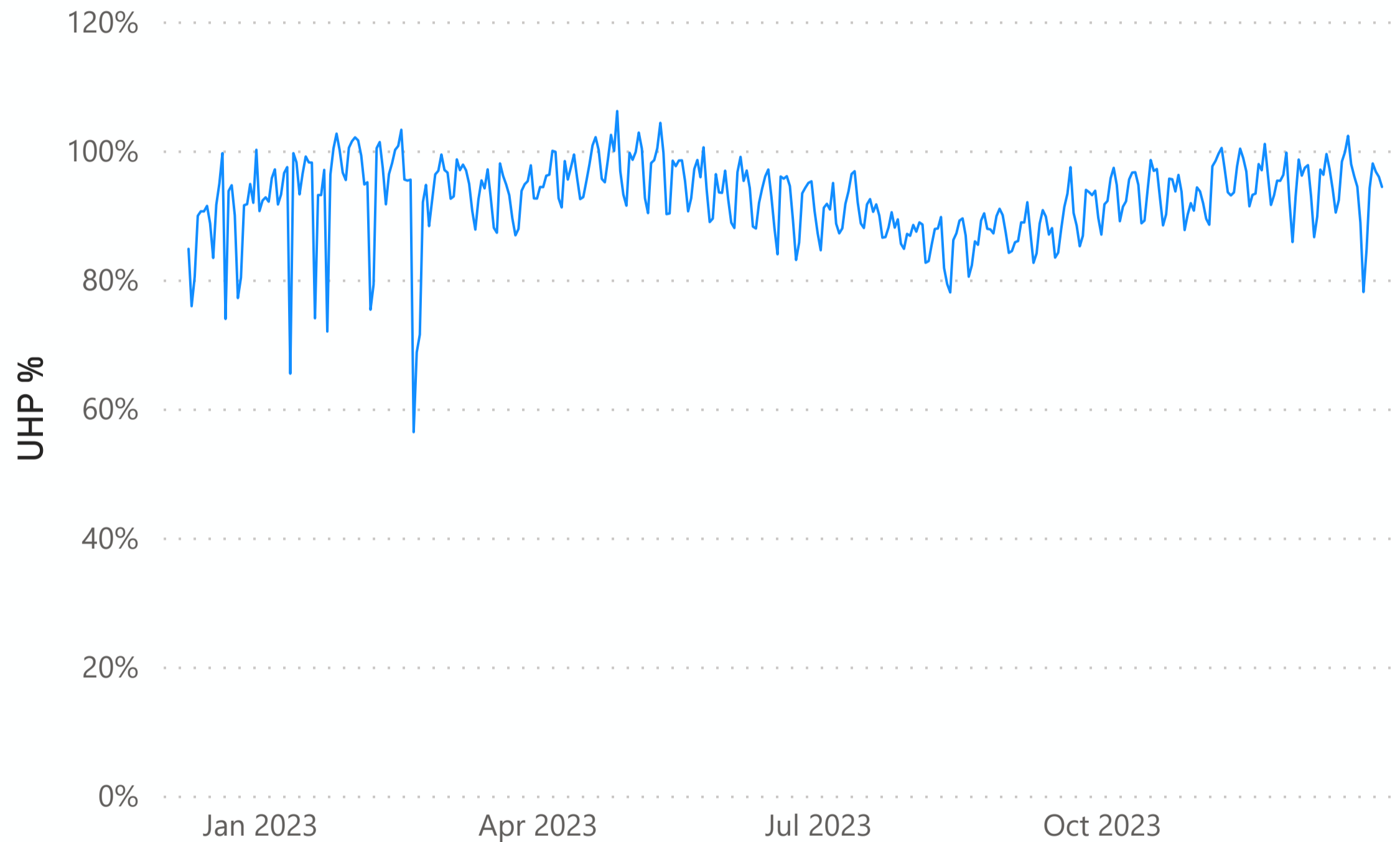
C&W Wales Latest Month

Lowest Recorded UHP

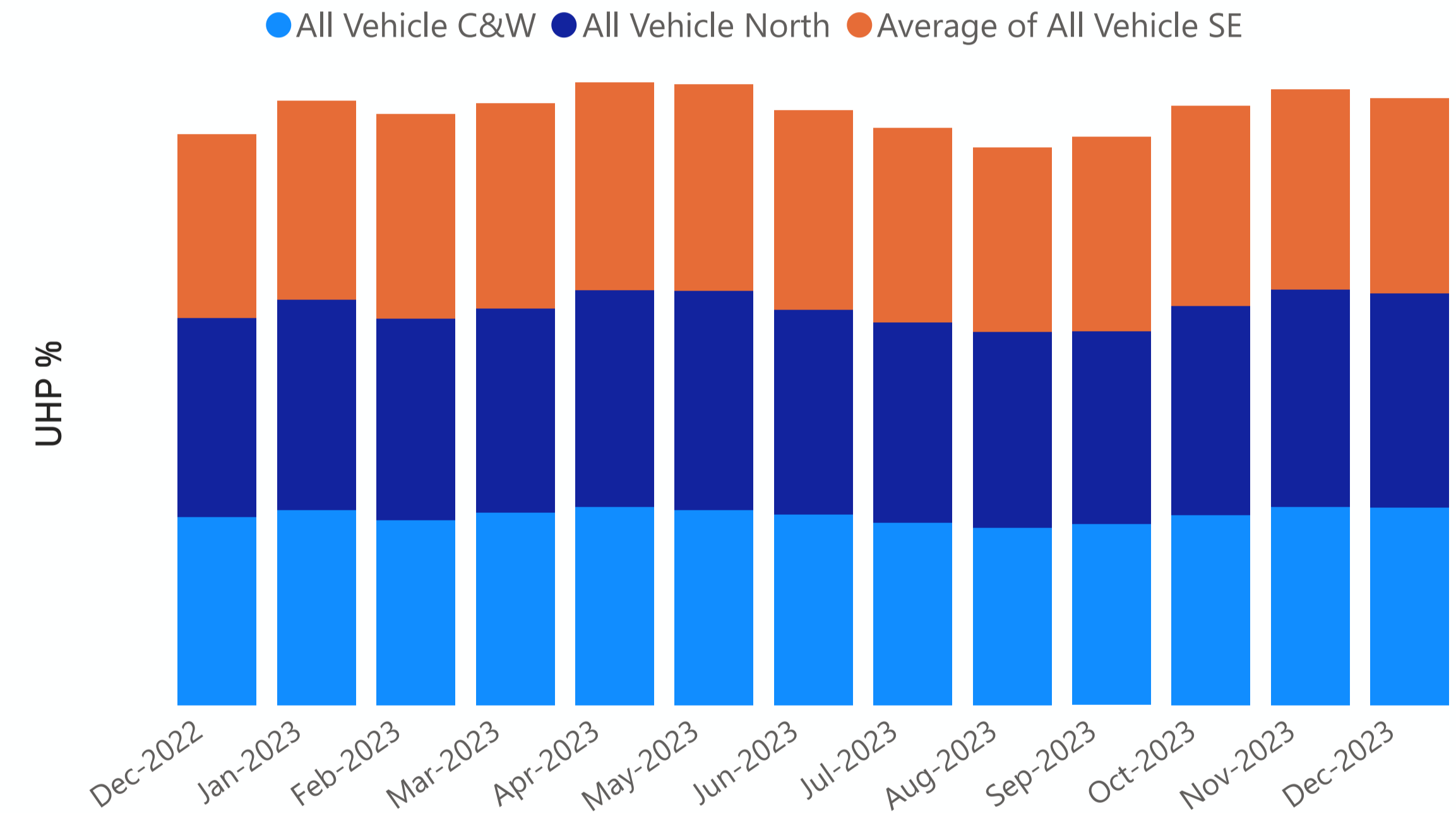
## 73.0%

SE Wales Latest Month

## 20.1 Daily UHP %



## 20.2 Monthly Average UHP % by Area



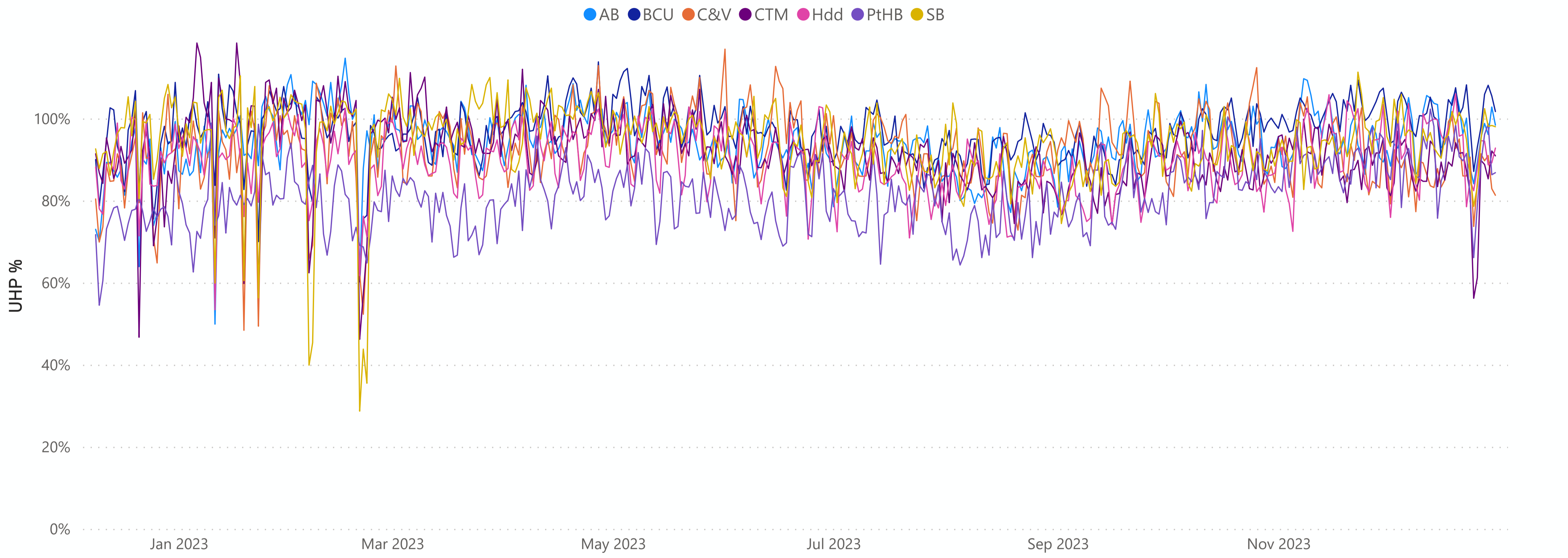
Source: Welsh Ambulance Services NHS Trust EMS File. % Data reference is August 2023 (Latest Month)

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# Performance Report | Unit Hour Production (UHP)



## 21.1 Unit Hours Production



Source: Welsh Ambulance Services NHS Trust EMS File. % Data reference is August 2023 (Latest Month)

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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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## Integrated Commissioning Action Plans (ICAPs)

Health Boards winter ambulance patient handover improvement actions 23/24.

### Aneurin Bevan University Health Board

- **Pre-hospital flow centre**
  - Consultant to work alongside the Flow Centre and the Acute Frailty Team (AFR) team to aid direction
  - Falls pathway
  - Diagnostic pathway for Welsh Ambulance Services NHS Trust (WAST)
- **Front door focus**
  - Ambulance handover area for patient cohorting
  - Agreed portering arrangements with the WAST
  - Acute frailty at front door (Grange University Hospital- GUH)
- **Discharge**
  - Discharge lounge and Step Down improvement work
  - Patient Safety events
- **Refreshed escalation framework**

### Betsi Cadwaladr University Health Board

- **Continuous Flow Model** – the continuous flow model aims to improve patient flow through hospital sites. Recognising the benefits of an effect continuous flow model, there are a wide range of changes and obstacles to be overcome in order to implement change. This work will be addressed through the organisations internal structure, working with the 6 Goals for Urgent and Emergency Care Programme.
- **Same Day Emergency Care (SDEC)** – The focus of SDEC needs to reflect on those areas of greatest demand. A review of the model in Ysbyty Glan Clwyd and Wrexham Maelor Hospital, using the learning from the west and refining the health boards approach and allocating resources accordingly.
- **Urgent Primary Care Centres (UPCC)** – A review is being undertaken of the UPCC model to identify options, to reconfigure the health boards approach and ensure effective outcomes based on investment.

### Cwm Taf Morgannwg University Health Board

- **Increasing capacity and pull via the Navigation Hub**
  - CTMUHB has put a second Dr into the Navigation Hub to increase ability to pull from the WAST Stack and to also dispatch a GP to review patients. In addition, we also have therapists aligned to the hub who can respond to falls cases and more social calls. Data on non-conveyance and reduced 999 demand is already being collected and shared with Welsh Government (WG) colleagues.

