

Hosted Bodies Audit & Risk Committee

Wed 19 April 2023, 10:15 - 11:15

Virtually via Microsoft Teams

Agenda

10:15 - 10:20
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information Patsy Roseblade, Committee Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Committee Chair

1.3. Declarations of Interest

Information Patsy Roseblade, Committee Chair

10:20 - 10:25
5 min

2. CONSENT AGENDA FOR APPROVAL

2.1. Unconfirmed Minutes of the meeting held on 13 February 2023

Decision Patsy Roseblade, Committee Chair

 2.1 Unconfirmed Minutes Hosted Bodies Audit Risk Committee ARC 13 February 2023 ARC 19 April 2023.pdf (6 pages)

10:25 - 10:30
5 min

3. MAIN AGENDA

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 April 2023.pdf (2 pages)

3.2. Matters Arising not considered within the Action Log

Discussion Patsy Roseblade, Committee Chair

10:30 - 11:10
40 min

4. IMPROVING CARE

4.1. National Imaging Academy for Wales Risk Register

Discussion Philip Wardle, Academy Director

 4.1 NIAW Risk Register April_2024 ARC 19 April 2023.pdf (7 pages)

4.2. EASC Update

Discussion Stephen Harray, Chief Ambulance Services Commissioner

- 📄 4.2a EASC Update ARC_19_April_2023.pdf (9 pages)
- 📄 4.2b App1_EASCRiskRegister_EASC_14_Mar_2023_ARC_19April_2023.pdf (3 pages)
- 📄 4.2c App2_EASC Assurance Framework_EASC_14_Mar_2023_ARC_19_April_2023.pdf (25 pages)
- 📄 4.2d App3_NCCU Risk Register_NCCUMB_2 Mar 2023_ARC_19_April_2023.pdf (2 pages)
- 📄 4.2e App4_EASC Action Plan February 2023_ARC_19_April_2023.pdf (8 pages)

4.2.1. Non Emergency Patient Transport Services Presentation

Discussion *Stephen Harchy, Chief Ambulance Services Commissioner*

- 📄 4.2.1 EASC NEPTS Update ARC 19 April 2023.pdf (6 pages)

4.3. WHSSC Corporate Risk Assurance Framework and Risk Register

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

- 📄 4.3a WHSSC CRAF March 2023 ARC 19 April 2023.pdf (8 pages)
- 📄 4.3b Appendix 1 - CRAF March 2023 ARC 19 April 2023.pdf (23 pages)

4.4. WHSSC Audit Recommendations Tracker

Discussion *Stuart Davies, WHSSC Director of Finance*

- 📄 4.4a WHSSC Audit Tracker Report ARC 19 April 2023.pdf (8 pages)
- 📄 4.4b Appendix 1 - WHSSC Audit Recommendations Progress Tracker 2022-2023 for ARC 19 Apr 2023.pdf (5 pages)
- 📄 4.4c Appendix 2 - Audit Wales WHSSC Governance Tracker - March 2023 ARC 19 April 2023.pdf (16 pages)

4.5. Internal Audit Review - EASC Ambulance Handovers

Discussion *Paul Dalton, Head of Internal Audit*

- 📄 4.5 IA Ambulance Handover Plan Improvements - Final Internal Audit Report ARC 19 April 2023.pdf (11 pages)

11:10 - 11:15 5. ANY OTHER BUSINESS

5 min

Information *Patsy Roseblade, Committee Chair*

11:15 - 11:15 6. DATE AND TIME OF NEXT MEETING - WEDNESDAY 21 JUNE AT 9AM

0 min

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Hosted Bodies Audit & Risk Committee held on the 13 February 2023 as
a Virtual Meeting via Microsoft Teams**

Members Present:

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

In Attendance:

Paul Dalton	NWSSP – Internal Audit & Assurance
Emma Samways	NWSSP – Internal Audit & Assurance
Sara Utlej	Audit Wales
Mark Jones	Audit Wales
Helen Tyler	Corporate Governance Manager (WHSSC)
Helen Harris	Financial Accountant (WHSSC)
Gwenan Roberts	Assistant Director of Corporate Services (EASC)
Stephen Harray	Chief Ambulance Services Commissioner (EASC) (In part)
Sally May	Director of Finance CTMUHB
Owen James	Head of Corporate Finance
Cally Hamblyn	Assistant Director of Governance & Risk
Emma Walters	Corporate Governance Manager (Secretariat)

**Agenda
Item**

1.0.0 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair welcomed everyone to the meeting.

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

1.2 Apologies for Absence

Apologies for absence have been received from:

- Jacqui Evans, WHSSC Committee Secretary;
- Stuart Davies, WHSSC Director of Finance;
- Steve Spill, Independent Member, WHSSC

S Harrhy advised that he would need to leave the meeting at 1.30pm. Members noted that the EASC update would be taken as the first item to allow for S Harrhy to leave the meeting.

1.3 Declarations of Interest

The declaration from J Sadgrove and C Donoghue was noted in relation to any references made to the PET Scanner project and advised that whilst they were both Senior Professional Fellowes at Cardiff University, they had no individual involvement in the project.

2.0.0 CONSENT AGENDA – FOR APPROVAL

2.1 Unconfirmed Minutes of the Meeting held on the 12 December 2022

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

3.0.0 MAIN AGENDA

3.1 Audit & Risk Committee Action Log

H Tyler presented Members with the action log. Members noted that in relation to the WHSSC Review of Financial Limits and Reporting action, the updated Standing Financial Instructions would be presented to the March Joint Committee for approval, prior to submission to all Health Board's for final approval.

In relation to the second action relating to the EASC update, G Roberts advised that a discussion had been held at the Board Secretaries meeting who advised that they would be happy for the EASC Update reports to be shared with Audit Committee Chairs. G Roberts advised it would be helpful if a list of Audit Committee Chairs could be shared by C Hamblyn.

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

Action: List of Audit Committee Chairs to be provided to be provided to G Roberts by C Hamblyn.

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

Resolution: There were no further matters arising identified.

4.0.0 IMPROVING CARE

4.1 National Imaging Academy Risk Register

P Roseblade advised Members that she had agreed prior to the meeting to defer this item to the April meeting as a result of capacity issues within the National Imaging Academy at present.

Resolution: The update was **NOTED**.

4.4 EASC Update

S Harrhy and G Roberts presented Members with the report. The following key points were highlighted in relation to ambulance handover performance:

- Poor performance was reported for December 2022, with red release performance being less than 40% and over 32,000 lost as a result of ambulance handover delays;
- There were concerns in relation to patient safety with 5,500 patients being told that an ambulance wouldn't be able to reach them in December. A number of these patients would have experienced a fall and would have been told that they would have to make their own way to a hospital;
- It was expected that an improvement would be seen for January when the data was published;
- The Welsh Ambulance Services NHS Trust (WAST) had completed their recruitment of additional staff who were now in post and actively working;
- Each Health Board had signed their Integrated Commissioning Action Plans and fortnightly meetings were being held with Health Board's and WAST to ensure actions were being taken forward;
- Further work was being undertaken to review the coding of red calls to gain greater assurance that red calls had been coded appropriately;
- There had been a decrease in activity on the days where Industrial Action had taken place by Ambulance Staff which had resulted in improved flow through systems.

S Harrhy extended his thanks to all Health Board staff for the work being undertaken to improve the position.

In response to a question raised by C Donoghue in relation to the process followed regarding the categorisation of red calls, S Harrhy advised that all calls were categorised initially based on the information provided to the call handler. The information was then assessed by a clinician to determine whether a call back needed to be made to the caller to ensure coding had been allocated correctly. Members noted that this process did not delay the response and an ambulance would still be despatched. S Harrhy advised that this high level coding needed to be undertaken to enable WAST to remain accredited.

In response to a query raised by P Roseblade regarding the frequency of the Quality & Delivery meetings, S Harrhy confirmed that bi-monthly Quality & Delivery meetings were being held between EASC and Welsh Government, with fortnightly meetings being held between EASC, WAST and Health Board's to discuss the Integrated Commissioning Action plan, which feeds into the 6 Goals Programme.

G Roberts presented members with the risk register which had undergone a comprehensive review following some helpful comments made by Independent

Members. G Roberts also presented the EASC action plan and advised that work would be undertaken on its presentation to make it easier for Members to read.

I Wells made reference to the action plan and expressed concern at the number of actions that had been marked as red in terms of progress and confidence. G Roberts advised that the integrated action plan had been developed as a result of there being a whole host of plans in the system and advised that progress against the plan was being monitored fortnightly with Health Board's. S Harry advised that a whole system approach was required to address some of the actions and added that there were significant capacity issues in some parts of the system, particularly in relation to the delays being experienced in relation to discharging patients who were medically fit.

P Roseblade made reference to the carrying out of harm assessments and sought clarity as to how a harm assessment could be undertaken on patients who did not receive a service. G Roberts advised that EASC were trying to capture the data on what happened to patients who had not received an ambulance response and added that work was being undertaken with WAST in relation to how the information they were collating could be shared with Health Board's. S Harry advised that work was being undertaken to align data between WAST and Health Board systems and added that work was underway with Health Board's as to how their serious adverse incidents were being reported.

J Sadgrove highlighted that the new Duty of Candour would be due for implementation from 1 April 2023 and sought clarity as to whether EASC were giving consideration to this. S Harry confirmed that work was ongoing to ensure processes being following by WAST and Health Board's were aligned in relation to the Duty of Candour. Members noted that the Executive Directors of Nursing were fully involved in the investigation work being undertaken.

P Roseblade made reference to the statement made within the report that the EASC Standing Orders would be presented to the Audit & Risk Committee for assurance following approval at the Joint Committee in March 2023. P Roseblade advised that a review was being undertaken as to whether the Standing Orders and Standing Financial Instructions could just be presented to Board for approval following the Joint Committee.

Resolution: The report was **NOTED**

4.2 WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register

H Tyler presented the CRAF and highlighted the key matters for the attention of the Committee.

I Wells made reference to Risk 40 which related to limited Outpatients Dialysis in Swansea Bay and added that there appeared to be an increase in the number of patients requiring this service. H Harris advised that whilst the increase was not significantly higher, Morriston Hospital had now reached their capacity. H

Harris added that additional funding had now been agreed for a new unit, which would allow for expansion of the outpatient service provision, which would hopefully be in place by September 2023.