- Further developments include alignment of advanced paramedic practitioners (APP) capacity on coordination and potential for additional paramedic resource for Falls Car service and additional Nav Hub community support. Stephen Harray, Lee Brooks, Owen Weeks and Gethin Hughes have been meeting to progress
  - Ideally, we want to move to a Ticket to Ride model for all nursing homes and residential home conveyances
- **Increasing Fit to Sit capacity**
  - In order to maintain flow additional areas have been identified to create additional fit to site capacity within our EDs and acute medical units (AMUs). In addition, we are trialling a new pathway with WAST at Royal Glamorgan hospital linked to the previously implemented portering changes to increase opportunities for Fit to Sit opportunities
- **Expansion of SDEC capacity**
  - Within all the Sites we have stepped up additional capacity in SDEC through new workforce models (therapists in Frailty Unit at Princess of Wales and expansion of Acute Clinical Team (ACT) support and recruitment of advanced nurse practitioners to the service in Prince Charles hospital (PCH) and new services (frailty service at PCH) and will open a new medical SDEC facility in PCH in the New Year. We will seek to use the Nav Hub to increase direct conveyance for those conveyance call through the Nav Hub.
- **Virtual Wards and Population Health Management (PHM)**
  - Using the PHM data we have risk stratified the highest risk cohorts within each practice and ensured clear management plans in place. Coordination of these pts will be managed through developing Virtual Wards. Again this is to reduce requirement for conveyance

### **Cardiff & Vale University Health Board**

- Continued organisational focus to manage the risk across the UHB and not just the emergency unit
  - Zero tolerance of 60minute holds
  - Red line at 2 hours
- Continuation of the ring fencing of stroke and hip fracture beds
  - Can only be breached with Exec approval
- All GP calls for medical admission to the University hospital of Wales (UHW) screened by a consultant via consultant connect
- Safe@home phase 1 launches mid-Jan with focus on nursing, residential and high risk patients and admission/conveyance avoidance
- Continued focus on 7 day and 21 day length of stay patients
- Launch of 'when can I go home' UHB length of stay reduction programme

## **Hywel Dda University Health Board**

- **Streaming**
  - Extend Clinical Steaming Hub model developed in Carmarthenshire (inc support from APP Navigator) to Pembrokeshire through establishment of Porth Preseli hub (inc clinical review of stack and rapid response admission avoidance team)
  - Established December 2023
  - Next steps: APPs go live in Pembrokeshire 15th Jan 2023
  
- **Assessment**
  - Replicate principles of front door Frailty model developed in Pembrokeshire across HB Frailty bay recently established on clinical decisions unit at Glangwili hospital (GGH) to prioritise turnaround < 48 hrs
  - Review of 'front door' at Bronglais Hospital in progress (inc review of opportunities to develop Frailty service and SDEC model)
  - New surgical assessment unit (SAU) (& surgical SDEC) recently established at GGH
  - Immediate Care Multi-Disciplinary Team (ICMDT) front door focus to avoid admission
  
- **SDEC**
  - Continuing SDEC focus (GGH / Withybush General Hospital - WGH / Prince Phillip Hospital - PPH):
  - increasing attendance volumes evidenced
  - Monthly progress reviews with WAST (each site)
  - All sites exceed 4% direct conveyance threshold (HB Av 12%)
  - Revised clinical leadership model PPH

Further conveyance actions:

  - Senior review with WAST Clinical / Operational Leads pre-Christmas
  - Review of internal POWERBI SDEC report pending WAST monthly reporting on direct conveyance from E-PCR (electronic patient clinical record)
  - Awaiting WAST approval for Clinical Desk / non-paramedic staff to refer direct via our Clinical Streaming Hubs
  - Planned joint HB/WAST review of falls pathway opportunities
  - Planned review of Consultant Connect app pathways – review with Community General Managers 2nd week Jan
  - MH 111 Press 2 / WAST interface to update Consultant Connect
  
- **Emergency Department (ED) system & Process**
  - Handover Escalation & Boarding Protocol relaunched (Exec Approved) December 2023
  - WAST presence in Safety Huddles
  
- **Discharge**
  - Daily focus on optimal flow & SAFER
  - Twice weekly long stay escalation reviews

## **Powys Teaching Health Board**

- Reducing **length of stay** to increase the number of 'bed days' available to the Powys care system through expansion of home first, trusted assessor, care transfer coordinators, expansion of reablement with Glan Irfon (intermediate care facility)
- Moved to **daily coordination** meeting with Social Services to focus on flow and acute hospital discharges to Powys based community services (including community hospitals)
- **Supporting care homes** to eliminate un-necessary transfers to secondary care in patient services: e.g. through increased clinical support to care homes, virtual wards and anticipatory care. Role of the Dementia Home Treatment Team focusing on assisting and clinically reviewing patients who exhibit behaviours that challenge staff to better manage individualised care, focused on the specific needs of each patient.

#### **Swansea Bay University Health Board**

- Continued development of the Continuous Flow Model on the Morriston site, Developed with the engagement of the 6 goals team this innovative piece of work is not only designed to support hospital flow from attendance to discharge it also promotes patients in the right place as early as possible to receive Senior Medical input and the correct Nursing Care. This initiative is also being monitored for its QPSE effectiveness and recognises where boarding principles are adopted to make the model work the number of ward related incidents falls etc are closely
- The introduction of SAFER across wards to promote earlier discharge from the wards and create capacity for patient flow has been recognised by the 6 Goals team as the leading HB in this
- The development of Virtual Ward and Integrated Discharge hub as a navigation areas to promote admission avoidance and discharge. These areas are helping keep patients out of hospital and reducing the risk of infection and deconditioning.
- The increased productivity of Care Homes and additional framework capacity introduced to support clinically optimised patients to discharge safely from hospital again providing the correct environment for ongoing care and reducing the risk of infection falls etc.



<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>	22/02/2024
<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 31 December 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.

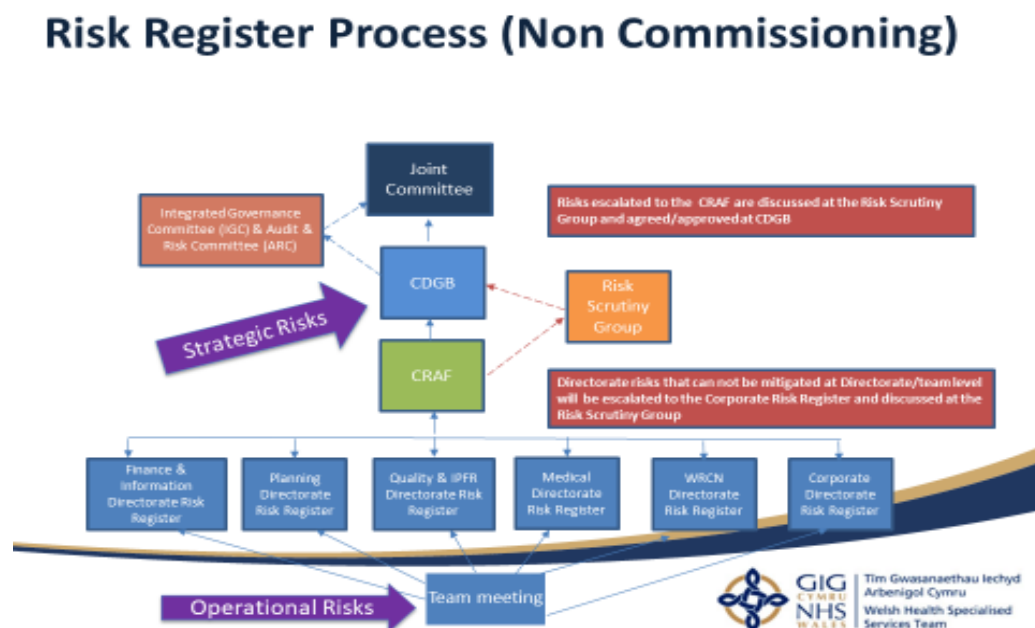
WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF) 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 – December 2023

The December 2023 CRAF is presented at **Appendix 1** for information. The Joint Committee received and approved the CRAF on 30 January 2024.

As at 31 December 2023, there are **25** risks on the CRAF. A summary of these risks is outlined below.

#### 3.2 Commissioning Risks – December 2023

There are currently **20** 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.

A summary of the changes that have taken place in December 2023 are outlined in **table 1** below.

Table 1 – Commissioning Risk Summary – December 2023

<b>Commissioning Risk Activity</b>	<b>Update as at December 2023</b>
<b>New Commissioning Risks</b>	3 new Commissioning Risks: <ul style="list-style-type: none"> <li>• Risk 61 – CT050 Cardiac – Obesity Surgery Waiting Times</li> <li>• Risk 62 – CT051 Cardiac – TARN delays</li> <li>• Risk 63 – NCC063 Neuro – Neurosurgery Sustainability</li> </ul>
<b>Escalated Commissioning Risks</b>	No risks were escalated.
<b>De-escalated Commissioning Risks</b>	1 risk was de-escalated: <ul style="list-style-type: none"> <li>• Risk 44 – Paediatric Cardiac Surgery</li> </ul>
<b>Closed Risks</b>	No risks were closed.

### 3.3 Organisational Directorate Risks – December 2023

There are currently **5** organisational risks open with a risk score of 15 and above, which are included on the CRAF.

A summary of the changes for December 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 – December 2023

<b>Organisational Risk Activity</b>	<b>Update as at December 2023</b>
<b>New Organisational Risks</b>	No new organisational risks.
<b>Escalated Organisational Risks</b>	No risks were escalated.
<b>De-escalated Organisational Risks</b>	No risks were de-escalated.
<b>Closed Risks</b>	No risks were closed

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 GOVERNANCE AND RISK

### 4.1 Risk Scrutiny Group

A Risk Scrutiny Group (RSG) Meeting took place on 22 November 2023. Directorate Risk registers were discussed and reviewed.

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 to directorates with risk descriptions as required.

## 6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2023.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	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 WCFG 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>	30 January 2024 – approved by the Joint Committee.
<b>Appendices</b>	Appendix 1 – Corporate Risk Assurance Framework (CRAF) December 2023 Appendix 2 - Summary of Risk Activity from July - Dec 2023



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

**December 2023**

Dashboard of Risk

Impact	5			<p>47 IF - Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board</p> <p>58 Goal methods and outcomes pressures</p> <p>59 Calea Contract Renewal</p>	60 WFI treatment – temporary pause	<p>48 Wales Fertility Institute</p> <p>63 Neurosurgery Sustainability - <b>NEW RISK</b></p>
	4			<p>44 Paediatric cardiac surgery – <b>DE-ESCALATED REDUCED RISK</b></p>	<p>06 Paediatric patients waiting for surgery</p> <p>28 Workforce and Capacity</p> <p>38 No neonatal cot availability in South Wales due to staffing shortages</p> <p>40 Limited outpatient dialysis capacity in Swansea</p> <p>50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</p> <p>51 Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need</p> <p>52 Additional Dialysis Sessions</p> <p>53 C&amp;VUHB Neurosciences Staffing issues/level</p> <p>55 CVUHB Neo-natal workforce</p> <p>56 CVUHB Neo-natal infection control</p> <p>57 Delays in surgery due to insufficient theatre beds Neurosurgery</p> <p>61 Obesity surgery waiting times – <b>NEW RISK</b></p> <p>62 TARN delays – <b>NEW RISK</b></p>	<p>26 Neuropsychiatry patients waiting times</p> <p>29 WHSSC IPFR Governance</p> <p>34 Lack of paediatric intensive care beds</p> <p>54 NWAS</p>
	3					<p>03 Plastic Surgery Delays</p> <p>46 North Wales Outreach Plastic Surgery Clinic Management Arrangements</p>
	2					
	1					
		1	2	3	4	5
CXL				Likelihood		

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 ↔	22/12/23	26/01/23	Joint Committee	Director of Planning & Performance
		<b>Provider/s:</b> 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 ↔	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
		<b>Provider/s:</b> 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	20	4	Risk score remains the same ↔	December 2023 - Cancelled	22/01/2024	Joint Committee	Director of Mental Health
		<b>Provider/s:</b> CVUHB	C4 x L5	C4 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 ↔	December 2023	January 2024	Joint Committee	Committee Secretary
		<b>Provider/s:</b> 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 ↔	December 2023	January 2024	Joint Committee	Director of Nursing/ Committee Secretary
		<b>Provider/s:</b> 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 areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.	12	20	4	Risk score remains the same ↔	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
		<b>Provider/s:</b> CVUHB	C3 x L4	C4 x L5	C2 x L2					

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
38 P/21/16 Women & Children	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 ↔	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
		<b>Provider/s:</b> CVUHB	C4 x L4	C4 x L4	C2 x L2					
40 WKN 08 Welsh Kidney Network	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 ↔	December 2023	January 2024	Joint Committee	Programme Director
		<b>Provider/s:</b> SBUHB	C3 x L4	C4 x L4	C2 x L1					
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 ↔	22/12/23	26/01/23	Joint Committee	Director of Planning & Performance
		<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> <b>There is a risk</b> 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 remains the same ↔	27/12/23 Cancelled	24/01/24	Joint Committee	Director of Planning & Performance
		<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> <b>There is a risk</b> the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service <b>due to</b> 7 major concerns identified during a relicensing inspection by HFEA in January 2023. <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.	16	25	4	Risk score remains the same ↔	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
		<b>Provider:</b> SBUHB	C4 x L4	C5 x L5	C2 x L2					
50 NCC060 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</b> There is a risk that patients with Parkinson's disease, tremor and dystonia who have undergone Deep Brain Stimulation at North Bristol NHS Trust do not receive the correct ongoing treatment including medication due to significant delays in communication with the gatekeeper and referring clinicians.	16	16	4	Risk score remains the same ↔	12/12/23	09/01/24	Joint Committee	Director of Planning & Performance
		<b>Provider:</b> North Bristol NHS Trust	C4 x L4	C4 x L4	C2 x L2					
51 NCC061 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need</b> There is a risk that patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation aren't being referred for assessment and treatment due to a lack of awareness of	16	16	4	Risk score remains the same ↔	12/12/23	09/01/24	Joint Committee	Director of Planning & Performance

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
		eligibility criteria and potential to benefit amongst referring clinicians. <b>Provider:</b> North Bristol NHS Trust	C4 x L4	C4 x L4	C2 x L2					
<b>52</b> <b>WKN12</b> <b>Welsh Kidney Network</b>	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Renal Dialysis capacity at BCU:</b> There is a risk that due to the current physical environment of the unit at YGC that additional dialysis sessions will not be able to be accommodated. Mold satellite unit was commissioned to act as the contingency for growth for Wrexham for the next 10 years as well as being able to accept patients from the east of the YGC catchment. BCU has already has to utilise additional capacity at Mold (May/June 23). The financial model at BCUHB creates issues with utilising resources across BCUHB. <b>As a consequence</b> patients may not be able to dialyse in the unit closest to home. <b>Provider:</b> BCUHB	25	16	2	Risk score remains the same ↔	December 2023	January 2024	Joint Committee	Programme Director & Performance
<b>53</b> <b>NCC062</b> <b>Neurosciences</b>	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>CVUHB Neurosciences Staffing issues/level</b> There is a risk that patients requiring admission to the Inpatient Neuro-rehabilitation Unit (C&VUHB) are unable to access specialist rehabilitation due to considerable staffing pressures as the service has a number of current vacancies which the service are unable to recruit to the posts. The gap in the number of posts that has been commissioned is not meeting the national standards. <b>Provider/s:</b> CVUHB	16	16	2	Risk score remains the same ↔	12/12/23	09/01/24	Joint Committee	Director of Planning & Performance
<b>54</b> <b>MH/23/16</b> <b>Mental Health &amp; Vulnerable Groups</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>NWAS</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. <b>Provider/s:</b> BCUHB	20	20	8	Risk score remains the same ↔	December 2023 - Cancelled	December 2023 - Cancelled	Joint Committee	Director of Mental Health
<b>55</b> <b>P/21/22</b> <b>Women &amp; Children</b>	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	<b>CVUHB NICU – workforce</b> There is a risk that neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for, due to the impact of the available workforce within UHW, to support the current intensive care demand. There is a consequence that a neonate may be cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available. <b>Provider/s:</b> CVUHB	16	16	4	Risk score remains the same ↔	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
<b>56</b> <b>P/21/23</b> <b>Women &amp; Children</b>	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	<b>CVUHB NICU– infection control</b> There is a risk that neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of exposure to IP&C issues, whilst safer practice monitoring is being embedded. This is following a recent MRSA outbreak and identification of other organisms within the clinical area. There is a consequence of increased neonatal morbidity, if processes to address these issues are not effectively implemented. <b>Provider/s:</b> CVUHB	16	16	4	Risk score remains the same ↔	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
<b>57</b> <b>NCC049</b> <b>Neurosciences</b>	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm)	<b>Delays in surgery due to insufficient theatre beds</b> <b>There is a risk</b> that patients in south Wales will have their surgery delayed <b>due to</b> insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population <b>with a consequence</b> of deteriorating condition and disease progression. Theatre and bed capacity was reinstated from	16	16	4	Risk score remains the same ↔	12/12/23	09/01/24	Joint Committee	Director of Planning & Performance

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
	Population health	Sept 2022 close to pre-COVID levels, the service will move towards having a footprint pre-COVID levels. <b>Provider/s:</b> CVUHB								
<b>58 PT/13 Planning</b>	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	<b>Goal methods and outcomes pressures</b> <b>There is a risk</b> not all goal methods and outcomes will be achieved from the 2023/24 plan <b>due to</b> the financial pressures and request of savings <b>as a consequence</b> there is uncertainty on how these will be taken forward. <b>Provider/s:</b> All Health Boards	15	15	4	Risk score remains the same ↔	December 2023	January 2024	Joint Committee	Director of Planning & Performance
			C5 x L3	C5 x L3	C2 x L2					
<b>59 IF15 Intestinal Failure</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Calea Contract Renewal</b> <b>There is a risk</b> that HPN supply to patients could be impacted <b>due to</b> the current homecare provider contracts ending March 24 with no current arrangement to extend <b>which as a result</b> could leave patients without a service <b>Provider/s:</b> Calea and Baxter	15	15	12	Risk score remains the same ↔	27/12/23 Cancelled	24/01/24	Joint Committee	Director of Planning & Performance
			C5 x L4	C5 x L3	C4 x L3					
<b>60 P/21/24 Women &amp; Children</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>There is a risk</b> all licensed HFEA activity at WFI will urgently and temporarily need to cease due to the fact that the Person Responsible (PR) has stood down from the role and there has been a failure to appoint a new PR to fulfil their duties. <b>There is a consequence</b> that patients in active treatment will need to have their treatment plan temporarily paused and the centre would not be able to accept new patients on a temporary basis. <b>Provider/s:</b> SBUHB	20	20	4	Risk score remains the same ↔	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
			C5 x L4	C5 x L4	C2 x L2					
<b>61 CT050 Cardiac</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Obesity surgery waiting times</b> There is a risk that patients from Betsi Cadwaladar University Health Board and North Powys awaiting obesity surgery produces in Salford Royal Hospital will have their treatment delayed due to long waiting times, which the hospital have advised will be unlikely to reduce significantly in the short to medium-term. <b>Provider/s:</b> Salford Royal Hospital, Northern Care Alliance NHS Trust	16	16	4	NEW RISK	01/12/23	12/01/24	Joint Committee	Director of Planning & Performance
			C4 x L4	C4 x L4	C2 x L1					
<b>62 CT051 Cardiac</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>TARN delays</b> As a result of the TARN database being taken offline in June 2023, and owing to delays in the instituting of both interim arrangements and a sustainable long-term solution, the South Wales Major Trauma Network will be subject to risks relating to: <ul style="list-style-type: none"> <li>A large and growing TARN submission backlog</li> <li>The unknown status of historical TARN data</li> <li>Delays to the availability of reporting – including quarterly dashboards, clinical reports and TARN analytics – impeding the ability of the Network to monitor the implementation of the PBC and benchmark performance</li> </ul> <b>Provider/s:</b> South Wales Trauma Network, Swansea Bay University Health Board (data collected from all South Wales Health Boards)	16	16	4	NEW RISK	01/12/23	12/01/24	Joint Committee	Director of Planning & Performance
			C4 x L4	C4 x L4	C4 x L1					

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
63 NCC063 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Neurosurgery Sustainability</b> There is a risk that the delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales would as a consequence result in the loss of the sub speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery). The IOM post is recommended by NICE guidelines and the lack of ability to recruit to this post substantively, would mean that these subspecialty surgeries would have to cease in Wales with patients then being required to receive treatment in North Bristol Trust (NBT). Additionally there is no commissioned CNS posts for skull base and Neuromodulation services, the service is managed by single handed consultants resulting in consultant time being used inappropriately to deliver nurse led services – this does not meet national standards and patients would be denied timely access to neurosurgical advice and treatment.	25	25	4	NEW RISK	12/12/23	09/01/24	Joint Committee	Director of Planning & Performance
		Provider/s: BCUHB)	C5 x L5	C5 x L5	C2 x L2					

Reduced Risk

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	12	4	Risk score lowered from 16 to 12 ↓	20/12/23	17/01/24	Joint Committee	Director of Planning & Performance
		Provider/s: University Hospital Bristol	C4 x L4	C4 x L3	C2 x L2					

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 & Performance <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 –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																							
		<b>Provider/s:</b> SBUHB																																								
Risk Rating (impact x likelihood)	<table border="1"> <tr> <td>Initial</td> <td>3x5</td> <td>15</td> </tr> <tr> <td><b>Current</b></td> <td><b>3x5</b></td> <td><b>15</b></td> </tr> <tr> <td>Target</td> <td>2x3</td> <td>6</td> </tr> </table>	Initial	3x5	15	<b>Current</b>	<b>3x5</b>	<b>15</b>	Target	2x3	6	Risk Rating	Groups discussed risk during period																														
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		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Rating</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>15</td><td>6</td></tr> <tr><td>Feb-23</td><td>15</td><td>6</td></tr> <tr><td>Mar-23</td><td>15</td><td>6</td></tr> <tr><td>Apr-23</td><td>15</td><td>6</td></tr> <tr><td>May-23</td><td>15</td><td>6</td></tr> <tr><td>Jun-23</td><td>15</td><td>6</td></tr> <tr><td>Jul-23</td><td>15</td><td>6</td></tr> <tr><td>Aug-23</td><td>15</td><td>6</td></tr> <tr><td>Sep-23</td><td>15</td><td>6</td></tr> <tr><td>Oct-23</td><td>15</td><td>6</td></tr> <tr><td>Nov-23</td><td>15</td><td>6</td></tr> <tr><td>Dec-23</td><td>15</td><td>6</td></tr> </tbody> </table>	Month	Risk Rating	Target	Jan-23	15	6	Feb-23	15	6	Mar-23	15	6	Apr-23	15	6	May-23	15	6	Jun-23	15	6	Jul-23	15	6	Aug-23	15	6	Sep-23	15	6	Oct-23	15	6	Nov-23	15	6	Dec-23	15	6	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 Commissioning Team 28/07/23 Commissioning Team 29/09/23 Commissioning Team 23/10/23 Commissioning Team 01/12/23 Commissioning Team 22/12/23
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Recovery plan requested from SBUHB</li> <li>Continue to monitor progress against the recovery plan</li> <li>Request waiting list data</li> <li>This risk is included within the C&amp;B register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures)</li> <li>Work to change the commissioning model has progressed and approved by Joint Committee</li> <li>The outcome from these workshops i.e. a recommendation that WHSSC establish a project to re-align commissioning responsibilities between WHSSC and Health Boards was approved by Joint Committee in January 2023.</li> <li>A Project initiation Document (PID) is due to go to MG in April 2023 outlining timescales for this project.</li> <li>Monthly escalation level 2 meetings are in place. At the meeting on 28<sup>th</sup> July, a delivery plan was not provided as core theatre sessions were still being balanced internally with other specialties in the prioritisation of capacity. However an action plan for additional activity was presented which included 3 sessions of theatre time per week for hand surgery in the day surgery unit at Singleton starting in Sept 2023. It was subsequently confirmed in a letter to Sian Lewis that SBUHB will not be able to clear the 104 week waiting list within the WG target.</li> <li>Data received from the service which suggests a significant improvement in performance. To be cross-validated with DHCW data. Current delivery plan will still mean there will be &gt;200 breaches of those waiting &gt;104 weeks.</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>To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB. 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<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 & Performance <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 –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																										
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<b>Initial</b> 4x4 <b>16</b> <b>Current</b> 4x4 <b>16</b> <b>Target</b> 2x2 <b>4</b>																																													
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider</li> <li>This risk is included within the W&amp;C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures).</li> <li>Plan in place for a number of children to be outsourced to NHS England and the Private Sector.</li> <li>Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing.</li> <li>Monthly escalation meetings have been established – first meeting scheduled 26/04.</li> <li>Action plan received against escalation objectives</li> <li>Continue with outsourcing to NHS England and the Private Sector.</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>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>Staffing establishment</li> <li>Bed and theatre capacity</li> <li>Assurance on clinical management of patients on WL</li> <li>Recovery trajectory</li> </ul> </td> <td>W&amp;C Planner</td> <td>Quarterly</td> </tr> <tr> <td>Requested information on long waiting patients from provider to support potential outsourcing arrangements.</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Meetings being scheduled with NHS England providers to discuss outsourcing capacity</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested plan from C&amp;V to manage long waiting patients, with clear trajectories and timeframes.</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested revised recovery plan further to Joint Committee</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Discussing with local Health Boards scope for mutual aid.</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Place service in escalation Level 3</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Performance Management arrangements to be re-instigated</td> <td>Director of Planning</td> <td>Monthly</td> </tr> <tr> <td>Requested revised trajectories that reach contract baseline as a minimum</td> <td>Director of Planning</td> <td>Complete</td> </tr> <tr> <td>Performance reporting to JC &amp; MG via performance report</td> <td>Director of Planning</td> <td>Monthly</td> </tr> <tr> <td>Executive to Executive meeting scheduled with C&amp;VUHB</td> <td>Director of Planning</td> <td>Complete</td> </tr> <tr> <td>WHSSC JC Workshop - Paediatrics</td> <td>Director of Planning</td> <td>Complete</td> </tr> <tr> <td>Triple Escalation meeting to discuss detail and progress against action plan</td> <td>W&amp;C planner</td> <td>17/01/24</td> </tr> </tbody> </table>		Action	Lead	Date	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>Staffing establishment</li> <li>Bed and theatre capacity</li> <li>Assurance on clinical management of patients on WL</li> <li>Recovery trajectory</li> </ul>	W&C Planner	Quarterly	Requested information on long waiting patients from provider to support potential outsourcing arrangements.	W&C Planner	Complete	Meetings being scheduled with NHS England providers to discuss outsourcing capacity	W&C Planner	Complete	Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.	W&C Planner	Complete	Requested revised recovery plan further to Joint Committee	W&C Planner	Complete	Discussing with local Health Boards scope for mutual aid.	W&C Planner	Complete	Place service in escalation Level 3	W&C Planner	Complete	Performance Management arrangements to be re-instigated	Director of Planning	Monthly	Requested revised trajectories that reach contract baseline as a minimum	Director of Planning	Complete	Performance reporting to JC & MG via performance report	Director of Planning	Monthly	Executive to Executive meeting scheduled with C&VUHB	Director of Planning	Complete	WHSSC JC Workshop - Paediatrics	Director of Planning	Complete	Triple Escalation meeting to discuss detail and progress against action plan	W&C planner	17/01/24
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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. Nov 23 - W&C Commissioning team reviewed the risk which remains unchanged Dec 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 2021</b>	<b>Date last reviewed by:</b> Joint Committee –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																																																																				
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<b>Additional comments:</b> 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> August 23 – Risk score increased due to delays of funding release for Neuro to be revised following discussions around risk assessment verses financial plans September 23 - Risk remains the same – Risk discussed at Commissioning Team 25/9/23 and agreed this risk remains high due to the impact of the Neuropsychiatry CIAG scheme being paused, and the impact on the service as a result. Lack of funding and investment in the service is impacting particularly on staffing with staff turnover and vacancies increasing with the possibility that the current service may have to close due to these staffing issues. October 23 - Risk remains the same meeting cancelled as not quorate November 23 – Risk score remains the same December 23 – Meeting cancelled, risk 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 –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																																																																																
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <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.</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 terms, 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>There continues to be workforce pressures within the WKN due to some staff absences. Work has increased due to Value in Healthcare Programme.</li> <li>WHSSC has been asked to commission new services including Sacral Nerve Stimulation for faecal incontinence in South Wales and Neurophysiology. The workload will be absorbed into existing WHSSC team capacity. A review of the longer terms workload impact will inform the 2024-25 ICP.</li> <li>A review of National Commissioning has now reported and this may have an impact on staffing and resourcing across the organisation going forward. The review recommendations are in the implementation stage.</li> <li>The recruitment freeze is delaying the recruitment into some posts and this will have an impact on capacity and workloads. E.g. Network Manager resigned, job advertised then pulled by CTMUHB as a consequence of the current embargo on administrative posts.</li> <li><b>The Corporate services team has reduced staffing due to a number of factors. In addition there is additional work across the organisation due to the implementation of the new NHS Wales Joint Commissioning Committee (JCC).</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>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>Committee Secretary</td> <td>7 September 2021</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>Committee Secretary</td> <td>Oct 2021</td> </tr> <tr> <td>Corporate services team are working with CTMUHB to identify short terms 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>Committee Secretary</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>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 –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																												
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <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. This was subsequently extended again to 31 September 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.</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 2023 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>The updated All Wales IPFR Policy was not discussed at the July 2023 JC meeting as issues were raised immediately before the meeting regarding the approval process. Since then it has been agreed that a Task and Finish Group will be formed to finalise the work on the IPFR policy.</li> <li>To address the concerns raised a Task &amp; Finish group, consisting of the ABUHB Board Secretary, the All Wales IPFR Lead and the WHSSC Committee Secretary was established. Amendments to the ToR were agreed regarding the definition of quoracy and the requirement for the Chair to review membership, which have addressed the concerns. The group also considered how IPFR functions would feature within the new Standing Orders for the new single Joint Commissioning Committee, and further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review.</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>An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AWTTTC and IPFR QAG. The engagement exercise closed on the 22 December 2023 and an update report will be taken to the JC in March 2023.</td> <td>Committee Secretary</td> <td>Complete</td> </tr> <tr> <td>The updated WHSSC ToR were presented to the Joint Committee 14 March 2023 and were approved. 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<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 & Performance <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>Provider/s:</b> C&VUHB	<b>Date last reviewed by:</b> Joint Committee –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																																						
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand</li> <li>Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider</li> <li>Completed winter surge plan for 2021/22 which sets out clear escalation management across the South West of England region</li> <li>Received Health Board surge plan for 2022/ 23</li> <li>Reviewed information on adverse incidents have occurred as a consequence of bed availability</li> <li>Discussed Collaborative working between Adult Critical Care and Paediatric Critical Care</li> <li>Health board escalated to level 2 in line with WHSSC escalation framework</li> <li>Health board escalated to level 3 in line with WHSSC escalation framework</li> <li>Offer of increase investment sent to the provider to provide financial support over the winter period</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>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> </td> <td>W&amp;C Planner</td> <td>Quarterly</td> </tr> <tr> <td>Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.</td> <td>W&amp;C</td> <td>Quarterly</td> </tr> <tr> <td>Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.</td> <td>W&amp;C planner</td> <td>Complete</td> </tr> <tr> <td>Requested action plan against the escalation objectives</td> <td>W&amp;C planner</td> <td>Complete</td> </tr> <tr> <td>Development of plan to formally commission High Dependency to stabilise the overall unit</td> <td>W&amp;C planner</td> <td>31/03/24</td> </tr> <tr> <td>Executive to Executive meeting scheduled with C&amp;VUHB</td> <td>Director of Planning</td> <td>Complete</td> </tr> <tr> <td>WHSSC JC Workshop - Paediatrics</td> <td>Director of Planning</td> <td>Complete</td> </tr> <tr> <td>Triple Escalation meeting to discuss detail and progress against action plan</td> <td>W&amp;C planner</td> <td>17/01/24</td> </tr> </tbody> </table>		Action	Lead	Date	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>	W&C Planner	Quarterly	Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.	W&C	Quarterly	Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.	W&C planner	Complete	Requested action plan against the escalation objectives	W&C planner	Complete	Development of plan to formally commission High Dependency to stabilise the overall unit	W&C planner	31/03/24	Executive to Executive meeting scheduled with C&VUHB	Director of Planning	Complete	WHSSC JC Workshop - Paediatrics	Director of Planning	Complete	Triple Escalation meeting to discuss detail and progress against action plan	W&C planner	17/01/24																											
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<b>Additional comments:</b> 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. Sept 23 - W&C commissioning Team reviewed the risk which remains unchanged. Service escalation increased to Level 3 due to limited progress on the action plan objectives, the daily dashboard returns deviate from nursing standards and the high refusal rates when they are not at capacity due to work force issues. Nov 23 - W&C Commissioning team reviewed the risk which remains unchanged Dec 23 - W&C Commissioning team reviewed the risk which remains unchanged																																																									