In response to a question raised by P Roseblade as to whether any specific questions were asked by Joint Committee members in relation to this report when it was presented to the Joint Committee in January, H Tyler advised that she could not recall any specific questions being asked but would be happy to seek confirmation on this point.. H Tyler advised that Joint Committee Members had noted that there were a number of mental health risks on the risk register and added that any specific queries regarding risks would have been raised during the presentation of specific reports. Members noted that one comment had previously been made by the Joint Committee in relation to only the red risks being presented.

P Roseblade reiterated her concerns in relation to target scores and asked that where the consequence score significantly changes could rationale be added. H Tyler advised that a discussion on these issues would be held at the Risk Scrutiny Group alongside the review of the Risk Management Strategy. Members noted that once these discussions had been held, further training would be held with staff where some of the issues highlighted by P Roseblade would be addressed.

Resolution: The report was **NOTED**.

Action: Confirmation to be provided outside the meeting as to whether any specific questions had been asked by Joint Committee Members in relation to the Corporate Risk Assurance Framework and Risk Register report.

Action: In relation to target scores, where the consequence score significantly changes could rationale be added.

4.3 WHSSC Audit Recommendations Tracker

H Harris presented the report and provided Members with key updates in respect of the implementation of recommendations from internal and external audits.

P Roseblade advised that the report made reference to the advert for the Associate Medical Director post being place in December 2023. H Harris advised that this was a typographical error and should read December 2022. Members noted that the post did not go out to advert in December 2022 and noted that the post should hopefully be out to advert end of February/early March 2023. In response to a query raised by P Roseblade as to whether the Joint Committee had agreed to fund this post or whether funding was being provided by WHSSC internally, H Harris agreed to review the position outside the meeting.

H Harris advised that in relation to the Audit Wales recommendations, it was hoped that all recommendations would be closed by May 2023 to enable a final report to be presented to the May Joint Committee.

In response to a query raised by I Wells in relation to Welsh Health Specialised Services Committee Independent Member representation, H Tyler advised that Steve Spill had been appointed as an Independent Member representative for the Audit & Risk Committee and added that he was unfortunately unable to attend the meeting today following the change in date. P Roseblade advised that she had met with S Spill to discuss his role on the Committee.

In response to a comment made by P Roseblade in relation to the large number of closed actions within the report, some of which were closed in 2021, H Tyler agreed to action the request to remove these from the tracker ahead of the next meeting.

Resolution: The report was **NOTED**.

Action: Review to be undertaken as to whether the funding for the Associate Medical Director post had been agreed by Joint Committee or whether funding was being provided internally by WAST.

Action: Closed actions/recommendations to be removed from the tracker moving forwards.

4.5 WHSSC PET Scanner Progress Report

H Tyler presented Members with the report which highlighted the proposed closure of two further recommendations. P Roseblade advised that she would welcome further 6 monthly updates on this matter.

Resolution: The report was **NOTED**

5.0.0 ANY OTHER BUSINESS

There was no other business to report.

6.0.0 DATE AND TIME OF NEXT MEETING

The next meeting would take place at 9:00am on Wednesday 19 April 2023.

7.0.0 CLOSE

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG
FOLLOWING MEETINGS HELD ON 13 FEBRUARY 2023**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT April 2023
4.4	24/10/2022	WHSSC Review of Financial Limits and Reporting	CTMUHB and WHSSC Officers to consider the appropriate sequencing/routes to approval for the review of the Financial Limits and Reporting outside the meeting, with a view to revisiting the item in the Committee meeting in December 2022.	December 2022 Now February 2023 Now March 2023 Now May 2023	WHSSC Committee Secretary / Director of Corporate Governance (CTMUHB)	In progress The Joint Committee approved the updated financial authorisation matrix and the updated SFI approval process on the 10 January 2023. The Standing Financial Instructions (SFI's), and the scheme of delegation are being updated to reflect the changes. The updated SFI's will be presented to the Joint Committee in March for approval, then be taken forward for approval by the seven LHBs. In addition, a financial assurance report providing assurance on high cost expenditure incurred by WHSSC will be presented to ARC meetings for assurance from April onwards.
4.1	12/12/2022	EASC Update	General update to be received at a future meeting of the Committee in relation to the Non- Emergency Patient Transport Service.	April 2023	Chief Ambulance Services Commissioner	On agenda Update on Non-Emergency Patient Transport Services (NEPTS) to be provided at the next meeting
COMPLETED ACTIONS						
4.1	12/12/2022	EASC Update	Discussion to be held with Board Secretaries to determine whether they feel it would be helpful for the EASC Update report to be shared with All Wales Audit Chairs.	February 2023 Now April 2023	Assistant Director of Corporate Services (EASC)	Completed Discussed at the Board Secretaries meeting where it was agreed that the EASC Update report could be shared with Audit Committee Chairs. Report shared with Audit Committee Chairs
4.2	13/02/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Confirmation to be provided outside the meeting as to whether any specific questions had been asked by Joint Committee Members in relation to the Corporate Risk Assurance Framework and Risk Register report.	April 2023	WHSSC Corporate Governance Manager	Completed The Joint Committee last received a comprehensive update on the CRAF on 17 January 2023 and approved the document. No specific questions were asked in relation to the details of the risks.

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT April 2023
4.2	13/02/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	In relation to target scores, where the consequence score significantly changes could rationale be added.	April 2023	WHSSC Corporate Governance Manager	Completed The Risk Scrutiny Group met 16 March 2023 and risk owners were requested to provide rationale in instances where the consequence score significantly changes
4.3	13/02/2023	WHSSC Audit Recommendations Tracker	Review to be undertaken as to whether the funding for the Associate Medical Director post had been agreed by Joint Committee or whether funding was being provided internally by WAST.	April 2023	WHSSC Financial Accountant	Completed The funding for the AMD post is from the WHSSC Direct Running Costs (DRC) budget.
4.3	13/02/2023	WHSSC Audit Recommendations Tracker	Closed actions/recommendations to be removed from the tracker moving forwards.	April 2023	WHSSC Financial Accountant	Completed The WHSSC audit tracker document has been refined to provide updates on the open actions/recommendations only.



AGENDA ITEM
4.1

AUDIT & RISK COMMITTEE

NATIONAL IMAGING ACADEMY WALES RISK REGISTER

Date of meeting	19/04/2023
FOI Status	Open/Public
If closed, please indicate reason	Not Applicable - Public Report
Prepared by	Tracy Norris, Academy Manager
Presented by	Phillip Wardle, Academy Director
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
NIAW	National Imaging Academy Wales
HEIW	Health Education and Improvement Wales
CR	Clinical Radiology
CCT	Certificate of Completion of Training
ST	Specialist Trainee



1. SITUATION/BACKGROUND

- 1.1 National Imaging Academy Wales is a small NHS organisation, hosted by CTMUHB. 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 BY THIS MEETING (ASSESSMENT)

2.1 Risk Register

There are two ongoing high risks related to:

- NIAW's access to capital funding
- Commissioned number of CR Specialist Trainees for Training at NIAW

There are three ongoing moderate risks related to

- Confidence to deliver the recommendations from the Gateway Review
- Additional costs occurred because of the new RISP -PACS and RIS contracts
- Additional costs occurred, if NIAW are required to run dual PACS contracts for a period of 6 months related to the phased approach of the PACS deployment orders at each Health Board over the next 2-3 years.

The NIAW Risk Register (High Risks) is attached at Appendix 1.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 (4807 - High) No formal discretionary capital allocation approved for 2022/2023 or 2023/24. This risk is also linked to other NIAW risks (of low-risk rating) that impact NIAW's site security, fire safety & disabled access.
- 3.2 (4689- High) This is an inherent risk associated with the external commissioning of Radiology Trainees to the South Wales Training



Scheme. It is unlikely that this risk can be mitigated due to the bottlenecks on speciality training at Health Boards. This will have a significant effect on the realisation of NIAW's benefits; it will remain on the risk register under annual review.

For noting - 16 CR Specialist Trainees commissioned to the South Wales training scheme in 2022/23. 16 CR trainees commissioned for 2023/2024.

- 3.3 (5033- Moderate) There is a risk related to the delivery of the Gateway Review recommendations. The recommendations will not be delivered within the agreed timescales. A new Academy Manager is now in post and seconded Project Manager interviews are imminent.
- 3.4 (4745 - Moderate) The extended PACS contract terminates in 2023. There is a risk that costs will increase in the new contract.
- 3.5 (5401 - Moderate) There is a possibility that NIAW will be required to run dual contracts for a period of 6 months which may lead to additional costs. NIAW have submitted requirements to the RISP team and are represented as part of ongoing planning sessions with CTM UHB independently.
- 3.6 The attached NIAW risk register details the high risks identified by NIAW, all impacting the business objectives or projects. Key control measures being taken to mitigate the risks are identified. The NIAW Risk Register is monitored at the Academy Business Meeting (ABM), the quarterly CTMUHB/NIAW governance meeting, last held on 4/4/23.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies, please list below: Staff & Resources
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.



Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future
	<p>NIAW was established to assist with key priorities as stated within the Imaging Statement of Intent:</p> <ul style="list-style-type: none"> • Workforce and education and development goal - to develop a sustainable and flexible imaging workforce to deliver a modern, responsive diagnostic imaging service for Wales • Equipment - establish a co-ordinated approach to identifying, evaluating, prioritising, and adopting new imaging technologies across NHS Wales • Quality - develop strategic plans for the delivery of imaging services to maximise workforce and imaging capacity utilisation • Research & Innovation - establishing a strong research and academic base, with national and international collaboration, for imaging including radiology, radiography, and medical physics in Wales

5. RECOMMENDATION

- 5.1 The Audit and Risk Committee is asked to:
- **NOTE** the update provided relating to the NIAW’s Risk Register
 - Ongoing review and support for increased reliable access to capital funding wherever possible



Appendix 1 – NIAW’s Risk Register (High 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 (Capital Allocation)	<p>IF: NIAW do not receive capital allocation</p> <p>THEN: NIAW will be unable to procure replacement or new assets to support its services and site</p> <p>RESULTING IN: 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 Capital funding required to enable NIAW to plan,	20	8	Academy Director
4689	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	Commissioned number of CR Specialist Trainees for Training at NIAW	<p>IF: 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>THEN: The Specialist Trainee numbers achieving CCT will be below that expected/projected in NIAD BJC.</p> <p>RESULTING IN: 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:</p> <p>SROs (CEO, Hywel Dda; CEO, CTM)</p> <p>Associate Dean, Clinical Radiology, HEIW</p> <p>HEIW</p> <p>RCR: with CMO/CSO (WG) through annual RCR President/WG meeting; Vice President has approached Chair, HEIW</p>	20	10	Academy Manager



5033	Corporate Function / Operations	National Imaging Academy	Business objectives or Projects	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>IF: NIAW fails to take urgent action</p> <p>THEN: NIAW will be unsuccessful in delivering proposed BJC benefits and emerging outcomes & benefits for NHS Wales</p> <p>RESULTING IN:</p> <ul style="list-style-type: none"> - 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 & future workforce requirement - Loss of public, NHS Wales and Welsh Government confidence - Unplanned negative financial impact -using NHS Wales budget 	Gateway Review 5 workgroup established to action Review recommendations. <ul style="list-style-type: none"> - NIAW Management Team - NIAW Senior Responsible Officer - Advisor Group Identified to review NIAW Strategic Documents (Including Gateway Review Action Documents) 	12	4	Academy Director
4745	Corporate Function / Operations	National Imaging Academy	Financial Stability & Impact of Litigation	PACS Contract – End of Life	<p>IF: The new PACS contract costs are more expensive than the current contract costs.</p> <p>THEN: NIAW may not have sufficient funding to support the project</p> <p>RESULTING IN: Failure to deliver training and other essential activity</p>	A procurement process has started to select a new PACS service for the whole of Wales with the aim to replace the existing service throughout 2024-2025 The final costs for this new service are not known yet but may be higher than we currently pay.	12	4	Academy Manager
5401	Corporate Function / Operations	National Imaging Academy	Financial Stability & Impact of Litigation	IT Solution – Dual Running	<p>IF: An agreement cannot be reached with the new PACS supplier</p> <p>THEN: NIAW will be required to pay existing contract fees (Fuji) and new contract fees (Philips) for a period of 6 months.</p>	Costs will be received from Philips by the end of June, we will know if we can do a phase approach which will mitigate dual costs.	12	4	Academy Manager



					RESULTING IN: Additional costs occurring.				
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AGENDA ITEM

4.2

AUDIT AND RISK COMMITTEE

EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) UPDATE

Date of meeting	19/04/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Gwenan Roberts, Committee Secretary / Assistant Director Corporate
Presented by	Stephen HARRY, Chief Ambulance Services Commissioner
Approving Executive Sponsor	Chief Ambulance Services Commissioner
Report purpose	ENDORSE

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
EAS Joint Committee	March 2023	Approved
EASC Management Group	Feb 2023	Endorsed
NCCU Risk Register NCCU Management Board	Feb 2023	Approved

ACRONYMS

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

1. SITUATION/BACKGROUND

- 1.1 The purpose of the report is to provide an EASC update to the CTMUHB Audit and Risk Committee (as host body) for assurance purposes.
- 1.2 The following areas are included:
 - EASC Risk Register
 - EASC Assurance Framework
 - EASC Standing Orders
 - Investigation by the Welsh Language Commissioner
 - NCCU Risk Register
 - EASC Action Plan.

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

EASC Risk Register

- 2.1 The Risk Register was reviewed and updated by the EASC Team during early 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting. The updated EASC Risk Register was approved at the EASC meeting on 14 March 2023.
- 2.2 Additional information has been included related to the ongoing system pressures and the impact on patients and the increasing risk of harm.
- 2.3 The Risk Register is attached at **Appendix 1**.
- 2.4 The Red risks are as follows:
 - Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers (4503)
 - Failure to achieve agreed performance standard for category red calls (4506)
 - Failure to achieve agreed performance standard for amber category calls (4507).
 - Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation (5005)
 - Failure to secure sufficient ambulance capacity to meet the needs of the population (5370)
- 2.5 All of the existing 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

- 2.6 The updated EASC Assurance Framework is attached as **Appendix 2** has been updated in line with the changes made to the EASC Risk Register.
- 2.7 This Framework is in line with the requirements of the host body.

EASC Standing Orders

- 2.8 Members are asked to note that the EASC Standing Orders were approved at the EAS Joint Committee meeting on 14 March 2023 and will be shared with all health boards in Wales for inclusion with the individual health board standing orders as required.

Investigation by the Welsh Language Commissioner

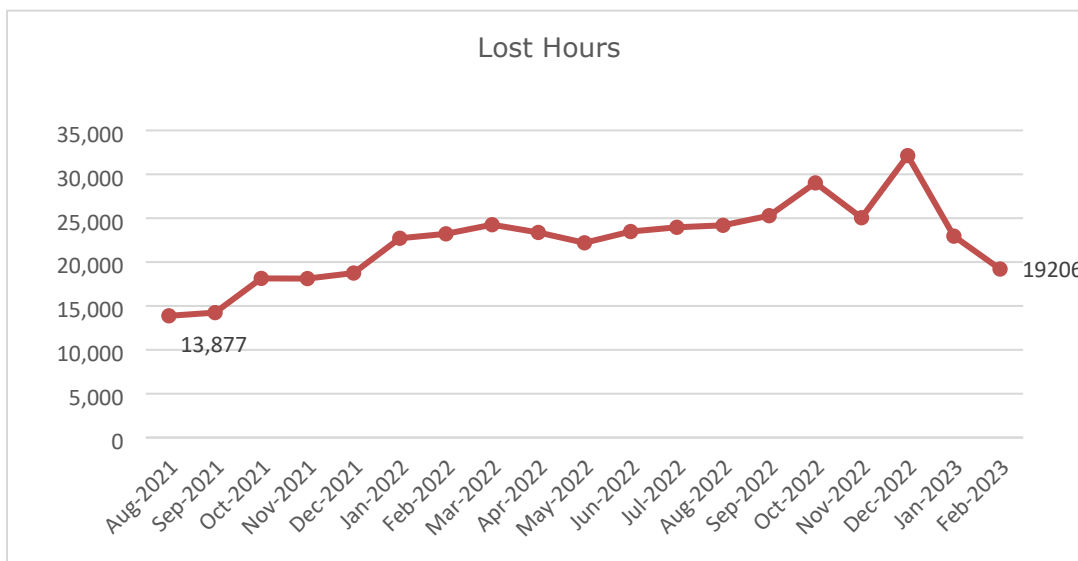
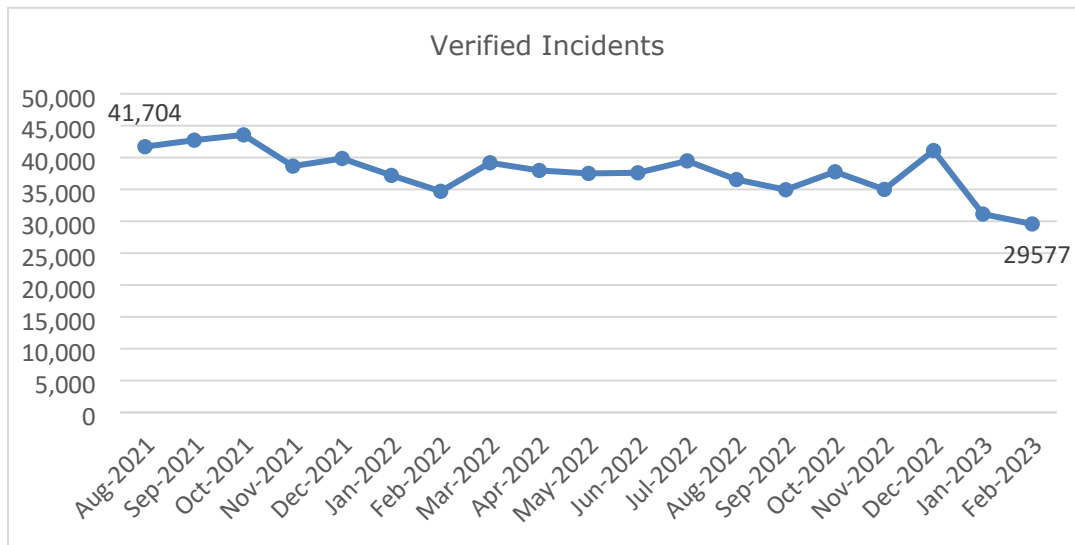
- 2.9 Members are asked to note the ongoing investigation by the Welsh Language Commissioner (WLC). A member of the public had concerns regarding the availability of documentation on the EASC website and related to the EMRTS Service Development Proposal in November 2022. The member of the public had visited the website and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website.
- 2.10 A full response (which confirmed responsibility and provided evidence of the EASC Team approach) was submitted to the Commissioner in line with the timescale stipulated.
- 2.11 Ongoing work is taking place supported by the Welsh Language Team at Cwm Taf Morgannwg UHB. The Commissioner has asked that changes are made to the website software and work has started with Digital Health and Care Wales to ensure this is completed.
- 2.12 A further update will be provided at a future meeting.