<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 & Performance <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 –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																								
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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> <li>Letter issued to chief nursing officer and national clinical director highlighting system concern</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> <ul style="list-style-type: none"> <li>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> </li> </ul> </td> <td>Planning Manager</td> <td>Quarterly</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>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.</li> </ul> </td> <td>Head of Quality WHSSC</td> <td>Completed</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>WHSSC to arrange a workforce workshop</li> </ul> </td> <td>Planning Manager</td> <td>31/08/23</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Meetings with each provider to discuss implementation of cot re-configuration</li> </ul> </td> <td>Associate Medical Director</td> <td>AB UHB - complete C&amp;V UHB - complete CTM UHB - complete HD UHB - complete SB UHB - complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Follow up meeting to discuss progress and next steps</li> </ul> </td> <td>Associate Medical Director</td> <td>AB UHB - complete C&amp;V UHB - complete CTM UHB - complete HD UHB – complete SB UHB - complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Next steps of the new neonatal cot configuration - All Health Boards</li> </ul> </td> <td>Associate Medical Director</td> <td>Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Paper to CDGB to consider 'go live' date for new baselines</li> </ul> </td> <td>Planning Manager</td> <td>29/01/24</td> </tr> </tbody> </table>		Action	Lead	Date	<ul style="list-style-type: none"> <li>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> </li> </ul>	Planning Manager	Quarterly	<ul style="list-style-type: none"> <li>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.</li> </ul>	Head of Quality WHSSC	Completed	<ul style="list-style-type: none"> <li>WHSSC to arrange a workforce workshop</li> </ul>	Planning Manager	31/08/23	<ul style="list-style-type: none"> <li>Meetings with each provider to discuss implementation of cot re-configuration</li> </ul>	Associate Medical Director	AB UHB - complete C&V UHB - complete CTM UHB - complete HD UHB - complete SB UHB - complete	<ul style="list-style-type: none"> <li>Follow up meeting to discuss progress and next steps</li> </ul>	Associate Medical Director	AB UHB - complete C&V UHB - complete CTM UHB - complete HD UHB – complete SB UHB - complete	<ul style="list-style-type: none"> <li>Next steps of the new neonatal cot configuration - All Health Boards</li> </ul>	Associate Medical Director	Complete	<ul style="list-style-type: none"> <li>Paper to CDGB to consider 'go live' date for new baselines</li> </ul>	Planning Manager	29/01/24
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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. Dec 23 - W&C Commissioning team reviewed the risk which remains unchanged																											

<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 –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																																																																				
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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> <li>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.</li> <li>WKN has provided funding for a Project Manager role in SBU to support the implementation of the project/programme</li> <li>Funding release to assist with new equipment, consumables as per the new contract</li> <li>WKN participate in the SB &amp; Fresenius implementation meetings to ensure delivery to project plan</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>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 WHSSC ICP to reflect the additional costs associated with the procurement process.</td> <td>WKN Manager/WKN Finance Manager/ WHHSC 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>SBUHB Project Team/</td> <td>September 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 WHSSC ICP to reflect the additional costs associated with the procurement process.	WKN Manager/WKN Finance Manager/ WHHSC Director	complete	Implementation Programme for new dialysis units in place	WKN Deputy Manager	complete	New units in place	SBUHB Project Team/	September 2024																																																															
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<b>Additional comments:</b> March 23 – The WKN core team discussed the risk and agreed the score remains the same due to delays in sign-off which will have a knock on effect to the operational date of the two new builds. May 23 - The WKN team discussed the risk and agreed the score remains the same July 23 – Risk score remains the same August 23 – WKN/Regional meeting postponed rescheduled for 08.09.23, meeting held and risk score discussed and remains the same October onwards – WKN invited to SBUHB Implementation meetings November - WKN/SB Regional meeting risk discussed and remains the same																																																																																							

<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 & Performance <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>Provider/s:</b> St Helens and Knowsley NHS Trust & BCUHB
<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024	

Risk Rating  
(impact x likelihood)

Initial	3x3	9
<b>Current</b>	<b>3x5</b>	<b>15</b>
Target	2x2	4



**Groups discussed risk during period**

- 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
- Commissioning Team 28/07/23
- Commissioning Team 29/09/23
- Commissioning Team 23/10/23
- Commissioning Team 01/12/23
- Commissioning Team 22/12/23

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

- BCUHB has established a Task & Finish Group to address the issue including colleagues from Mersey & West Lancashire NHST (MWL).
- WHSSC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at MWL.
- 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 Gp 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.
- Concern was expressed that progress appears to have slowed. It was noted that escalation is being taken forward within the Welsh Government special measures process rather than the WHSSC escalation process. WHSSC continues to engage through fortnightly meetings with Welsh Government and participation on the Task & Finish Group led by BCUHB.

**What actions should we take:**

Action	Lead	Date
WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and MWL.	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, MWL and BCUHB to ascertain what is required to review all patients on the waiting list.	LA – Senior Planner	Complete
Work with MWL 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	Director of Planning & Performance & Managing Director	Apr 23
Monitor the findings from the patient harm review currently being undertaken by MWL	LA – Senior Planner & VDJ – Quality Lead	From Mar 23 to Jun 23
Continue to work with BCUHB and MWL, and with Welsh Government, to support addressing the risks relating to the outreach clinics.	Director of Planning & Performance DGW - North Wales Assistant Planner, VJD – Quality lead, LA Planner.	On going
VDJ to contact BCUHB Head of Patient Safety (Tracey Radcliffe) regarding the two outstanding incidents	VDJ – Quality lead	Complete

**Additional comments:**

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

July 23 – position unchanged: work continues via the T&G Gp to address the issues. Escalation via the meeting with WG and BCUHB.

Aug 23 – Concern was expressed that progress appears to have slowed. It was noted that escalation is being taken forward within the Welsh Government special measures process rather than the WHSSC escalation process. WHSSC continues to engage through fortnightly meetings with Welsh Government and participation on the Task & Finish Group led by BCUHB.

Sept 23 – the Task & Finish Group continues its work and remains within the WG escalation process. Action plan being implemented but position remains unchanged.

Oct 23: No change to risk level. T& F Gp update: Timeline provided for completion of patient reviews – report expected by end of November (firstly for BCU QPSC and then to WHSSC QPSC). Demand & capacity assessment nearly completed. SLA between BCU and MWL drafted.

Nov 23: No change to risk level although it was noted that to date there has been no evidence of patients having come to harm. Harms Review report expected shortly (scheduled for end of November). Work remains in progress via the Task & Finish Group with regard to the demand/capacity assessment, BCUHB-MWL provider SLA, additional capacity options and commissioning plans for 2024/25.

**Dec 23 : The C&B commissioning team agreed no change to score although progress is being made. Review to be completed by end January. Demand/capacity assessment has been drafted by BCU. Additional capacity has been found at Connaught’s Quay. SLA between BCU and MWL has been drafted and being finalised.**

<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 & Performance <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> Joint Committee –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																														
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<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 May 2023 and Chief Executive at CVUHB</li> <li>Written to CVUHB for a formal position</li> <li>Confirmation October 23 that IF lead consultant for the service will be leaving soon to work in another Health Board area</li> <li>Highlighted and advised the Quality Patient Safety Committee (October 23)</li> <li>Contingency Planning IF service meeting held with Managing Director (SL) and CDGB 08/11/23 to consider transferring service to Bristol. Outcome awaited.</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>Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB that the sustainability of the service is being reviewed. Consultant post currently advertised.  Further discussion will be had in the Service Assurance meeting on the 24/10/23</td> <td>Medical Director/ Assistant Director of Planning</td> <td>October 2023</td> </tr> <tr> <td>WHSSC Medical Director has written a formal letter to Meriel Jenney, CVUHB Medical Director raising concerns identified for the Intestinal Failure Service. Issues raised included:           <ul style="list-style-type: none"> <li>The long term provision of Intestinal Failure services for patients from South East and West Wales and South Powys</li> <li>Consultant provision</li> <li>Promoting and growing the specialism</li> <li>Commissioner Assurance</li> </ul>           An update on the above is expected in the next assurance meeting due to take place on the 21<sup>st</sup> November 2023.         </td> <td>Medical Director/ Assistant Director of Planning</td> <td>November 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB that the sustainability of the service is being reviewed. Consultant post currently advertised.  Further discussion will be had in the Service Assurance meeting on the 24/10/23	Medical Director/ Assistant Director of Planning	October 2023	WHSSC Medical Director has written a formal letter to Meriel Jenney, CVUHB Medical Director raising concerns identified for the Intestinal Failure Service. Issues raised included: <ul style="list-style-type: none"> <li>The long term provision of Intestinal Failure services for patients from South East and West Wales and South Powys</li> <li>Consultant provision</li> <li>Promoting and growing the specialism</li> <li>Commissioner Assurance</li> </ul> An update on the above is expected in the next assurance meeting due to take place on the 21 <sup>st</sup> November 2023.	Medical Director/ Assistant Director of Planning	November 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. July 23 – Meeting was cancelled, therefore score remains the same August 23 – group noted that an update was awaited from the Tertiary Services Oversight Group, however that assurance had been given by the clinical board that patients were continuing to receive care, and from the CEO letter there remains a commitment to deliver the service. October 23 – Commissioning team agreed risk actions and reviewed the score, which remains the same November 23- No commissioning team held in November but approval of risk register was completed via email communication. Risk remains the same until further meeting undertaken and update received. December 23 – Risk score remains the same																																	

<b>Risk Ref:</b> 48 Wales Fertility Institute (WFI) P/21/20 <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 & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																										
<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:</b> 16/05/23	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																									
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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>WHSSC attendance at SBUHB monthly Gold Command meeting attended 27/06/23</li> <li>Service escalated to level 3 formally requested action plan</li> <li>Executive to Executive action plan submitted to WHSSC</li> <li>Contents of Action Plan agreed</li> <li>Service escalated to level 4 in line with WHSSC escalation framework</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>Complete</td> </tr> <tr> <td>Requested Action plans from WFI based on HFEA report</td> <td>Head of Quality WHSSC</td> <td>complete</td> </tr> <tr> <td>Formal recommendation to CDGB to escalate service to level 3</td> <td>Assistant Specialised Planner WHSSC</td> <td>Complete</td> </tr> <tr> <td>Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by WHSSC Information and planning.  All Discussions between SBUHB and WHSSC have resulted in SBUHB submitting August data, October 2023. WHSSC have requested all data for April-August and September be submitted.  WHSSC have reminded SBUHB data needs to be submitted monthly 21st of the month.</td> <td>Assistant Specialised Planner WHSSC</td> <td>Ongoing</td> </tr> <tr> <td>Escalation meetings to be established and held monthly, last held 10/10/23</td> <td>Assistant Specialised Planner WHSSC</td> <td>Ongoing</td> </tr> <tr> <td>Quality visit at WFI Neath Port Talbot and Cardiff sites. Due to increase in escalation level, the visit has been postponed, whilst staff are informed of the increase in escalation.</td> <td>Assistant Specialised Planner WHSSC</td> <td>14/11/23 postponed</td> </tr> <tr> <td>Availability of PR to retain HFEA License. Discussions with HFEA and SBUHB</td> <td>Assistant Specialised Planner WHSSC</td> <td>Ongoing</td> </tr> </tbody> </table>			Action	Lead	Date	Requested HFEA report from WFI	Head of Quality WHSSC	Complete	Requested Action plans from WFI based on HFEA report	Head of Quality WHSSC	complete	Formal recommendation to CDGB to escalate service to level 3	Assistant Specialised Planner WHSSC	Complete	Contract monitoring, MDS and RTT are due each month on 21st, these have been requested by WHSSC Information and planning.  All Discussions between SBUHB and WHSSC have resulted in SBUHB submitting August data, October 2023. WHSSC have requested all data for April-August and September be submitted.  WHSSC have reminded SBUHB data needs to be submitted monthly 21st of the month.	Assistant Specialised Planner WHSSC	Ongoing	Escalation meetings to be established and held monthly, last held 10/10/23	Assistant Specialised Planner WHSSC	Ongoing	Quality visit at WFI Neath Port Talbot and Cardiff sites. Due to increase in escalation level, the visit has been postponed, whilst staff are informed of the increase in escalation.	Assistant Specialised Planner WHSSC	14/11/23 postponed	Availability of PR to retain HFEA License. Discussions with HFEA and SBUHB	Assistant Specialised Planner WHSSC	Ongoing																
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<b>Additional comments:</b> May 23 – New Risk – SBUHB escalated to Gold Command based on the HEFA report which identified 7 major concerns. Aug 23 – W&C commissioning Team reviewed the risk, with the HFEA inspection and the HB reporting service fragility the risk score has increased to 20 Sept 23 - W&C Commissioning team reviewed the risk which remains unchanged Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged Nov 23 - W&C Commissioning team reviewed the risk. Due to the concerns with regards to the HFEA license/ person responsible, sustainability of the service and the lack of assurance offered the service has been placed in escalation level 4. Dec 23 - W&C Commissioning team reviewed the risk which remains unchanged																																											

<b>Risk Ref: 50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician (NCC060)</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 & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																															
<b>Risk:</b> There is a risk that patients with Parkinson’s disease, tremor and dystonia who have undergone Deep Brain Stimulation at North Bristol NHS Trust do not receive the correct ongoing treatment including medication due to significant delays in communication with the gatekeeper and referring clinicians.	<b>Date Added to Register:</b> 25.7.23  <b>Provider:</b> North Bristol NHS Trust	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																														
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<b>Risk Ref 51 - Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need (NCC061)</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 & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																															
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<b>Additional comments:</b> March 23 – The WKN core team discussed the risk and agreed the score remains the same July 23 – Risk discussed in QPS, issues that have arisen from the lack of inability to flex the resources across Pan wide BCU organisational structure, which currently limits flexibility across the 3 IHCs and the ability of the north Wales services to meet demand, and the intervention required has resulted in the risk being increased from 12 to 16. August 23 – Points addressed in joint meeting on 25.08.23, full suite of Peer reviews to be sent through to CEO. Risk remains the same. Sept 23 – The WKN core team discussed and agree risk remains the same Nov 23 - WKN/BCU Regional meeting risk discussed and remains the same																																																																																							

<b>Risk Ref 53 C&amp;VUHB Neurosciences Staffing issues/level (NCC062)</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 & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																			
<b>Risk:</b> There is a risk that patients requiring admission to the Inpatient Neuro-rehabilitation Unit (C&VUHB) are unable to access specialist rehabilitation due to considerable staffing pressures as the service has a number of current vacancies which the service are unable to recruit to the posts. The gap in the number of posts that has been commissioned is not meeting the national standards		<b>Date Added to Register:</b> 30.8.23  <b>Provider:</b> Cardiff and Value University Health Board	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee – 24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																		
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<b>Additional comments:</b> August 23 - WHSSC have met with C&VUHB to discuss the staffing issues/level. The quality team met with Neurosciences lead nurse on the 02/08/2023. September 23 - Risk reviewed and score remains the same October 23 – Risk reviewed and score remains the same – further discussions will take place with the Commissioning Team and at the Dec Neurosciences Performance meeting. November 23 – no change to report. December 23 – no change to the risk – this is strategically linked with the development of the Rehabilitation Strategy – in the meantime CT requested patient stories from the team to present at the next QPS meeting in Feb 23.																					

<b>Risk Ref: 54 CAMHS Environment and Workforce (MH/23/16)</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>		<b>Director Lead: Director of Mental Health</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																						
<b>Risk: <i>There is a risk</i></b> that tier 4 providers for CAMHS cannot meet the service specification <b><i>due to</i></b> environmental and workforce issues, <b><i>with a consequence that</i></b> children could abscond/come to harm. (NWAS)		<b>Date Added to Register:25/09/23</b>	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																					
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<b>Additional comments:</b> September 23 Added to the risk register – this risk relates to an issue with the doors at NWAS and has been escalated accordingly. This risk will decrease when the matter has been resolved. October 23 - Risk remains the same meeting cancelled as not quorate November 23 – Risk score remains the same December 23 – Meeting cancelled, risk remains the same. *The December MH commissioning team was cancelled but a SLA meeting took place with BCU and this issue was discussed and it has been confirmed that all internal doors for NWAS will be included in the programme of work for Estates in this financial year and a number of other improvements requiring estates input have been agreed.																								

<b>Risk Ref:</b> 55 Neonatal Workforce (P/21/22) <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 & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																													
<p><i>There is a risk</i> that neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for, <i>due to</i> the impact of the available workforce within UHW, to support the current intensive care demand.</p> <p><i>There is a consequence</i> that a neonate may be cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available.</p>	<b>Date Added to Register:</b> 19/09/23  <b>Provider/s:</b> CVUHB	<b>Date Last Reviewed by :</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																												
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<b>Additional comments:</b> Sept 23 – Evidence supplied to WHSSC highlighting staffing shortages impacting the neonatal service provided Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged Nov 23 - W&C Commissioning team reviewed the risk which remains unchanged Dec 23 - W&C Commissioning team reviewed the risk which remains unchanged																														

<b>Risk Ref: 56 Neonatal Infection Control (P/21/23)</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 & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																												
<p><b>There is a risk</b> that neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of exposure to IP&amp;C issues, whilst safer practice monitoring is being embedded. This is following a recent MRSA outbreak and identification of other organisms within the clinical area.</p> <p><b>There is a consequence</b> of increased neonatal morbidity, if processes to address these issues are not effectively implemented.</p>		<b>Date Added to Register:</b> 19/09/23  <b>Provider/s:</b> CVUHB	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee – 24 October 2023 Integrated Governance Committee – 25 October 2023 Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																											
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<b>Additional comments:</b> Sept 23 – New Risk – Concern highlighted to WHSSC that IP&C pathways are not robust to prevent spread of infection increasing neonatal morbidity on the unit Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged Nov 23 - W&C Commissioning team reviewed the risk which remains unchanged Dec 23 - W&C Commissioning team reviewed the risk which remains unchanged																														

<b>Risk Ref: 57 Delays in surgery due to insufficient theatre beds (NCC049)</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 & Performance <b>Assuring Committee:</b> Joint Committee																																																																																		
<b>Risk:</b> There is a risk that patients in south Wales will have their surgery delayed due to insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population with a consequence of deteriorating condition and disease progression. During the last ¾ months it has been indicated that the overruns are expensive. There are no theatre staff or anaesthetic staff to support the extended theatre sessions. Neurosurgery are trying to accommodate and consider their issues but it is now impacting on neurosurgery activity.		<b>Date Added to Register:</b> 27/01/21  <b>Provider/s:</b> CVUHB	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																																																																																	
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<b>Additional comments:</b> March 2023 - WLI's are continuing but have decreased due to capacity issues mainly staffing in the Radiology dept. The CT will continue to monitor performance at the quarterly performance management meetings. A meeting is to be held with the Directorate Manager and Clinical Director on 24 <sup>th</sup> May 2023 to discuss a number of issues including bed and theatre capacity. July 23 - Risk reviewed, the team agreed to lower the risk score to 8 amber as theatre capacity is back to the pre-Covid level but the bed capacity has not been fully reinstated. CT members have discussed this with Director of Operations Cardiff & Vale on the 26 <sup>th</sup> July 2023 and will continue to monitor the situation at the quarterly performance meeting. October 23 – Risk reviewed and score has increased to 16. Theatre Surgical Directorate. There are no theatre staff or anaesthetic staff to support the extended theatre sessions. Neurosurgery are trying to accommodate and consider their issues but it is now impacting on neurosurgery activity. The issue was raised at the Cardiff and Vale SLA meeting on 19 <sup>th</sup> October 2023. The Director or Ops for Specialist Services has taken the matter up with the Director of Op Surgical Board. November 2023 - Awaiting a response from the Specialist Operational Director CVUHB re outcome of discussions with the Surgical Service Board about reinstating extended theatre lists – this risk may have to be escalated depending on the response received from the Health Board. December 2023 – The extended theatre sessions that had recently been reinstated have now ceased. The service were still providing these sessions for the Skull base service but were required to cancel a morning session to meet working time directive regulations to give staff the necessary down time between theatre sessions. This has been escalated to the Specialist Clinical Board Operational Director – waiting for further information. It will be raised at the next Cardiff SLA meeting in January 2024. CT have been advised that the provision of Tracheostomy Training for the Stroke teams has been ceased by the CVUHB Medicine Clinical Board due to large number of nursing vacancies – the impact is that Stroke patients with Trache's will be required to be managed on the Neurosurgery ward – potential to impact on neurosurgical clinical flow . Escalated to Specialist Clinical Board Operational Director -12/12/23																																																																																				

<b>Risk Ref: 58 Goal methods and outcomes pressures (PT/13)</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 & Performance <b>Assuring Committee:</b> Joint Committee
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<b>Risk:</b> There is a risk not all goal methods and outcomes will be achieved from the 2023/24 plan <b>due to</b> the financial pressures and request of savings <b>as a consequence</b> there is uncertainty on how these will be taken forward.	<b>Date Added to Register:</b> 06/11/2023	<b>Date Last Reviewed by:</b> Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024
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Risk Rating (impact x likelihood)		<b>Groups discussed risk during period</b>
		Planning Team 06.11.23

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

- Engage with Management Group, Finance and individual Health Boards during the plan development to ensure commissioner support for their individual Health Board allocation within the ICP.

**What actions should we take:**

Action	Lead	Date
Provide regular updates to Joint Committee, Management group and Corporate Director Group Meeting on progress regarding annual planning and financial plan.	Director of Planning	6 November 2023

**Additional comments:**  
 November 2023 – Team discussed the PT/12 risk and agreed this would be an additional risk.

<b>Risk Ref : 59 Calea Contract Renewal (IF15)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health Risk Appetite Level:		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																			
<b>Risk: There is a risk that HPN supply to patients could be impacted due to the current homecare provider contracts ending March 24 with no current arrangement to extend which as a result could leave patients without a service</b>		<b>Date Added to Register: 09/11/23</b>  Provider: Calea	<b>Date Last Reviewed by:</b> Risk Scrutiny Group – 22 November 2023 CDGB – 02 January 2024																		
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Urgent meeting to be arranged NWSSP and provider to discuss contract and severity of risk to service for patients from 2024.</li> <li>Escalated to Medical Director WHSSC</li> <li>Escalated risk to Director of Finance</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>NWSSP clear procurement timeline developed.</td> <td>NWSSP</td> <td>November 23</td> </tr> <tr> <td>NWSSP and Intestinal Failure team to review the contract specification.</td> <td>NWSSP</td> <td>November 23</td> </tr> <tr> <td>Update on progress paper submitted to CDGB 27/11/23.</td> <td>Assistant Director of Planning</td> <td>November 23</td> </tr> </tbody> </table>		Action	Lead	Date	NWSSP clear procurement timeline developed.	NWSSP	November 23	NWSSP and Intestinal Failure team to review the contract specification.	NWSSP	November 23	Update on progress paper submitted to CDGB 27/11/23.	Assistant Director of Planning	November 23						
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<b>Additional comments:</b> November 23- No commissioning team held in November but approval of risk register was completed via email communication. <b>December 23 – Risk score remains the same</b>																					

<b>Risk Ref: 60 WFI treatment – Temporary pause (P/21/24)</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>																						
<b>There is a risk</b> all licensed HFEA activity at WFI will urgently and temporarily need to cease due to the fact that the Person Responsible (PR) has stood down from the role and there has been a failure to appoint a new PR to fulfil their duties. <b>There is a consequence</b> that patients in active treatment will need to have their treatment plan temporarily paused and the centre would not be able to accept new patients on a temporary basis.		<b>Date Added to Register: 30/11/23</b>  <b>Provider/s:</b> SBUHB	<b>Date Last Reviewed by:</b> CDGB – 02 January 2024																					
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Consideration to cease all activity, pause current treatment for patients and under no circumstances accept new patients.</li> <li>Discussion with SBUHB the license holder and the HFEA to consider the options with regards to ensuring a PR is in post including succession planning.</li> </ul>		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Formal recommendation to CDGB that there is a likelihood the person responsible may be unable to fulfil their duties casting doubt on the sustainability of the service in its current form.</td> <td>Assistant Specialised Planner WHSSC</td> <td>Complete</td> </tr> <tr> <td>Monitoring of service continues through formal escalation</td> <td>Assistant Specialised Planner WHSSC</td> <td>30/01/24</td> </tr> </tbody> </table>		Action	Lead	Date	Formal recommendation to CDGB that there is a likelihood the person responsible may be unable to fulfil their duties casting doubt on the sustainability of the service in its current form.	Assistant Specialised Planner WHSSC	Complete	Monitoring of service continues through formal escalation	Assistant Specialised Planner WHSSC	30/01/24												
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<b>Additional comments:</b> Nov 23 – New Risk - The post of PR is a legal requirement under the HFEA Act to be able to provide licensed activity, including the storage of embryo' and gametes. Paper taken to CDGB due to concerns of the sustainability of the service. If the PR is unable to fulfil their duties the HFEA will require all licensed activity to stop immediately. WFI are currently exploring options to identify staff who may be suitably qualified to take the HFEA prep exam and who could be nominated as a new PR. Dec 23 - W&C Commissioning team reviewed the risk which remains unchanged																								

<b>Risk Ref: 61 Obesity surgery waiting times (CT050) – NEW RISK</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																
<b>Risk:</b> There is a risk that patients from Betsi Cadwaladar University Health Board and North Powys awaiting obesity surgery in Salford Royal Hospital will have their treatment delayed due to long waiting times, which the hospital have advised will be unlikely to reduce significantly in the short to medium-term.		<b>Date Added to Register: 01/12/2023</b>	<b>Date Last Reviewed by:</b> CDGB – 02 January 2024															
		<b>Provider/s:</b> Cardiff and Vale University Health Board; Swansea Bay University Health Board																
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Salford Royal Hospital extending operating hours and working with private provider to increase the number of procedures undertaken</li> <li>WHSSC and BCUHB Level 3 service communicating proactively to ensure that the health board is fully cognisant of the identity of longer waiter</li> <li>WHSSC corresponding with Salford Royal to monitor current waiting list 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>WHSSC to liaise with BCUHB Level 3 service to discuss proposal ask WIMOS to undertake additional procedures and for WHSSC to identify an alternative English provider</td> <td>Senior Planning Manager</td> <td>Complete</td> </tr> <tr> <td>WHSSC to discuss with WIMOS the potential for SBUHB to undertake procedures for patients from BCUHB and North Powys</td> <td>Senior Planning Manager</td> <td>Complete</td> </tr> <tr> <td>WHSSC to identify potential for resource used to support patients receiving procedures in Salford Royal Hospital can be used to address acute dietetics and psychology pressures in WIMOS</td> <td>Senior Planning Manager</td> <td>January 2024</td> </tr> <tr> <td>WHSSC to convene meeting between representatives from WIMOS and BCUHB Level 3 service</td> <td>Senior Planning Manager</td> <td>January 2024</td> </tr> </tbody> </table>		Action	Lead	Date	WHSSC to liaise with BCUHB Level 3 service to discuss proposal ask WIMOS to undertake additional procedures and for WHSSC to identify an alternative English provider	Senior Planning Manager	Complete	WHSSC to discuss with WIMOS the potential for SBUHB to undertake procedures for patients from BCUHB and North Powys	Senior Planning Manager	Complete	WHSSC to identify potential for resource used to support patients receiving procedures in Salford Royal Hospital can be used to address acute dietetics and psychology pressures in WIMOS	Senior Planning Manager	January 2024	WHSSC to convene meeting between representatives from WIMOS and BCUHB Level 3 service	Senior Planning Manager	January 2024
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<b>Additional comments:</b> December 2023 – In view of discussions with Salford Royal Hospital having identified that there was little prospect of the waiting list position improving in the short to medium-term, the Cardiac Commissioning Team agreed that it should be included on the Commissioning Team Risk Register; risk reported to the Corporate Directors Group Board and Management Group via inclusion in the ABUHB Obesity Surgery Business Case assessment paper (November/December 2023)																		