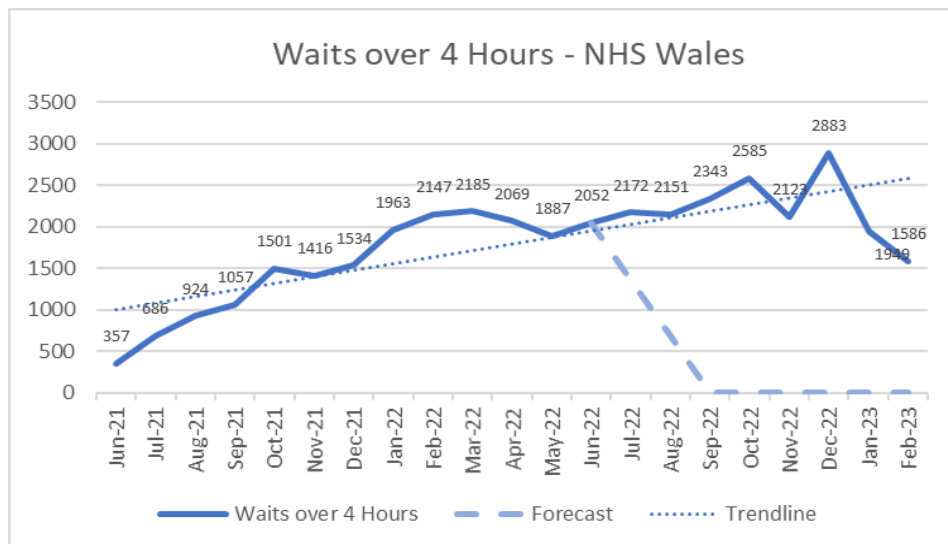
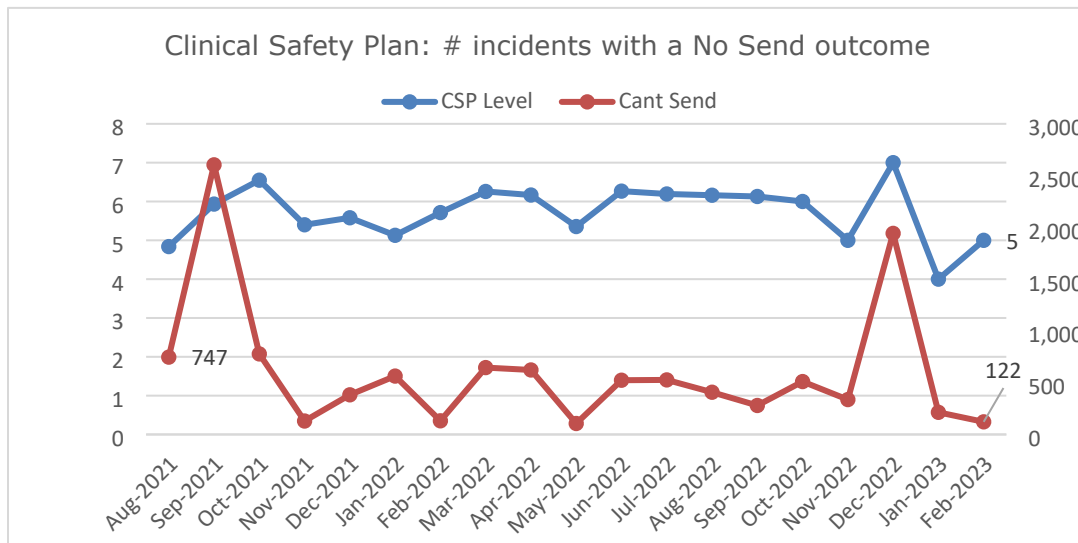
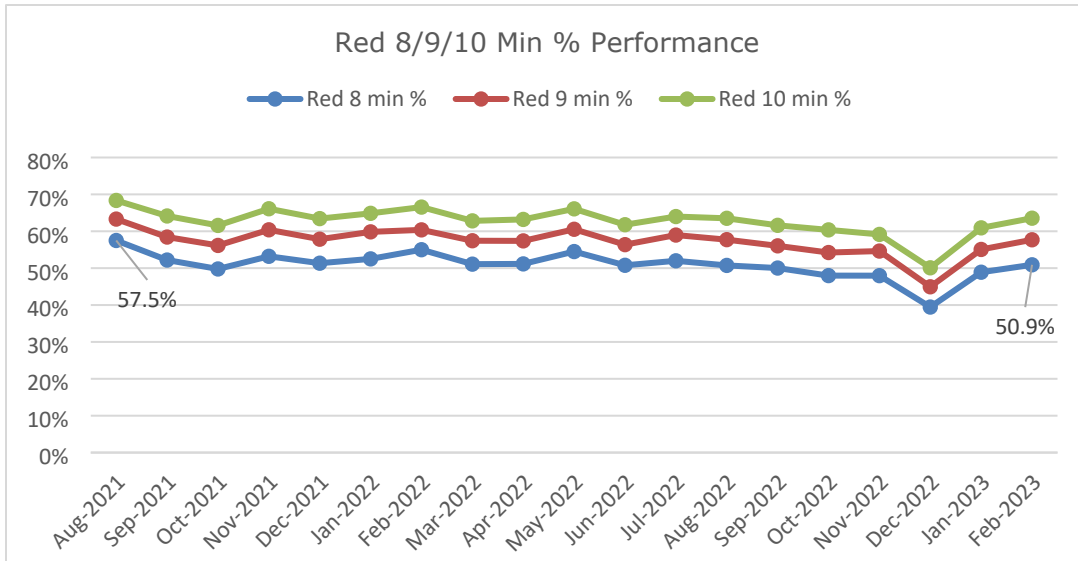
National Collaborative Commissioning Unit (NCCU) Risk Register

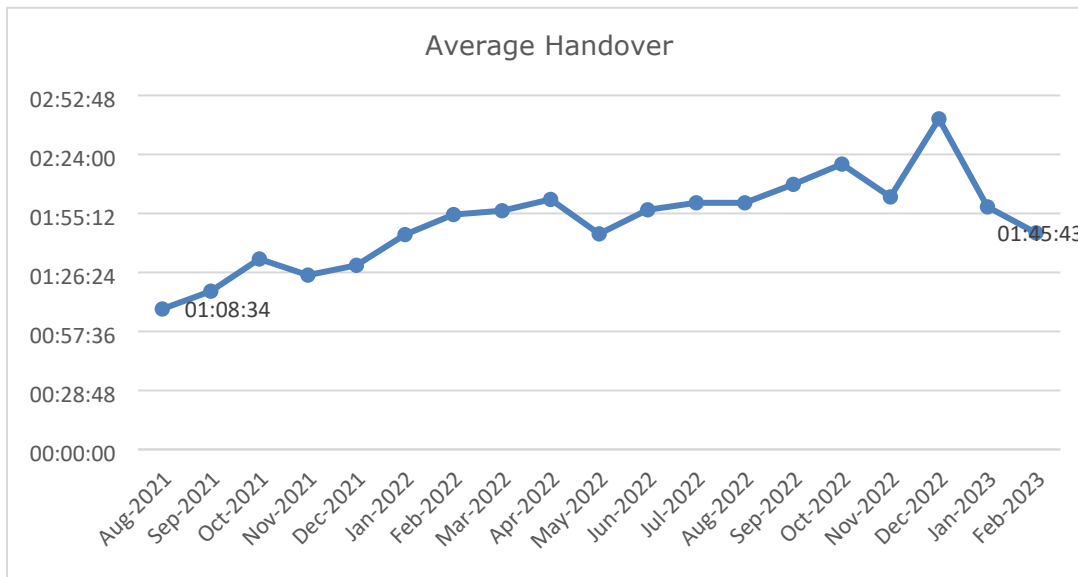
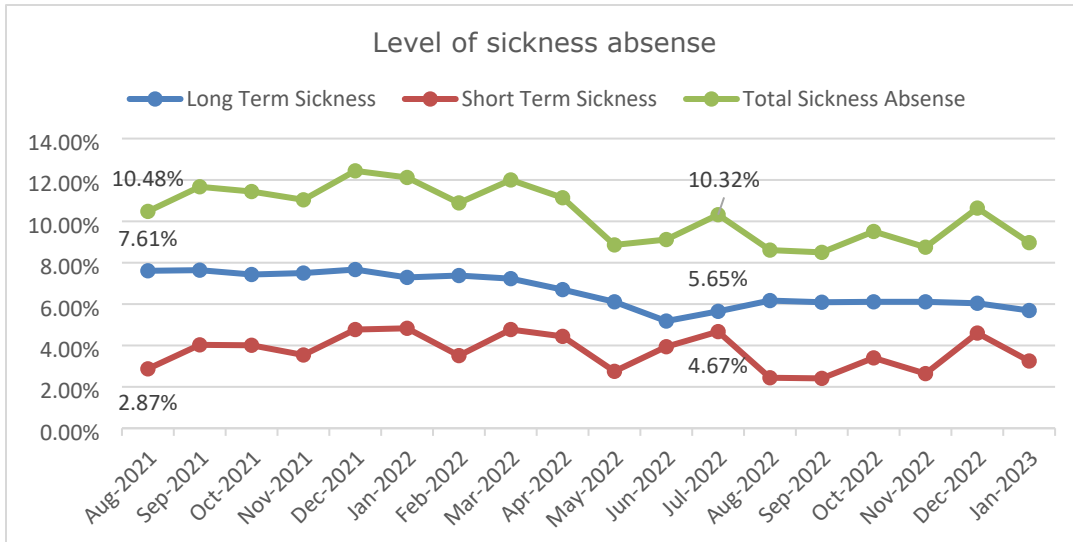
- 2.13 The Risk Register was presented and approved at the NCCU Management Board meeting in February 2023.
- 2.14 The Risk Register is attached at **Appendix 3** (all risks presented).
- 2.15 There are 7 risks identified, 3 amber risks, 2 yellow and 2 green risks. There are no red risks at the time of reporting.
- 2.16 All of the risks are included and have been updated on the Datix Risk Management System in line with the requirements of the host body Cwm Taf Morgannwg UHB