<b>Risk Ref: 62 TARN delays (CT051) – NEW RISK</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead: Director of Planning</b> <b>Assuring Committee:</b> Joint Committee Reviewed Assurance													
<b>Risk:</b> As a result of the TARN database being taken offline in June 2023, and owing to delays in the instituting of both interim arrangements and a sustainable long-term solution, the South Wales Major Trauma Network will be subject to risks relating to: <ul style="list-style-type: none"> <li>• A large and growing TARN submission backlog</li> <li>• The unknown status of historical TARN data</li> <li>• Delays to the availability of reporting – including quarterly dashboards, clinical reports and TARN analytics – impeding the ability of the Network to monitor the implementation of the PBC and benchmark performance</li> </ul>		<b>Date Added to Register:</b> 01/12/2023	<b>Date Last Reviewed by:</b> CDGB – 02 January 2024												
		<b>Provider/s:</b> Cardiff and Vale University Health Board; Swansea Bay University Health Board													
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>• SWTN has agreed (via a meeting comprising the Trauma Network Clinical Directors and Managers, the TARN team and representatives from NHSE) that the TARN system will no longer be hosted by the University of Manchester</li> <li>• TARN to issue standardised Excel spreadsheet for interim data collection</li> <li>• Wales will be able to use the new TARN platform to be developed within the NHSE data repository as part of NHSE National Outcomes Registries Programme</li> <li>• TARN coordinators have agreed that, as a result of their being insufficient resource nationally to support the submission of a case backlog, no data is submitted during the period that TARN is offline</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>Delivery Assurance Group to consider proposal to extend the South Wales Trauma Network Band 6 TARN Support Manager Role for a further 12 months in order to support the SWTN's mitigation response to TARN issue</td> <td>Director of Planning/ Senior Planning Manager</td> <td>Complete</td> </tr> <tr> <td>WHSSC Director of Planning to write to Mr Robert Bentley (National Clinical Director for Major Trauma and Burns; Chair - NHS England Specialised Commissioning National Programme of Care – Trauma) to advise of ongoing risks and concerns with timescale for long-term solution</td> <td>Director of Planning/ Senior Planning Manager</td> <td>Complete</td> </tr> <tr> <td>WHSSC to ensure that SWTN are appropriately represented in discussions pertaining to the development and initiation of a long-term solution for TARN data collection and storage</td> <td>SWTN/ Senior Planning Manager</td> <td>January 2024</td> </tr> </tbody> </table>		Action	Lead	Date	Delivery Assurance Group to consider proposal to extend the South Wales Trauma Network Band 6 TARN Support Manager Role for a further 12 months in order to support the SWTN's mitigation response to TARN issue	Director of Planning/ Senior Planning Manager	Complete	WHSSC Director of Planning to write to Mr Robert Bentley (National Clinical Director for Major Trauma and Burns; Chair - NHS England Specialised Commissioning National Programme of Care – Trauma) to advise of ongoing risks and concerns with timescale for long-term solution	Director of Planning/ Senior Planning Manager	Complete	WHSSC to ensure that SWTN are appropriately represented in discussions pertaining to the development and initiation of a long-term solution for TARN data collection and storage	SWTN/ Senior Planning Manager	January 2024
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<b>Risk Ref: 63 Neurosurgery Sustainability (NCC063) NEW RISK</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>										
<b>Risk:</b> There is a risk that the delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales would as a consequence result in the loss of the sub speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery). The IOM post is recommended by NICE guidelines and the lack of ability to recruit to this post substantively, would mean that these subspecialty surgeries would have to cease in Wales with patients then being required to receive treatment in North Bristol Trust (NBT). Additionally there is no commissioned CNS posts for skull base and Neuromodulation services, the service is managed by single handed consultants resulting in consultant time being used inappropriately to deliver nurse led services – this does not meet national standards and patients would be denied timely access to neurosurgical advice and treatment.	<b>Date Added to Register: 12.12.23</b>  <b>Provider: Cardiff and Value University Health Board</b>	<b>Date Last Reviewed by:</b> CDGB – 02 January 2024									
<p style="text-align: center;">Risk Rating (impact x likelihood)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Initial</td> <td>5x5</td> <td style="background-color: red; color: white;">25</td> </tr> <tr> <td><b>Current</b></td> <td><b>5x5</b></td> <td style="background-color: red; color: white;"><b>25</b></td> </tr> <tr> <td>Target</td> <td>2x2</td> <td style="background-color: yellow;">4</td> </tr> </table>	Initial	5x5	25	<b>Current</b>	<b>5x5</b>	<b>25</b>	Target	2x2	4	<p style="text-align: center;">Risk Rating</p> <p style="text-align: center;">des-23</p> <p style="text-align: center;">— Risk Rating — Target</p>	<b>Groups discussed risk during period</b> Commissioning Team meeting 12/12/2023
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Continue to monitor the scheme via the Neurosciences Performance Meeting</li> <li>The scheme has been included in the ICP 24/25 – awaiting JC approval in quarter 4.</li> </ul>	<b>What actions should we take:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Action</th> <th style="background-color: #d9e1f2;">Lead</th> <th style="background-color: #d9e1f2;">Date</th> </tr> </thead> <tbody> <tr> <td>WHSSC has met with the C&amp;VUHB team to understand the risks. The scheme has been risk assessed as part of the 10/20/30 WG efficiency saving project. It has recently been risked assessed using the Quality Impact Assessment tool. Both these sets of data have scored the risk very high (25). The scheme is currently on hold as a result of this piece of work.</td> <td style="text-align: center;">Planning Manager/Quality Manager</td> <td style="text-align: center;">Quarter 3</td> </tr> <tr> <td>Awaiting the outcome of the ICP 24/25 to establish if these high risk posts will receive investment in 2024/25</td> <td style="text-align: center;">Planning Manager</td> <td style="text-align: center;">Quarter 4</td> </tr> </tbody> </table>		Action	Lead	Date	WHSSC has met with the C&VUHB team to understand the risks. The scheme has been risk assessed as part of the 10/20/30 WG efficiency saving project. It has recently been risked assessed using the Quality Impact Assessment tool. Both these sets of data have scored the risk very high (25). The scheme is currently on hold as a result of this piece of work.	Planning Manager/Quality Manager	Quarter 3	Awaiting the outcome of the ICP 24/25 to establish if these high risk posts will receive investment in 2024/25	Planning Manager	Quarter 4
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De-escalated Reduced Risks For December 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 & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																																	
<b>Risk:</b> <i>There is a risk</i> that paediatric cardiac surgery patients will have longer waits than is clinically appropriate <i>due to</i> lack of availability of a PIC bed. <i>There is a consequence</i> 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> CDGB – 02 January 2024																																																
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<b>Additional comments:</b> Sept 23 – W&C commissioning Team reviewed the risk which remains unchanged. Escalation due to concerns with the time patients are waiting for surgery. CDGB agreed that the service should be in escalation level 3. Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged Nov 23 - W&C Commissioning team reviewed the risk which remains unchanged Dec 23 – In light of improved performance and recommendation to lower escalation level from 3 to 2 the risk score has been reduced within the likelihood domain, reducing the overall score.																																																			

**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



<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>	22/02/2024		
<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 (ARC) 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; and
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.

# AUDIT RECOMMENDATIONS TRACKER

## 1.0 SITUATION

The purpose of this report is to provide the Audit and Risk Committee (ARC) 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 ARC 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 2021

Since April 2021, the following internal audit reports have been issued to WHSSC:

- 9 reports have been issued,
- 32 recommendations have been made,
- 26 recommendations have been achieved,
- 2 recommendations are outstanding in relation to the report on Risk Management. The due dates for both items have been revised to March 2024,
- 2 recommendations are outstanding in relation to the report on the Wales Kidney Network (WKN). The due dates for both items have been revised to January 2024 and March 2024 respectively,
- 2 recommendations are outstanding in relation to the report on the Development of the WHSSC integrated Commissioning Plan (ICP), none of which have reached the due date.

A summary of the overall position to date and details of progress made on the outstanding recommendations are presented at **Appendix 1** for information.

#### 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	Assurance Rating
Welsh Kidney Network (WKN)	Q1	Substantial
Integrated Commissioning Plan (ICP)	Q2	Substantial
Mental Health	Q4	-

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. 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 updated tracker document is presented at **Appendix 2** for assurance.

#### 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).

All of the WHSSC actions have been completed.

#### 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

WG Update 11 October 2023

WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.

WG Update 1 November 2023

The function of regional commissioning is

such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your 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.

being explored and discussed as part of the development of the new national commissioning arrangements. It is recognised though that this would be either a delegated function from or supporting function to health boards.

**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.

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

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

WG Update 11 October 2023

The Minister for Health & Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight

recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good 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.

Board for information on a monthly basis.

On the 22 August 2022 WHSSC were advised that the Director General Health and Social Services/NHS Wales Chief Executive Health and Social Services Group had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.

In relation to recommendation 7, the letter stated "that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of the recommendations as part of the rationale behind the work".

Having described the work that was in progress, it was suggested that the recommendations from the Audit Wales report were completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.

On the 27 September 2022 WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. This time has now elapsed and WG are in discussion with Audit Wales on how to progress the outstanding actions.

#### **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.

The Joint Committee received an update on progress on the 21 November 2023 during which Audit Wales were in attendance and confirmed they were content with the positive progress made.

A further update will be submitted to Audit Wales and to HB Audit Committees for assurance in Summer 2024. 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** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.

<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>21 November 2023</b> – Joint Committee received an update on the 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 2024**

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 May 2023 changed to March 2024	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, and will be presented to the JC in its May 2023 meeting . ( After it has been through CDBG, ARC etc ) .</b></p> <p><b>PROGRESS: The Joint Committee approved its risk appetite statement in January 2023 and the strategy has been further reviewed.</b></p> <p><b>PROGRESS: Due to competing work pressures this work is currently paused. WHSSC is in the process of preparing its legacy statement as part of the ongoing work to develop a new Joint Committee in response to the Welsh Government's review of National Commissioning arrangements. The governance work stream supporting the delivery of the programme will review and develop a revised Risk Management approach for when the new Joint Committee is formed.</b></p> <p><b>In the interim the monthly WHSSC Corporate Risk and Assurance Framework (CRAF) continues to be developed and presented at each and every Corporate Directors Group Board (CDGB) meeting, Integrated Governance Committee (IGC), Quality &amp; Patient Safety Committee (QPSC) and the CTMUHB Audit &amp; Risk Committee for hosted bodies. The CRAF is presented every 6 months to the Joint Committee for assurance and approval. This mitigates the risks of there being an inconsistent approach to risk management during this transitional period.</b></p> <p><b>PROGRESS: The CRAF was presented to the Joint Committee for assurance and approval at its January 2024 meeting .</b></p>	ONGOING

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA RM 2022 3	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.	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. 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.	MEDIUM	December 2022 changed to May 2023 changed to March 2024	Director of Planning	Committee Secretary	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. <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.</b> <b>PROGRESS: Due to competing work pressures this work is currently delayed. The Risk Scrutiny Group continues to meet bi-monthly and staff are able to seek advice on any risk queries via the Corporate Governance Team. The Welsh Kidney Network (WKN) recently received a substantial assurance assessment rating from the NWSSP internal audit team in relation to high level risks being communicated and appropriately escalated to WHSSC and this demonstrates that the WHSSC risk management strategy is embedded throughout WHSSC.</b>	ONGOING
IA RM 2022 4	Our understanding of role of the Risk Scrutiny Group includes receiving information from the commissioning team meetings and having oversight of commissioning risk. To date, the group has met three times and on each occasion all directorate team risk registers were reviewed and there was a deep dive into one directorate. By contrast, in the same period, there has only been one deep dive into one commissioning team's risk register. The remaining registers have not been presented to the group.	To align the processes between directorate teams and commissioning teams, the risk registers of all of the commissioning teams should be brought to the Risk Scrutiny Group, with a deep dive into one per meeting. There is a risk that ineffective monitoring with key risks not escalated as appropriate. Errors or inconsistencies on risk registers are not identified and corrected.	MEDIUM	May-22	Director of Planning	Committee Secretary	WHSSC accept the recommendation and the Risk Scrutiny Group (RSG) now includes a "deep dive" session whereby the individual commissioning teams present their risk registers and provides updates on the risks being managed.	COMPLETE

**Welsh Health Specialised Services Committee**  
**Register of Recommendations from the Internal Audit Report on the Wales Kidney Network**  
**February 2024**