EASC Action Plan

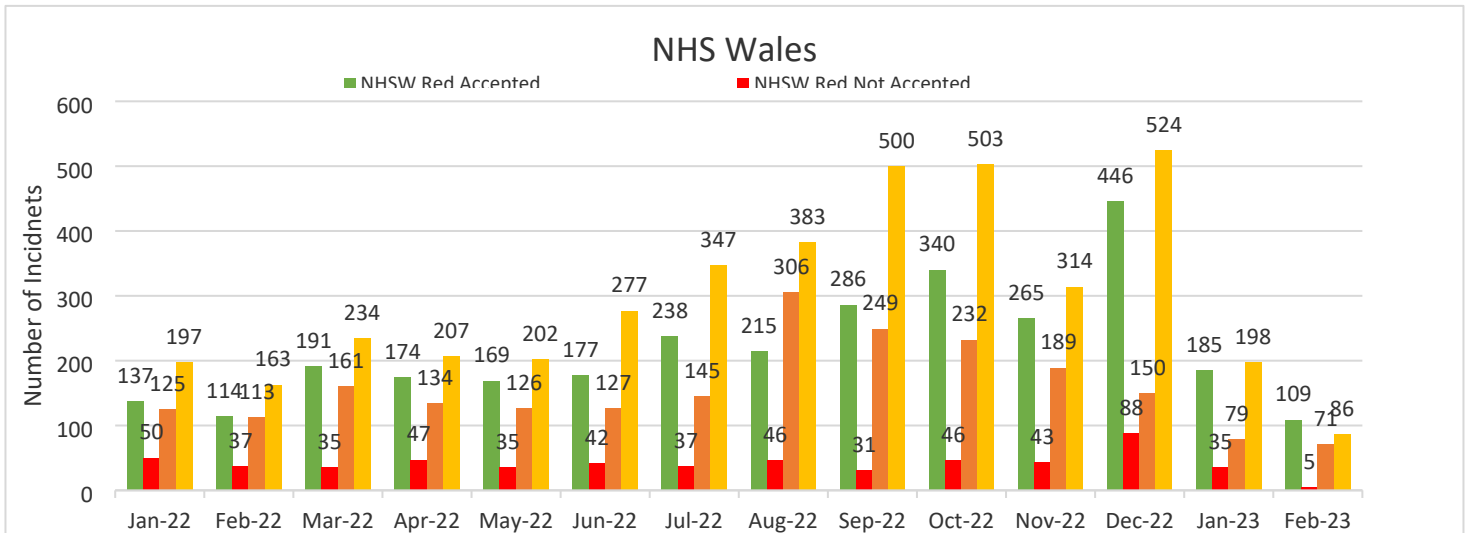
- 2.17 The EASC Action Plan is attached at **Appendix 4**.
- 2.18 Members should note that the EASC Action Plan captures the high level monitoring of the Integrated Commissioning Action Plans (ICAPS) across the whole system. The EASC Team will grade the progress made against the commitments of health boards in relation to ambulance services within their ICAPS.
- 2.19 Below charts provide a snapshot of areas from the EASC Action Plan updated which were shared previously for information:







Immediate Release information



3. KEY RISKS/MATTERS FOR ESCALATION

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

- 3.4 Members should note that the Integrated Commissioning Action Plan meetings continue to take place between the EASC Team, key operational health board staff and WAST to further develop and monitor progress of health board handover improvement plans. The process to date has delivered:
- Collaborative Infrastructure to develop thinking, identify innovation and establish local commissioning arrangements for emergency ambulance services
 - Local ambulance handover improvement plans for each local health board in Wales
 - Commitment through board structures to deliver ambulance handover actions operationally
 - An all Wales composite handover delay plan that identifies similarity and areas for targeted investment
 - Weekly dashboards to support and monitor performance against agreed trajectories
 - Internal Audit have recently provided substantial assurance on the process and the report will be taken through the EASC governance routes.
- 3.5 Work is being continued to deliver Goal 4 for the Six Goals for Urgent and Emergency Care Programme (Goal 4 lead Stephen Harray). The Integrated Commissioning Action Plans (iCAPS) for each health board have been developed and will support the national delivery of Goal 4
- 3.6 Work is continuing to quantify the level of harm to patients and concerns regarding the safety of patients due to the number of handover delays and lost hours in the previous six months, although these have reduced.
- 3.7 The term of the Vice Chair for EASC was completed in February 2023 and a new Vice Chair has been approved by EASC in March 2023. Suzanne Rankin, Chief Executive of Cardiff and Vale UHB has agreed to undertake the role for the next two years.
- 3.8 Further updates will be provided in relation to the investigation by the Welsh Language Commissioner.
- 3.9 EASC has started the formal engagement process in relation to potential changes to the operational bases of the Emergency Medical Retrieval and Transfer Service (EMRTS) in partnership with the Wales Air Ambulance Charity. The process will last for at least eight weeks and meetings are planned across Wales to engage on the opportunity to maximise the additional activity that could be achieved from existing bases and explore options to reconfigure the service.

3.10 Members should note that the way the EMRT service is provided will not change. Further information is available here <https://easc.nhs.wales/engagement/sdp/>.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATIONS

- 5.1 The Audit and Risk Committee is asked to:
- **ENDORSE** the EASC Risk Register (Appendix 1)
 - **ENDORSE** the EASC Assurance Framework (Appendix 2)
 - **NOTE** the Standing Orders have been approved by EASC
 - **NOTE** the ongoing investigation by the Welsh Language Commissioner
 - **ENDORSE** the NCCU Risk Register (Appendix 3)
 - **NOTE** the EASC Action Plan (Appendix 4).

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>IF: There is a failure to produce and agree Commissioning Frameworks and commissioning intentions</p> <p>Then: The commissioned providers would not be clear regarding expectations for the quality, effectiveness and efficiency of services within an agreed financial plan.</p> <p>Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> Ensuring a programme approach to developing commissioning frameworks for delivery with focus on monitoring progress through the EASC Sub Groups Commissioning Intentions collaboratively developed and agreed with quarterly updates to be provided Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans Regular reporting of the Commissioning Update from EASC Sub Groups to the EAS Joint Committee on progress Commitment from the EASC for commissioning cycles EMS Commissioning Framework refreshed Local integrated commissioning action plans developed by HBs and WAST, process supported by EASC Team 	EASC Commissioning Cycle in place to set out the process and timeline for the development of Commissioning Intentions and Commissioning Frameworks; Commissioning Intentions agreed for EMS, NEPTS and EMRTS monitored at each EASC Management Group (bi-monthly) meeting and with quarterly updates to EASC; Commissioning Frameworks enacted for all commissioned services, Refreshed Emergency Ambulance Services Commissioning Framework agreed at September EASC meeting	<ul style="list-style-type: none"> EASC Commissioning Cycle EASC Commissioning Intentions Commissioning Frameworks – reported to EASC every meeting (quarterly information) Minutes of EASC Sub Group meetings monitoring progress against plans Quarterly updates against EASC IMTP and Commissioning Intentions 	4x1 = 4	CXL 4x1=4	↔	01/08/2020	Reviewed 9 Jan 2023 Next review August 2023
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>IF: There is no agreement for the EASC IMTP</p> <p>Then: The Commissioning Frameworks and Commissioning Intentions would not be supported</p> <p>Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> CASC Quality and Delivery meeting held monthly to discuss quality and performance matters Detailed work to deliver EASC IMTP overseen by EASC Management Group EASC IMTP (2022 to 2025) approved by EASC (March 2022) EASC IMTP Quarterly update reports via EASC Commissioning Update reports to EASC CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly CASC meetings with Welsh Government planning department EASC IMTP 2022-25 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year 	EASC IMTP recently confirmed as acceptable by WG (with accountability conditions); Quarterly updates now to be provided;	<ul style="list-style-type: none"> Consistency between EASC IMTP with WAST IMTP and also with Health Boards Letter of support received from the Welsh Government with accountability conditions EASC Approval of the plan and WG confirmation Quarterly IMTP updates to EASC and its sub groups 	4x1=4	CXL 4x1= 4	↔	01/08/2020	Reviewed 9 Jan 2023 Next review August 2023
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>IF: The EASC fail to plan and secure services and maintain effective collaborative relationships with providers</p> <p>Then: The purpose and effectiveness of the EAS Joint Committee would not be met</p> <p>Resulting in: Potential Ministerial and Welsh Government intervention</p>	<ul style="list-style-type: none"> Agreed collaborative commissioning methodology Review and refine commissioning arrangements and refresh Commissioning Frameworks Effective function of the EASC Joint Committee Independent Chair Effective governance arrangements in place CASC and Welsh Government IQPD meetings (bi-monthly) Minister meets with the Chair and CASC quarterly Meet regularly with providers to ensure continued development of open and transparent relationship Model Standing Orders agreed for EASC July 2021 Special meeting of EASC with Minister and clear expectations received Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost) 	<ul style="list-style-type: none"> Commissioning framework and monitoring at EASC and its sub groups Annual Governance Statement produced Monitoring of EASC IMTP at EASC and sub groups Review and refine governance arrangements Maintaining close working and collaborative relationships during unprecedented system pressures EASC action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans 	<ul style="list-style-type: none"> Internal and external audit Welsh Government EASC Committee members Annual Governance Statement Strategic Commissioning intentions and Commissioning Frameworks Continued engagement with the commissioning process and EASC Governance EASC Action Plan with monthly update to the Minister and review Chair's appraisal letter with Minister ICAP meeting implementation plan 	5x3=15	CXL 5x1=5	↑	01/08/2020	Reviewed 9 Jan 2023 Next review April 2023
4504	Chief Ambulance Services Commissioner	Outcome measurement	Failure to respond to requirements identified within commissioned work related to the ambulance services	<p>IF: Work commissioned is failed to be acted upon</p> <p>Then: risks and issues identified will not be acted upon and implemented</p> <p>Resulting in: a missed opportunity to improve services for patients leading to harm</p>	<ul style="list-style-type: none"> Forward plan (Annual Business Plan) for EASC and all sub groups Development of action plans which are received, endorsed and approved by the EASC for action Action log for EASC and all sub groups Regular review of Ambulance Service Indicators with dedicated group jointly chaired with WAST Commissioning intentions - including measurement across the system Commissioner request for system wide measures Ongoing refresh of the Commissioning Frameworks 	<ul style="list-style-type: none"> Governance and planning for EASC and all sub groups and supporting meetings Reviews of the commissioning frameworks EASC Action Plan and monthly monitoring return commitment 	<ul style="list-style-type: none"> Amber Review ORH Report D&C EMS Emergency Ambulances Framework - updated Sept 2022 McClelland Review of Welsh Ambulance Services (2013) Internal and external audit CASC IQPD meeting with Welsh Government Annual Governance Statement 	4x3=12	CXL 4 x2 = 8	↑	01/08/2020	Reviewed 9 Jan 2023 Next review April 2023

EASC RISK REGISTER







Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4505	Chief Ambulance Services Commissioner	Ministerial direction	Failure to achieve the agreed Chair's objectives with the Minister	<p>IF: The agreed Chair's objectives with the Minister are not delivered</p> <p>Then: Then the confidence of the Minister will be potentially compromised</p> <p>Resulting in: 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"> Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4 	<ul style="list-style-type: none"> Commissioner support for commissioning EASC Commissioning intentions Refresh Commissioning Frameworks EASC IMTP Focus on' sessions at EASC to discuss wider system issues 	<ul style="list-style-type: none"> Minister's response following Chair's appraisal Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4 Updated objectives for Chair received 	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	Reviewed 9 Jan 2023 Next review October 2023
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>IF: The red performance level is less than 65% response rate within 8 minutes across Wales as a whole on a monthly basis</p> <p>Then: The core target will be missed</p> <p>Resulting in: 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"> The necessary resources secured in the EASC IMTP Performance monitoring on a daily basis and month to date position Bi monthly CASC IQPD meetings with Welsh Government CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report presented at every EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report presented at every EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported; 	<ul style="list-style-type: none"> Delivery of EASC IMTP and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management Group to provide oversight on operational performance Development of WAST performance improvement plan EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review Commissioner EASC Action Plan including monthly submission and review CASC liaison with Chief Operating Officers Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU) 	5x5=25	CXL 4x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023
4507	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance for amber category calls	<p>IF: The average and longest times for amber incidents do not reduce</p> <p>Then: Patients will not receive the care they need in a timely manner</p> <p>Resulting in: 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"> The necessary resources secured in the EASC IMTP/ Annual Plan performance monitoring on a daily basis and month to date position CASC Monthly quality and delivery meetings with WAST Bi monthly CASC Quality and Delivery meeting with Welsh Government CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored Quality and Safety Report presented at every EASC meeting Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff 	<ul style="list-style-type: none"> EASC IMTP accepted with accountability conditions awaiting outcome of WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management Group to provide oversight on operational performance Development of WAST performance improvement plan Weekly dashboard of management information developed and shared across NHS Wales to capture progress EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review EASC Action Plan for Minister including monthly submission and review CASC liaison with Chief Operating Officers (multiple arenas) 	5x5=25	CXL 4x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023
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>IF: The system does not utilise the arrangements in place at EASC</p> <p>Then: The governance and purpose of EASC will be undermined</p> <p>Resulting in: 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"> Accountable officers of health boards are members of EASC Memorandum of understanding and commitment from all EASC members Sharing information on service developments Alignment to the 6 Goals for Urgent and Emergency Care Programme Board Model Standing Orders agreed and reviewed annually Commissioning Frameworks reviewed 	<ul style="list-style-type: none"> Collaborative commissioning agreements EASC Management group representing all organisations Aligning EASC IMTP with WAST and Health board IMTPs CASC meeting with Welsh Government planners CASC IQPD meeting with Welsh Government CASC Quality and Delivery meeting with WAST Chair of EASC and CASC meetings with Health Boards CASC Member of NHS Leadership Board 	<ul style="list-style-type: none"> Memorandum of understanding Independent Chair Governance arrangements Commitment to collaborative nature of working External audit Welsh Government and Commissioner support for EASC EASC Action Plan EASC Standing orders and Standing Financial Instructions 	4x2 =8	CXL 4x1= 4	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023

EASC RISK REGISTER

Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
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>IF: Commissioning actions are not taken to manage patient safety and minimise clinical risks</p> <p>Then: Patients are more likely to come to harm</p> <p>Resulting in: poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</p>	<ul style="list-style-type: none"> •Discussion at EASC Committee •Discussion at EASC Management Group •CASC and WAST Quality & Delivery meeting •Sought clarification from WAST re Equality Impact Assessment •Agree red lines for handover delays to improve ambulance availability •Securing of funding for additional emergency ambulance capacity •Quality and Safety Report received at every EASC meeting 	<ul style="list-style-type: none"> •Joint escalation plan developed and approved at NHS Leadership Board (not yet actioned) •Commissioning Operational Delivery Unit (not yet actioned) to avoid unilateral WAST decision-making •Provide necessary funding to WAST 	<ul style="list-style-type: none"> •WAST Equality Impact Assessment (to be completed) •Commitment to collaborative nature of working and implementation of system-wide escalation policy •Ongoing discussions around system-wide escalation •EASC Management Group agreed to set up two task and finish groups 1. Response to Healthcare Inspectorate Wales review related to handover delays 2. Appendix B 	5x4 = 20	CXL 5x1 = 5	↑	Dec-21	Reviewed 9 Jan 2023 Next review April 2023
5006	Chief Ambulance Services Commissioner	Outcome measurement	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	<p>IF: Timely and quality assured data is not provided</p> <p>Then: EASC will be unable to publish data or assure itself of the quality of service provision</p> <p>Resulting in: a lack of consistency and public confidence, duplication of services and resources, poor governance and non compliance with reporting requirements set out in the commissioning framework</p>	<ul style="list-style-type: none"> •Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements •Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff 	<ul style="list-style-type: none"> •Provide oversight on operational performance •Implementation plans for new information systems (ECNS, ePCR) 	<ul style="list-style-type: none"> •Ambulance Service Indicators •Daily weekly and monthly performance reports •Remedial Action plans (if required) •Specific targeted actions as required •Ambulance Service Indicator Group meetings 	3x3 = 9	CXL 3x2 = 6	↓	Dec-21	Reviewed 9 Jan 2023 Next review April 2023
5370	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to secure sufficient ambulance capacity to meet the needs of the population	<p>IF: sufficient ambulance capacity is not available</p> <p>Then: 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>Resulting in: increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p> <p>Lack of compliance with statutory requirements for EASC.</p>	<ul style="list-style-type: none"> •The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position •Bi monthly CASC IQPD meetings with Welsh Government •CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust •Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored •Quality and Safety Report presented at every EASC meeting 	<ul style="list-style-type: none"> •Delivery of EASC IMTP and WAST IMTP •Implementation of the commissioning intentions through the commissioning agreement •Role of the EASC Management Group to provide oversight on quality and safety •Development of WAST performance improvement plan •EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities •Actions from the Ministerial summit on handover improvement 	<ul style="list-style-type: none"> •Ambulance Service Indicators •Daily weekly and monthly performance reports •Remedial Action plans (if required) •Implementation of the Demand and Capacity Review Commissioner •EASC Action Plan including monthly submission and review •CASC liaison with Chief Operating Officers •Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU) •EASC receive a quality and safety report at each meeting 	5x5 = 25	CXL5x2=10	New	Jan-23	Developed on 9 Jan 2023 Next review April 2023

EMERGENCY AMBULANCE SERVICES COMMITTEE EASC ASSURANCE FRAMEWORK

Section 1 - Summary

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory
1.	Failure to produce agreed Commissioning Frameworks and commissioning intentions	Set the Strategic Commissioning plan	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	4 (C4xL1)	
2.	Failure to develop an agreed EASC IMTP for endorsement by the Joint Committee seeking approval from the Welsh Government	Meet the Ministerial direction to produce an EASC IMTP	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	4 (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	Effective Commissioning	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	15 (C5xL3)	
4.	Failure to respond to requirements identified within commissioned work related to the ambulance services	Outcome measurement	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	12 (C4xL3)	
5.	Failure to achieve the agreed Chair's objectives with the Minister	Ministerial direction	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee	6 (C3xL2)	
6.	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	Securing safe ambulance services	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee Audit and Risk Committee	25 (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	Securing safe ambulance services	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee Audit and Risk Committee	25 (C5xL5)	
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	Set the Strategic Commissioning Plan	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee Audit and Risk Committee	8 (C4xL2)	
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	Effective Commissioning	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee Audit and Risk Committee	20 (C5xL4)	
10.	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	Outcome measurement	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee Audit and Risk Committee	12 (C3xL3)	
11.	'New' Failure to secure sufficient Ambulance capacity to meet the needs of the population	Effective Commissioning	Chief Ambulance Services Commissioner	Emergency Ambulance Services Committee Audit and Risk Committee	25 (C5xL5)	New



CTMUHBs Risk Appetite Statement	Captured in the Risk Management Strategy: Health Board Policies and Procedures - Cwm Taf Morgannwg University Health Board (nhs.wales)
CTMUHBs Risk Domain and Scoring Matrix	Captured in the Risk Management Strategy: Health Board Policies and Procedures - Cwm Taf Morgannwg University Health Board (nhs.wales)

Section 2 Strategic Risk Heat Map


Current risk scores in **black**

Target risk scores in *grey italic*

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

Section 3 – Strategic Risks

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

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

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


Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • EASC IMTP (confirmed as acceptable by WG with accountability conditions) • EASC Commissioning Cycle • EASC Commissioning Intentions • Minutes of EASC Sub Group meetings monitoring progress against plans • Commissioning Frameworks • Local Integrated Commissioning Action Plans developed in each health board

Linked National Priority Measures	Current Performance - Highlights
<p>Six Goals of Urgent and Emergency Care 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
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	8

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

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

Risk Lead	<ul style="list-style-type: none"> Chief Ambulance Services Commissioner 	Assurance committee	<ul style="list-style-type: none"> Emergency Ambulance Services Committee CTMUHB Audit and Risk Committee (for assurance)
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Controls	Assurances reported to Committee
<p>Strategies and Plans EASC IMTP 2022-2025 approved by EASC March 2022; EASC IMTP 2023-2026 drafted (February 2023) EASC IMTP (2020 to 2023) approved by EASC (January 2020) EASC Annual Plan 2021-22 approved EASC 9 March 2021</p> <p>Governance Structures CASC Quality and Delivery meeting held monthly to discuss Quality and performance matters (under review) Detailed work to deliver EASC IMTP overseen by EASC Management Group Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly; CASC meetings with Welsh Government planning department</p> <p>Commissioning Processes</p> <ul style="list-style-type: none"> EASC IMTP 2022-25 submitted to Welsh Government with bi-monthly updates in-year <p>Improvement Programmes</p> <ul style="list-style-type: none"> To be confirmed 	<p>Consistency between EASC IMTP with WAST IMTP and also with Health Boards; Awaiting letter of support from the Welsh Government; EASC Approval of the plan; Bi-monthly IMTP updates to EASC</p> <p>EASC IMTP 2022-2025 confirmed as acceptable by WG (with accountability conditions)</p>

Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> 	Bi monthly reporting via report to EASC – the EASC Commissioning Update: <ul style="list-style-type: none"> • Commissioning Framework • Integrated Medium Term Plan • Commissioning Intentions