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA WKN 2023 1	<p>The Network Board has implemented several forums and task and finish groups to carry out various aspects of its work. The groups either report directly into the Network Board or into the National Quality &amp; Patient Safety Performance Assurance Group, which is a sub-committee of the Network Board. Our review of the terms of reference (ToR) for the various groups identified:</p> <ul style="list-style-type: none"> <li>• National Quality &amp; Patient Safety Performance Assurance group ToR was due for review in 2021.</li> <li>• Clinical Reference Group – ToR was dated May 2021 and marked as draft.</li> <li>• 3rd Sector Collaborative Group – no ToR.</li> <li>• While both the All-Wales Patient Education Group and Welsh Kidney Patient Network Group both had ToRs dated January 2022, these had no time frame for review</li> </ul>	<p>Arrangements should be put in place to ensure that the remit and focus of task and finish groups and other groups that support the work of the Welsh Kidney Network Board are clearly set out within a Terms of Reference, and that they are regularly reviewed and updated to reflect current arrangements.</p> <p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Governance arrangements are not properly undertaken.</li> <li>• Inappropriate decisions are made by committees or individuals where responsibilities are not defined and documented.</li> </ul>	MEDIUM	<p>September 2023  Updated to January 2024  Updated to March 2024</p>	<p>Network Executive Lead Director</p>	<p>Deputy Network Manager</p>	<p>A full review of the ToRs will be undertaken and recommendations implemented an operational register for ToRs, will be developed and maintained to ensure that reviews are undertaken in line with the review dates.</p> <p><b>PROGRESS: Partial completion</b>  <b>Operational register completed.</b>  <b>Plans in place to review all existing ToRs and take to WKN's Board Meeting December 23.</b>  <b>PROGRESS: QPS ToR updated and with QPS group for consultation, with aim of signing off in January 2024 meeting. On track for completion January 2024.</b>  <b>PROGRESS: January QPS was cancelled awaiting the appointment of the new clinical lead for QPS and Assurance. ToR rescheduled for next WKN QPS meeting in March 2024</b></p>	
IA WKN 2023 2	<p>The Network's governance arrangements and alignment to WHSSC were subject to an independent review in 2022. The resultant report made 16 recommendations. We reviewed the report and the latest version of the action plan available (dated January 2023) and undertook testing to verify the progress made to implement the recommendations. The action plan showed that 13/16 recommendations had been implemented, with further work required to implement the three remaining recommendations, although these had passed their originally agreed target dates. From our verification work we were able to establish that two of the three outstanding recommendations had since been implemented. The remaining outstanding recommendation relates to:</p>	<p>Arrangements be put in place to implement the remaining recommendations from the independent governance review and confirm full implementation of all other recommendations.</p>	LOW	<p>September 2023  Updated to January 2024  Updated to March 2024</p>	<p>Network Executive Lead Director</p>	<p>Deputy Network Manager / Deputy Director of Planning</p>	<p>The final recommendations will be implemented in line with a review of the action plan. Those recommendations identified in the audit as above will be discussed at WKN Board in September and a further assessment made of their implementation. Where they have not been fully implemented this will be reflected on a revised action plan</p>	

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
	<ul style="list-style-type: none"> <li>• Recommendation ID 16 – ‘There is a need to agree with providers (health boards) what performance information is required, when it is required and for what purpose.’ As at July 2023 the action has been partially implemented. We note that initial discussions have taken place amongst the Network Core Team, however the suite of information is yet to be formally agreed. In contrast, following our testing, we felt two other recommendations that have been categorised as implemented, should be partially implemented.</li> <li>• Recommendation ID 4 – “The role of the executive lead should be clearly set out and referenced in the individual’s job description and personal objectives, as well as in the schemes of delegation within Standing Orders”. The schemes of delegation have been updated, although the executive lead’s job description still requires updating.</li> <li>• Recommendation ID 11 – “The risk register should be reviewed to reflect commissioning risks and, once the strategic direction of the network is confirmed, be linked to each objective”. The Network’s commissioning risks could be exacerbated by the outcome of the National Commissioning Review which was recently undertaken by the NHS Executive. The outcome of the review may impact on the Network strategic objectives, so further work may be needed in this area</li> </ul>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Governance arrangements are not properly undertaken</li> <li>• Inappropriate decisions are made by committees of individuals where responsibilities are not defined and documented</li> <li>• Lack of transparency in decisions made if appropriate records are not maintained.</li> </ul>					<p><b>PROGRESS: Partial completion</b>  <b>Executive Lead role descriptor updated and agreed at WKN Board 03.10.23 - complete</b>  <b>Risk register reflective of Commissioning risk - complete</b>  <b>Paper presented to WKN Board 03.10.23 on Data Sources; All data sources and monitoring requirements agreed with the exception of the Nurse Audit Data. This is the only work now outstanding with a group of lead nurses from each region meeting planned for November and recommendations on the way forward to be presented at next WKN Board meeting in December.</b>  <b>PROGRESS: Action competed and tabled at WKN Board meeting 06/12/2023.</b>  <b>PROGRESS: Work is ongoing with Deputy Director of Planning in concluding the strategic direction of the network along with objectives, and risk registers will be updated with commissioning risks.</b></p>	

**Welsh Health Specialised Services Committee**  
**Register of Recommendations from the Internal Audit Report on the Integrated Commissioning Plan Development**  
**February 2024**

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA ICP 2023 1	<p>We reviewed the terms of reference for the key groups and committees involved in the process for developing the ICP. We note:</p> <ul style="list-style-type: none"> <li>The Management Group terms of reference were due for review in May 2023.</li> <li>The Clinical Impact Assessment Group terms of reference were dated April 2022 and should be reviewed annually. We acknowledge that they appear to have been updated, but the date and version has not been amended accordingly.</li> </ul>	<p>The terms of reference for committees and groups should be reviewed in line with the requirements set out within them and review dates and versions updated accordingly.</p> <p>There is a risk that groups and committees make decisions in respect of the ICP that are outside of their remit or that unsuitable governance arrangements are in place.</p>	LOW	September 2024	Committee Secretary	Head of Corporate Governance	<p>We accept the recommendation and can give an assurance that all of the Terms of Reference (ToR) for the Joint Committee's sub committees are reviewed on an annual basis to ensure effective governance. The Management Group (MG) ToR were discussed at the MG meeting on 24 April 2023 at the same time that the MG Annual Report was presented. The annual report contained the following update on the MG ToR; The ToR were reviewed and presented to the April 2022 Management Group meeting. Members supported the proposed changes and these ToR were approved by the Joint Committee at its May 2022 meeting. A copy of the Terms of Reference are attached at Appendix 2. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions is being undertaken, no review is proposed at present." The outcome of the review is the establishment of a new Joint Commissioning Committee from 1st April 2024, however there is potential for slippage on this timetable.</p> <p>The Clinical Impact Assessment Group (CIAG) TORs are reviewed every year prior to CIAG running – the review date will be revised on the front cover.</p>	
IA ICP 2023 2	<p>The preparation of the financial element of the ICP is currently undertaken by the Assistant Director of Finance. Prior to our audit the process for developing the finance plan was not documented. We acknowledge that initial work has been undertaken to document the process, outlining the key steps to be taken.</p> <p>Although the process is well established and has been undertaken by the same person for a number of years, the process is complex. As there is a reliance on one person to develop the finance plan, there is a risk that should this change, the financial element of the ICP may not be appropriately developed.</p> <p>We reconciled the finance plan working paper to the published 2023/24 plan, which identified some minor discrepancies. An explanation and revised working papers were subsequently provided.</p>	<p>The process for developing the financial element of the ICP should be documented and be available for other staff to follow should the normal preparer not be available.</p> <p>Amendments to finance working papers should be retained to support the values recorded in the ICP.</p> <p>Lack of consistency / inappropriate development of the financial element of the ICP.</p> <p>Errors in the financial element of the ICP may not be identified.</p>	MEDIUM	February 2024	Director Finance	Assistant Director of Finance	<p>The initial financial tables for the Integrated Commissioning Plan (ICP) are prepared by the Financial Planning Finance Manager and are then subsequently reviewed and amended if required by the Assistant Director of Finance. The process document that was prepared to outline the financial plan development for the purposes of this audit can be developed as a robust documented process that could be followed by other members of the department if required.</p> <p>There are multiple iterations of the financial plan saved in a chronological version control order as amendments are made during the development of the plan and as a record changes or corrections added to previous versions.</p>	

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA ICP 2023 3	<p>The CIAG are responsible for clinically assessing schemes put forward by health boards for funding and inclusion in the ICP. For the 2023/24 ICP, 28 schemes were initially submitted and after an initial sift, eight were removed. However, our review of the CIAG documentation identified 19 schemes for assessment. Furthermore, the outcome report produced by the group summarising their assessment findings referred to 18 schemes. We have been unable to obtain information around the variation and the CIAG documentation does not provide any explanation as to why fewer schemes were assessed and reported.</p> <p>The CAIG outcome report gives a priority rating to the assessed schemes. We cross referenced the higher priority rated schemes to the ICP. While most of the schemes included in the ICP were traced back to the CAIG outcome report, not all could.</p>	<p>Management should ensure that documentation in relation to the CAIG schemes is complete. If schemes are removed after initial sifting or as part of the CAIG review, this should be captured in the meeting notes.</p> <p>There is a risk that decisions are based on incomplete information or that the ICP does not accurately reflect the recommendations and decisions made by key group.</p>	LOW	February 2024	Director of Planning	Assistant Director of Planning	<p>As discussed throughout the audit, sifts happen at varying points in the process. Papers outlining this are always sent to the Corporate Directors Group Board (CDGB) and MG and will continue to be so. In addition, letters are written to the submitting Health Board describing how all proposals have been dealt with. Voting happens on the day via Microsoft Forms and real time results are therefore received. This outcome comprises the record of the meeting which is then captured in the ICP. The ADoP will liaise with the coordinating team to ensure that in future rounds all schemes will be numbered so that accurate version control is represented in all papers.</p> <p><b>PROGRESS: To note that WHSSC will be amalgamated into a new Joint Commissioning Committee from 1st April 2024 and the planning and prioritisation processes will be reviewed and owned by that body after that date.</b></p>	COMPLETE

**Welsh Health Specialised Services Committee**  
**Summary Position Regarding Progress on Internal and External Audit Reports**  
**February 2024**

**Summary Position Regarding Internal Audit Recommendations**

Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Achieved	Number of Recommendations Outstanding	Recommendations Not Yet Falling Due	Recommendations over due ( Original Date )	Recommendations with a revised due date
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
Wales Kidney Network	September 2023	October 2023	3	1	2	0	2	2
Integrated Commissioning Plan Development	December 2023	December 2023	3	1	2	2	0	0

**Summary Position Regarding Audit Wales Recommendations**

Report Title	Report Date	Audit Committee Date	Number of Recommendations Made	Number of Recommendations Outside of WHSSC Control	Number of Recommendations Within WHSSC Control	Actions Agreed	Actions Completed	Actions in Progress
Governance Arrangements	May 2021	August 2021	7	3	4	13	13	0

## Recommendations from the Audit Wales Report Welsh Health Specialised Services Committee Governance Arrangements

### Audit Tracker– Update **January 2024**

In May 2021, Audit Wales published the “Welsh Health Specialised Services Committee Governance Arrangements”<sup>1</sup> which found that the governance, management and planning arrangements at WHSSC have improved, however the impact of COVID-19 will require a clear strategy to recover key services and that the Welsh Government’s long-term model for health and social care ‘A Healthier Wales’, and the references made to WHSSC should be re-visited.

Audit Wales made a number of recommendations for both WHSSC and Welsh Government and the management response was presented to the Joint Committee on the 13 July 2021. Progress against actions to address the recommendations will be monitored through the Integrated Governance Committee (IGC).

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
<b>Recovery Planning</b>				
<b>R3</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: <ul style="list-style-type: none"> <li>a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.</li> <li>b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening.</li> <li>c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.</li> </ul>				
<b>b) Potential impact and cost of managing hidden demand.</b> i. Introduction of demand monitoring compared to historical levels for high volume specialties, findings to be reported	In place	Director of Finance	i. The introduction of demand monitoring comparing historical levels for high volume specialties is routinely undertaken and the findings are reported to the WG	<b>Completed</b>

<sup>1</sup> [Welsh Health Specialised Services Committee Governance Arrangements \(audit.wales\)](https://audit.wales)

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
<p>to the WG Planned Care Board and HBs to inform non- WHSSC commissioned pathway development.</p> <p>ii. Appointment of an Associate Medical Director for Public Health to work with Health Board Directors of Public Health to assess impact.</p>	<p>Q3/Q4 2021-22</p> <p>Feb 2023</p>	<p>Director of Nursing &amp; Quality</p> <p>Director of Planning</p> <p>Medical Director</p>	<p>Planned Care Board and HBs to inform non- WHSSC commissioned pathway Development. Demand monitoring continuously features as part of the ICP process, board presentations to HBs and through strategic reviews highlighting variations in access using data systems,</p> <p>ii. WHSSC began the process to advertise for an Associate Medical Director for Public Health via NHS jobs in Autumn 2022. Since then delays were encountered with the process for advertising a clinical role and an agenda for change role in tandem. The Job description has been reviewed by the job evaluation panel at CTMUHB and has been banded, however in light of the WG Review of National Commissioning Arrangements, it is proposed that the post be advertised after the Ministers announcement on the future of commissioning bodies.</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2024	RAG
<b>Specialised Services Strategy</b>				
<p><b>R4</b> The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:</p> <ul style="list-style-type: none"> <li>a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery.</li> <li>b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.</li> </ul> <p>The review should assess services:</p> <ul style="list-style-type: none"> <li>• which do not demonstrate clinical efficacy or patient outcome (stop);</li> <li>• which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer);</li> <li>• where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.</li> </ul>				
<p><b>a. Embrace New Innovations</b></p> <p>i. We will continue to utilise our well-established horizon scanning process to identify new therapeutic and technological innovations, drive value and benchmark services against other commissioning models to support , short, medium, and long-term approach for post pandemic recovery,</p> <p>ii. We will continue to develop our relationship with NICE, AWMSG and HTW in relation to the evaluation of new drugs and interventions,</p> <p>iii. We will engage with developments for digital and Artificial intelligence (AI),</p>	<p>Jul 2021</p> <p>Q3 2021-22</p>	<p>Managing Director</p> <p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p> <p>Director of Planning</p>	<p>i. The dual processes of horizon scanning and prioritisation is firmly embedded in WHSSC's commissioning practice and has been applied successfully since 2016. The process helps ensure the NHS in Wales effectively commissions' new and innovative treatments that are both clinically and cost effective, and are made available in a timely manner. Horizon scanning identifies new interventions which may be suitable for funding, and prioritisation allows them to be ranked according to a set of pre-determined criteria,</p>	<p>Completed</p>



Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p>represented on their Assessment Group, Appraisal Group and Stakeholder Forum. A joint proposal to support all Wales policy development of HTW guidance was supported by MG in June and the HTW Executive Board in July 2021. Funding for two posts (Project Manager and Admin) to support this work is now being sought from WG</p> <p>c. WHSSC also has a close working relationship with AWMSG, focused mainly on medicines management and horizon scanning. A MoU is now being developed between WHSSC and AWMSG to formalise these links and to share knowledge and expertise. The appointment of a WHSSC Medicines Management Pharmacist (due to start January 2022) will further strengthen this partnership.</p> <p>iii. We continue to engage with developments for digital and Artificial intelligence (AI)</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p>iv. We continue to attend the four nations' specialised services commissioners meetings,</p> <p>v. We continue to build upon our existing relationships with the Royal Colleges,</p> <p>vi. We continue to develop our work on value-based commissioning,</p> <p>vii. We have developed a communication and engagement plan to support and inform the strategy which will be presented to the CDGB in January 2022,</p> <p>viii. It was previously agreed with Joint Committee that a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget CEO of NHS Wales regarding use of the Options Framework and the</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
	May 2023		<p>necessity to step down non-essential activities.</p> <p>ix. A Project Manager (PM) has been employed on an interim basis to lead the work required to develop and agree the specialised services strategy. On the 6 September 2022 the Joint Committee approved the overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022. 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></p>	
<p><b>b. Approach to Review of Services will be considered in strategy engagement</b></p> <p>i. The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and</p>	<p>Sept 2021</p> <p>March 2022</p>	<p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p>	<p>The draft new specialised services strategy:</p> <p>i. It was previously agreed with Joint Committee a stakeholder engagement exercise would be undertaken in December</p>	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
<p>undertake a value based services assessment to assess if existing services are still categorised as specialised,</p> <p>ii. We will continue to undertake our annual prioritisation panel with HB's to assess new specialised services that could be commissioned,</p> <p>iii. We will continue to undertake a process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services,</p> <p>iv. WHSSC will investigate opportunities for strengthening its information function through internal re-organisation and investment. This will include the development of an outcome manager post to support both the WHSSC strategic approach to outcome measurement as well as a feasibility analysis of currently available tools. We will pursue our planned investment to utilise the SAIL database with a view to assessing the population impact of services in a number of pilot areas. As previously agreed with the Joint Committee a stakeholder engagement exercise will be undertaken to gain insight from our stakeholders on long term ambitions and to inform how we shape and design our services for the</p>	<p>May 2023</p>	<p>Director of Planning</p>	<p>2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget, CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities. A Project Manager (PM) has been employed on an interim basis to lead the work required to develop and agree the specialised services strategy. On the 6 September 2022 the Joint Committee approved the overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
<p>future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.</p>			<p>and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022. 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></p> <p>ii. On the 28 September 2021 the WHSSC executive team met with Improvement Cymru (IC) to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy and WHSSC agreed to hold a Quality Improvement workshop facilitated by IC in January 2022 and to develop improvement and audit days with nursing teams with a view to undertaking our own internal competency assessment to drive improvement, and considered predictive modelling for</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p>interventions, and international collaborative networks,</p> <p>iii. WHSSC are required to agree annually those services that should be planned on a national basis and those that should be planned locally (section 1.1.4 WHSSC SO's), to support this, following a discussion at the JC 7 September 2021 a workshop was held with the MG on the 25 November 2021 to evaluate the commissioning of services. MG members were requested to submit expressions of interest to evaluate specific commissioned services in order to evaluate the merits of the service being commissioned locally at HB level or through WHSSC.</p> <p>iv. A recovery workshop was held with the MG on the 16 December 2021 to discuss recovery Planning and Quality and Outcome Improvement for Patients. A second recovery workshop was held with the Joint Committee on the 12 July 2022 at their request to discuss HB recovery plans and trajectories. At the JC's request, a follow up deep dive into paediatrics was given to the Joint Committee on the 6 September</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p>2022, and further recovery update session on the 8 November 2022.</p> <ul style="list-style-type: none"> <li>v. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021,</li> <li>vi. The process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services was undertaken between January and May 2021 and informed the prioritisation panel on the 20 July 2021,</li> <li>vii. We have investigated opportunities for strengthening our information function through internal re-organisation and investment and have strengthened the staffing model of the information function to enable more timely information. The WHSSC staffing structure has been reviewed to include a senior outcomes commissioner to design outcome systems and monitor and report outcomes.</li> </ul>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
<b>Welsh Government Recommendation - Independent member recruitment</b>				
<b>Welsh Government Recommendation - Sub-regional and regional programme management</b>				
<b>R6</b> 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).				
<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> 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 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><u>WG update received 22 August 2022</u> Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.</p> <p>In relation to recommendation 7, the letter stated "that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of the recommendations as part of the rationale behind the work".</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p>Having described the work that was now in progress, it was suggested that the recommendations from the Audit Wales report were now completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u></p> <p>WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p><u>WG Update Received 25 January 2023</u></p> <p>WG informed WHSSC that the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group had written to Audit Wales to provide them with an update on a proposed review of national commissioning functions. Copies of letters issued to NHS Chairs and Chief Executives on 23 January 2023 were included, along with the terms of reference for an independent review which had been agreed by the Minister for Health &amp; Social Services. The review commenced week commencing 23 January and will conclude by April 2023. The terms of reference were discussed at the NHS Wales Leadership Board 24 January 2023 and NHS organisations confirmed their commitment to participating in the review.</p> <p>An update was given to the Joint Committee on the 17 January 2023.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p><u>WG Update 31 May 2023</u> Meeting with WG 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 to obtain an update for Joint Committee in July 2023.</p> <p><u>WG Update 11 October 2023</u> WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> <p><u>WG Update 1 November 2023</u> The function of regional commissioning is being explored and discussed as part of the development of the new national commissioning arrangements. It is recognised though that this would be either a delegated function from or supporting function to health boards.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p><u>21 November 2023</u>            Joint Committee members received a report providing an update on progress and received assurance from Andrew Doughton, Lead Auditor, Audit Wales that there was good ongoing engagement with WHSSC on the progress of the recommendations, and that recommendation 6 relating to sub-regional and regional programme management may potentially take longer due to the new arrangements, and that Audit Wales and WG will continue to engage with WHSSC.</p> <p>The JC approved the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024. 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.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
<b>Welsh Government Recommendation - Future governance and accountability arrangements for specialised services</b>				
<b>R7</b> 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> 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 Governance Institute’s report of 2015 which suggested a more national model may be appropriate.</p>			<p><u>WG update received 22 August 2022</u> Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.</p> <p>In relation to recommendation 7, the letter stated, “that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of these recommendations as part of the rationale behind the work”.</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
<p>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.</p>			<p>Having described the work that was in progress, it was suggested that the recommendations from the Audit Wales report were now completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u></p> <p>WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p><u>WG Update Received 25 January 2023</u></p> <p>WG informed WHSSC that the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group had written to Audit Wales to provide them with an update on a proposed review of national commissioning functions. Copies of letters issued to NHS Chairs and Chief Executives on 23 January 2023 were included, along with the terms of reference for an independent review which had been agreed by the Minister for Health &amp; Social Services. The review commenced week commencing 23 January and will conclude by April 2023. The terms of reference were discussed at the NHS Wales Leadership Board 24 January 2023 and NHS organisations confirmed their commitment to participating in the review.</p> <p>An update was given to the Joint Committee on the 17 January 2023.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p><u>WG Update 31 May 2023</u> Meeting with WG confirmed that due to a change in portfolio within the HSSG at WG, Committee Secretary at WHSSC will liaise with Trudi Burton to keep updated on the two recommendations pertaining to the WG to obtain an update for Joint Committee in July 2023.</p> <p><u>WG Update 11 October 2023</u> The Minister for Health &amp; Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			<p>Board for information on a monthly basis.</p> <p>WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p> <p><u>21 November 2023</u> Joint Committee members received a report providing an update on progress and received assurance from Andrew Doughton, Lead Auditor, Audit Wales that there was good ongoing engagement with WHSSC on the progress of the recommendations. In relation to recommendation 7 relating to future governance and accountability arrangements for specialised services this will be likely be categorised as completed soon due to the ongoing work on the national commissioning review.</p> <p>The JC approved the updated audit tracker for submission to Audit Wales and to HB Audit Committees</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>January 2024</b>	RAG
			for assurance in early 2024. 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.	



**Agenda Item**

4.4

**Audit & Risk Committee**

**National Imaging Academy Wales Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	22/02/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tracy Norris, Academy Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Dr Phillip Wardle, Academy Director
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Lauren Edwards, Executive Director of Therapies & Health Science

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CCT	Certificate of Completion of Training
CR	Clinical Radiology
CTMUHB	Cwm Taf Morgannwg University Health Board
HEIW	Health Education and Improvement Wales
NIAW	National Imaging Academy Wales
PACS	Picture Archiving and Communication Systems



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RISP	Radiology Informatics System Procurement
ST	Specialist Trainee

## 1. Situation / Background

- 1.1 The National Imaging Academy Wales is a small NHS organisation, hosted by Cwm Taf Morgannwg University Health Board. It has increased the capacity for Radiologist training in Wales alongside facilitating training for the wider NHS workforce in appropriate Imaging Training. The wider ambition and scope of NIAW includes providing a national hub and Innovation and Research for Diagnostic Imaging through appropriate collaboration with NHS Wales, Higher Education Institutions, and Industry.
- 1.2 The purpose of the report is to provide an update on the National Imaging Academy Wales risk register.

## 2. Specific Matters for Consideration

Not applicable

## 3. Key Risks / Matters for Escalation

- 3.1 There are two ongoing high risks related to:
- NIAW's access to recurring capital funding
  - Commissioned number of CR Specialist Trainees for Training at NIAW

There are two moderate risks related to

- NIAW's access to capital funding financial year 2023/24
- Confidence to deliver the recommendations from the Gateway Review

The NIAW Risk Register (High & Moderate risks) is attached in Appendix 1.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	<p>Sustaining Our Future</p> <p>NIAW was established to assist with key priorities as stated within the Imaging Statement of Intent:</p> <ul style="list-style-type: none"> <li>• Workforce and education and development goal - to develop a sustainable and flexible imaging workforce to deliver a modern, responsive diagnostic imaging service for Wales.</li> <li>• Equipment - establish a co-ordinated approach to identifying, evaluating, prioritising, and</li> </ul>



	<p>adopting new imaging technologies across NHS Wales</p> <ul style="list-style-type: none"> <li>Quality - develop strategic plans for the delivery of imaging services to maximise workforce and imaging capacity utilisation.</li> <li>Research &amp; Innovation - establishing a strong research and academic base, with national and international collaboration, for imaging including radiology, radiography, and medical physics in Wales</li> </ul>
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies, please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies, please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Data to Knowledge
	If more than one applies, please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	If more than one applies, please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies, please list below:



<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not applicable
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not applicable
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Significant reputational damage to the National Imaging Academy should the academy not achieve the desired outcome.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Please see risk 4807	

## 5. Recommendation

5.1 The Audit and Risk Committee is asked to:

- Note the update provided relating to the NIAW's Risk Register

## 6. Next Steps

- a) Phase 1 building works commenced in November 2023 and will be completed by March 2024. As of February 2024, a new access control system has been installed within NIAW to improve the security posture of the building and the installation of a new front door and windows is complete. The final part of phase 1 will include enhancements to the first-floor toilets and an upgrade to the gate on the main entrance.



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- b) Continue to engage with CTMUHB Capital team and Welsh Government to mitigate risk 4807.
- c) Progress key actions related to risk 5033 (Gateway review recommendations)

**NIAW Risk Register (High & Moderate Risks)**

ID	Locality	Service Group	Risk Domain	Title	Description	Controls in place	Rating (current)	Rating (Target)	Handler
4807	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	NIAW funding (Recurring Capital Allocation)	<p><b>IF:</b> NIAW do not receive capital allocation</p> <p><b>THEN:</b> NIAW will be unable to procure replacement or new assets to support its services and site</p> <p><b>RESULTING IN:</b> Failure to maintain/improve/advance effective, high quality training/clinical/conference/research environment, services. Failure to maintain and the building to a suitable standard</p>	NIAW can request discretionary capital allocation from the Health Boards or submit a joint bid to Welsh Government if additional purchases are required. Formal arrangements on funding required to enable NIAW to plan capital replacement projects.	C4XL5=20	8	Wardle, Mr Phillip
4689	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Commissioned number of CR Specialist Trainees for Training at NIAW	<p><b>IF:</b> HEIW do not commission NIAW to train the 20 ST's per year, as identified as a key aim in the NIAD BJC or if the Health Boards are unable to achieve the required capacity</p> <p><b>THEN:</b> The Specialist Trainee numbers achieving CCT will be below that expected/projected in NIAD BJC.</p> <p><b>RESULTING IN:</b> A delay and increased shortfall in ST numbers being trained to address the Welsh Radiologist workforce crisis and failure to achieve the expected benefit of NIAW</p>	<p>Raised as concern with: SROs (CEO, Hywel Dda; CEO, CTM) Associate Dean, Clinical Radiology, HEIW HEIW</p> <p>RCR: with CMO/CSO (WG) through annual RCR President/WG meeting; Vice President has approached Chair, HEIW</p>	C5XL4=20	10	Tracy Norris

**NIAW Risk Register (High & Moderate Risks)**

5033	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	<p>Gateway 5 Review Amber/ Red status in NIAW's Delivery Confidence Assessment for its future developments. [Successful delivery of the projects is in doubt with major risks or issues apparent in several key areas. Urgent action is required to ensure these are addressed, and establish whether resolution is feasible]</p>	<p><b>IF:</b> NIAW fails to take urgent action <b>THEN:</b> NIAW will be unsuccessful in delivering proposed BJC benefits and emerging outcomes &amp; benefits for NHS Wales <b>RESULTING IN:</b> - Fail to meet key objectives as set out in BJC and Welsh Government Imaging Statement of Intent - Short/Long term impact on diagnostic imaging workforce training and development e.g. insufficient Radiologist training capacity to satisfy urgent current &amp; future workforce requirement - Loss of public, NHS Wales and Welsh Government confidence - Unplanned negative financial impact -using NHS Wales budget</p> <p><b>IF:</b> NIAW do not receive capital allocation in financial year 2023/2024</p> <p><b>THEN:</b> NIAW will be unable to procure replacement or new assets to support its services and site</p> <p><b>RESULTING IN:</b> Failure to maintain/improve/advance effective, high-quality training/clinical/conference/research environment, services. Failure to maintain and the building to a suitable standard</p>	<p>Gateway Review 5 workgroup established to action Review recommendations. - NIAW Management Team - NIAW Senior Responsible Officer - Advisor Group Identified to review NIAW Strategic Documents (Including Gateway Review Action Documents)</p> <p>Capital allocation of £188k has been agreed by Welsh Government to support work required in financial year 2023/24.</p>	C4xL3=12	4	Wardle, Mr Phillip
5581	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	NIAW funding (Capital Allocation 23/24)	<p><b>IF:</b> NIAW do not receive capital allocation in financial year 2023/2024</p> <p><b>THEN:</b> NIAW will be unable to procure replacement or new assets to support its services and site</p> <p><b>RESULTING IN:</b> Failure to maintain/improve/advance effective, high-quality training/clinical/conference/research environment, services. Failure to maintain and the building to a suitable standard</p>	Capital allocation of £188k has been agreed by Welsh Government to support work required in financial year 2023/24.	C4XL3=12	4	Tracy Norris