Linked National Priority Measures	Current Performance - Highlights

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

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Strategic Goal: Effective Commissioning		Risk score 15
Strategic Risk: 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)		
If The EASC fail to plan and secure services and maintain effective collaborative relationships with providers	Then: The purpose and effectiveness of the EAS Joint Committee would not be met	Resulting in: Potential Ministerial and Welsh Government intervention

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

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


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

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	15

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

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

Risk Lead	<ul style="list-style-type: none"> Chief Ambulance Services Commissioner 	Assurance committee	<ul style="list-style-type: none"> Emergency Ambulance Services Committee CTMUHB Audit and Risk Committee (for assurance)
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Controls	Assurances reported to Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> Forward plan (Annual Business Plan) for EASC and all sub groups Development of action plans which are received, endorsed and approved by the EASC for action EASC IMTP confirmed as acceptable by WG with accountability conditions EASC Action Plan and monthly monitoring return commitment <p>Governance Structures</p> <ul style="list-style-type: none"> Forward plan (Annual Business Plan) for EASC and all sub groups Regular review of Ambulance Service Indicators; <p>Commissioning Processes</p> <ul style="list-style-type: none"> Commissioning intentions - including measurement across the system Commissioner request for system wide measures Refresh of Commissioning Frameworks <p>Improvement Programmes</p> <ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> Amber Review ORH Report D&C EMS Emergency Ambulance Services Framework - updated and approved at EASC in September 2022 McClelland Review of Welsh Ambulance Services (2013) Internal and external audit CASC IQPD meeting with Welsh Government Annual Governance Statement
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Governance and planning for EASC and all sub groups and supporting meetings review of the commissioning frameworks EASC action plan and monthly monitoring return commitment




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)	9

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Strategic Goal: Ministerial Direction		Risk score 6
Strategic Risk: Failure to achieve the agreed Chair's objectives with the Minister (Risk No 5 / 4505)		
IF: The agreed Chair's objectives with the Minister are not delivered	Then: Then the confidence of the Minister will be potentially compromised	Resulting in: 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	
Current	3	2	6	
Target	3	2	6	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

Risk Lead	<ul style="list-style-type: none"> Chief Ambulance Services Commissioner 	Assurance committee	<ul style="list-style-type: none"> Emergency Ambulance Services Committee CTMUHB Audit and Risk Committee (for assurance)
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Controls	Assurances reported to Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4 <p>Governance Structures</p> <ul style="list-style-type: none"> Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements <p>Commissioning Processes</p> <ul style="list-style-type: none"> Regular meetings with the Minister <p>Improvement Programmes</p> <ul style="list-style-type: none"> To be confirmed 	<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</p>
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Commissioner support for commissioning Commissioning intentions Refresh Commissioning Frameworks EASC IMTP 'Focus on' sessions at EASC to discuss wider system issues



Linked National Priority Measures	Current Performance - Highlights
Six Goals of Urgent and Emergency Care 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)		
IF: The red performance level is less than 65% for each health board area and across Wales as a whole on a monthly basis	Then: The core target will be missed	Resulting in: 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	4	3	12	
Current	5	5	25	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

Risk Lead	<ul style="list-style-type: none"> Chief Ambulance Services Commissioner 	Assurance committee	<ul style="list-style-type: none"> Emergency Ambulance Services Committee CTMUHB Audit and Risk Committee (for assurance)
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Controls	Assurances reported to Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities <p>Governance Structures</p> <ul style="list-style-type: none"> CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Bi monthly CASC IQPD meetings with Welsh Government <p>Commissioning Processes</p> <ul style="list-style-type: none"> Commissioner element of EMS Demand and Capacity plan for additional staff supported <p>Improvement Programmes</p> <ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review EASC Action Plan including monthly submission and review CASC liaison with Chief Operating Officers Quality and Safety Report presented at every EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report presented at every EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Delivery of EASC IMTP and WAST IMTP


	<ul style="list-style-type: none"> • Implementation of the commissioning intentions through the commissioning agreement • Role of the EASC Management Group to provide oversight on operational performance • Development of WAST performance improvement plan • Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU)
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Linked National Priority Measures	Current Performance - Highlights
<p>Six Goals of Urgent and Emergency Care 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
4507	Failure to achieve agreed performance standard for amber category calls	25

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Strategic Goal: Securing Safe Ambulance Services		Risk score 25
Strategic Risk: Failure to achieve agreed performance standard for category amber calls (Risk No 7 / 4507)		
IF: The average time for amber performance calls does not reduce year on year	Then: Patients will not receive the care they need in a timely manner	Resulting in: 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	4	3	12	
Current	5	5	25	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

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


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

Linked National Priority Measures	Current Performance - Highlights
<p>Six Goals of Urgent and Emergency Care 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
4506	Failure to achieve agreed performance standard for category red calls	25

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Strategic Goal: Set the Strategic Commissioning plan		Risk score 8
Strategic Risk: 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)		
If The system does not utilise the arrangements in place at EASC	Then: The governance and purpose of EASC will be undermined	Resulting in: 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	
Current	4	2	8	
Target	4	1	4	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

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

	<ul style="list-style-type: none"> • CASC meeting with Welsh Government planners • CASC IQPD meeting with Welsh Government • CASC Quality and Delivery meeting with WAST • Chair of EASC and CASC meetings with Health Boards • CASC Member of NHS Leadership Board
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Linked National Priority Measures	Current Performance - Highlights
Six Goals of Urgent and Emergency Care 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
4260	Failure to produce an agreed Strategic Commissioning plan and commissioning intentions	4

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

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

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

Risk Lead	<ul style="list-style-type: none"> Chief Ambulance Services Commissioner 	Assurance committee	<ul style="list-style-type: none"> Emergency Ambulance Services Committee CTMUHB Audit and Risk Committee (for assurance)
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Controls	Assurances reported to committee
<p>Strategies and Plans</p> <p>EASC IMTP developed and submitted (confirmed as acceptable by WG with accountability conditions)</p> <p>Governance Structures</p> <ul style="list-style-type: none"> Discussion at EASC Committee Discussion at EASC Management Group CASC and WAST Quality & Delivery meeting Agree red lines for handover delays to improve ambulance availability <p>Commissioning Processes</p> <ul style="list-style-type: none"> Sought clarification from WAST re Equality Impact Assessment <p>Improvement Programmes</p> <ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> WAST Equality Impact Assessment (to be completed) Commitment to collaborative nature of working and implementation of system-wide escalation policy Ongoing discussions around system-wide escalation Agree red lines for handover delays to improve ambulance availability Securing of funding for emergency ambulance capacity EASC Management Group agreed to set up two task and finish groups <ol style="list-style-type: none"> Response to Healthcare Inspectorate Wales review related to handover delays Appendix B
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Joint escalation plan developed and approved at NHS Leadership Board Commissioning Operational Delivery Unit to avoid unilateral WAST decision-making Provide necessary funding to WAST




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	15

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Strategic Goal: Outcome measurement		Risk score 12
Strategic Risk: Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR) (Risk No 10 /5006)		
IF: Timely and quality assured data is not provided	Then: EASC will be unable to publish data or assure itself of the quality of service provision	Resulting in: a lack of consistency and public confidence, duplication of services and resources, poor governance and noncompliance with reporting requirements set out in the commissioning framework

	Consequence	Likelihood	Score	Risk Trend 
Inherent	3	2	6	
Current	3	3	9	
Target	3	2	6	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

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



Linked National Priority Measures	Current Performance - Highlights

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	12

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Strategic Goal: Effective Commissioning		Risk score 25
Strategic Risk: Failure to secure sufficient ambulance capacity to meet the needs of the population (Risk number 5370)		
IF: sufficient ambulance capacity is not available	Then: 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	Resulting in: 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	New
Current	5	5	25	
Target	5	2	10	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

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

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

Linked National Priority Measures	Current Performance - Highlights

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	12

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
Managing Director NCCU	Meet the planning guidance and produce an NCCU Annual Business Plan	Failure to develop an agreed NCCU Annual Business Plan for endorsement by the Management Board	IF: There is no agreement for the NCCU Annual Business Plan Then: The work of the NCCU would not be supported Resulting in: Lack of clarity in the direction of the commissioned organisations	Regular meetings with HBs Regular meetings with WG Regular meetings with Shared Services Regular meetings with WHSSC Detailed work to deliver NCCU Annual Business Plan overseen by the Management Board NCCU ABP approved by Management Board Managing Director meetings with Welsh Government planning department	Agreed timescales with Management Board for the development of the draft NCCU Annual Business Plan, now agreed	Consistency between NCCU ABP and HB, WHSSC and Shared Services IMTPs Letter of support from the Welsh Government Management Board approval of the plan Bi-monthly ABP progress updates to Management Board	4x1=4	CXL 4x1= 4		01/06/2022	01/06/2023
Managing Director NCCU	Effective Commissioning	Failure to deliver the Ministerial direction and HB requirements that the NCCU effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	IF: The NCCU fail to plan and secure services and maintain effective collaborative relationships with providers Then: The purpose and effectiveness of the NCCU Management Board would not be met Resulting in: Potential Ministerial and Welsh Government intervention	Agreed collaborative commissioning methodology Review and refine commissioning arrangements and refresh commissioning and procurement frameworks Undertake quality assurance visits and reviews Effective function of the NCCU Management Board Effective governance arrangements in place Meet regularly with providers to ensure continued development of open and transparent relationship	Commissioning and procurement frameworks and monitoring arrangements; Monitoring of NCCU Annual Business Plan at Management Board Review and refine governance arrangements; Maintaining close working and collaborative relationships during unprecedented system pressures;	Internal and external audit Welsh Government Management Board members Commissioning and procurement frameworks Continued engagement with the commissioning process	5x2=10	CXL 5x1=5		01/06/2022	01/06/2023
Managing Director NCCU	Outcome measurement	Failure to respond to requirements identified within commissioned work related to Mental Health, CAMHS and Learning Disabilities services	IF: Work commissioned is failed to be acted upon Then: Risks and issues identified will not be acted upon and implemented Resulting in: A missed opportunity to improve services for mental health, CAMHS and LD patients	Reviews and annual visits for all providers Undertake bespoke reviews Implement escalation policy if necessary Forward plan (Annual Business Plan) for Management Board; Action log for Management Board and all subgroups Regular review of key performance indicators Refresh of commissioning and procurement frameworks	Governance and planning for Management Board Review of commissioning and procurement frameworks Review of inspection and review visits Quarterly meetings with HBs and WHSSC Regular meetings with WG Commissioner action plan and monthly monitoring return commitment	Commissioning and procurement framework review programme Internal and external audit Inspection visits Escalation and de-escalation of providers	3x2=6	CXL 3x1=3		01/06/2022	01/06/2023
Managing Director NCCU	Provider performance	Failure to identify poor performing service providers	IF: The required standards of service/level performance are not achieved Then: The patients will receive inadequate care Resulting in: Potential harm and the long term exacerbation of mental health issues for patients	Agreed commissioning and procurement frameworks Regular audits and reviews Escalation framework Inspection mechanisms Real time feedback Protocols for moving patients to different providers	Compliance with agreed protocols and processes Annual visit Audits and spot checks undertaken Oversight of escalation	Annual Position Statement Safety and performance Indicators (CCAPS) Quarterly meetings with HBs, WHSSC and Shared Services Annual attendance at CTM UHB Quality & Safety Committee Link to lead Chief Executive Officer lead for MH Link to WG	4x2=8	CXL 4x1=4		01/06/2022	01/06/2023
Managing Director NCCU	Undertake regular reviews of commissioning and procurement frameworks	Failure to undertake regular reviews will result in out of date frameworks and non-compliance with procurement strategies	IF: Frameworks aren't reviews regularly Then: Frameworks will become out of date and non-compliant Resulting in: Poor standards of patient care, value for money and legal challenges	Work with Shared Services to review commissioning and procurement frameworks in line with agreed timescales	Tried and tested review mechanisms followed Programme management approach adopted to ensure timescales are delivered Collaborative working between NCCU and Shared Services Procurement Division Liaison with HBs and service providers	Memoranda of understanding Compliance with procurement processes Approval through Shared Services governance Internal and external audit; Healthcare Inspectorate Wales (HIW) and WG	4x1=4	CXL 4x1=4		01/06/2022	01/06/2023
Managing Director NCCU	Effective commissioning	Failure to take appropriate actions to support the providers in their management of patient safety and to minimise clinical risk	IF: actions are not taken to manage patient safety and minimise clinical risks Then: Patients are more likely to come to harm Resulting in: Poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage	Discussion at Management Board Quarterly meetings with all HBs, WHSSC and Shared Services Annual Report to CTM UHB Quality & Safety Committee Annual Position Statement	Escalation and suspension protocols for providers Protocol to move patients between providers	Reports for each service provider Safety reports generated through CCAPS Annual Position Statement	3x2=6	CXL 3x1=3		01/06/2022	01/06/2023

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
Managing Director NCCU	Outcome measurement	Failure to receive timely and quality assured information	<p>IF: Timely and quality assured data is not provided</p> <p>Then: The QAIS / NCCU will be unable to assure itself of the quality of service provision</p> <p>Resulting in: Providers being on commissioning and procurement frameworks while unable to deliver the required standards of patient care</p>	<p>CCAPS real time information system in place;</p> <p>Audit checks undertaken as part of annual inspection visits;</p> <p>Agreement with DHCW to manage the CCAPS system</p> <p>Weekly dashboard of management information developed and shared</p>	<p>Data requirements included in commissioning and procurement frameworks;</p> <p>CCAPS system regularly reviewed and updated;</p> <p>Regular reports generated for HBs, senior managers and providers</p>	<p>Annual Report;</p> <p>Keeping daily, weekly, monthly performance reports; Remedial Action plans (if required);</p> <p>Specific targeted actions as required</p>	3x2=6	CXL 3x1=3		01/06/2022	01/06/2023

Emergency Ambulance Services Committee: Action Plan

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

Also included is the Emergency Ambulance Services Committee action plan

Source

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

Caveats

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

Disclaimer

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

Contact details

Email: CTM_CASC_EASC@wales.nhs.uk

Table of contents

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

WAST Actions

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
1	Red Variation Modelling	Red variation modeling	CASC Q&D	CASC Q&D	21st Oct	Low	On Track	High	Presented to EAS Committee on 6 September 2022. Mitigation options paper due to be discussed in April 2023.	Red Variables
1.1	Spring Modeling	Spring Modeling Forecast 2023/24	Normal Business	CASC Q&D	TBC	TBC	TBC	TBC		
1.1	Winter Modeling	Winter modeling forecast 2022/23	Normal Business	CASC Q&D	End Oct	Low	On Track	High	Implementation of Tactical forecasting & modelling for seasons	
1.1	Summer Modelling		Normal Business	CASC Q&D	W/C 4th July	Low	On Track	High	Implementation of Tactical forecasting & modelling for seasons	Complete
1.2	Roster Review Implementaion	Revised Rosters as per 2019 D&C Review. Equivalent efficiency of 74 WTE	Commissioning Intentions (CI2-A3)	CASC Q&D / EASC	Complete	High	On Track	High	Roster Review Complete	EASC Provider Report (Jan 23) Extract "• Final batch of EMS rosters went live mid-Nov, marking the end of a 2.5yr project including 146 rosters, 80 working parties, and 1,800 staff. The project will now be evaluated to support longer-term benefits realisation and learning. Complete
1.3	Sickness Improvement Plan	40 Point improvement plan and trajectory	Commissioning Intentions (CI2-A1)	CASC Q&D	2023	High	Limited	Medium	Improvement seen, but risk remain around delivery of trajectory. Managing Attendance Programme – the programme plan pulls together the activities already being delivered across WAST and introduces new activities to support attendance in a connected, supportive and sensitive way.	Sickness Absence & Staff Wellbeing Presentation
1.4	Post Production Lost Hours Improvement	Modernised workforce practice policy implementation and reduction in lost hours	Commissioning Intentions (CI3-A1 & CI3-P1)	CASC Q&D		High	Off Track	Low	Work currently paused due to ongoing industrial action.	
1.5	Daily Missed Red Review by ODU				Complete	Medium	On Track	High	Missed reds are discussed, reviewed daily by exception on the 0930 and 2030 huddles. Local management teams provided with a subscribed report and reds are reviewed by the Locality Management Teams. ACTION COMPLETE	
1.6	Cymru High Acuity Response Unit (CHARU)				Sep-22	High	Limited	Low	Options for full roll out of CHARU subject to ongoing discussion between WAST and CASC. Update position expected in April 2023.	Cymru High Acuity Response Unit Presentation Cymru High Acuity Response Unit Highlight Report
1.7	Emergency Communication Nurse System (ECNS) Optimisation	Roll out plan for optimisation / expansion of ECNS system following go live	CASC Q&D	CASC Q&D	Ongoing	Medium	On Track	High	CASC initiated review of Clinical Desk initiated in April 2023, will include benefits review of ECNS.	Review of EMS Remote Clinical Support Draft ToR.docx
1.8	£3m recruitment	Initial commitment to deliver 100 WTE by the end of 2022. Baseline for growth 1691 WTE		CASC Q&D / EASC	Feb-23	High	On Track	High	Awaiting outcome of IMTP submissions in relation to ongoing funding arrangements for the additional 100WTE.	

Health Board Actions

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2	25% Reduction in avg lost mins per arrival	reduction in minutes lost per ambulance arrival from October 2021 levels (~74min) by end of September 2022	EASC Commitment / 6 Goal Update: 19th May 2022	Fortnightly Tripartite Meetings / WG IQPD	Sep-22	High	Limited	Low	We have kept the rating the same and are seeing improvement in some areas	Ambulance Handover Improvement Trajectories Presentation Ambulance Handover Improvement Trajectories
2.1	No 4 hour offload delays	Eradication of ambulance handover delays over 4 hours by end of September 2022	EASC Commitment / 6 Goal Update: 19th May 2023	Fortnightly Tripartite Meetings / WG IQPD	Sep-22	High	Limited	Low	Progress is being made but is not consistent currently across Wales	Ambulance Arrival 4-hour Improvement Trajectories Presentation Ambulance Arrival 4-hour Improvement Trajectories

										Weekly handover by timeband
2.2	Health Board Handover Improvement Plans	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	High	Limited	Medium	Incoprated into ICAPS	Health Board Handover Improvement Plans
2.3	Front door flow and ED capacity	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	High	Limited	Medium	Incoprated into ICAPS	Health Board Handover Improvement Plans
2.4	Internal capacity and flow (including Surge Capacity)	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	Medium	Limited	Medium	Incoprated into ICAPS	Health Board Handover Improvement Plans
2.5	Community and social care	Individual health board improvement plans		Fortnightly Tripartite Meetings / WG IQPD	Ongoing	High	Off Track	Low	Incoprated into ICAPS	Health Board Handover Improvement Plans

Health Board and WAST Actions

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

Health Board ICAP Progress (ABUHB)

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

Health Board ICAP Progress (BCUHB)

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

2.7	Home first approach and reduce the risk of readmission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing					
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Health Board ICAP Progress (CTMUHB)

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

Health Board ICAP Progress (CVUHB)

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

Health Board ICAP Progress (H DUHB)

#	Action	Detail	Source / Request	Monitoring Route	Due Date	Impact	Progress	Confidence	Comments	Supporting Documents
2.2	Co-ordination planning and support for populations at greater risk of needing urgent or emergency care	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing					January ICAP Updated Document
2.3	Signposting people with urgent care needs to the right place, first time	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing					
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2.7	Home first approach and reduce the risk of readmission	Integrated Commissioning Action Plan		Fortnightly Tripartite Meetings / WG IQPD	Ongoing					

Health Board ICAP Progress (PTHB)

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

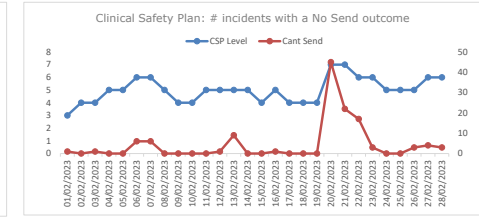
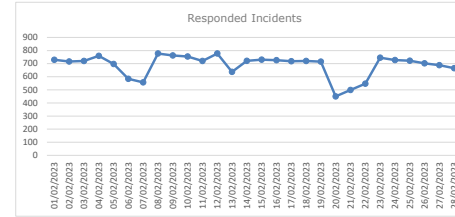
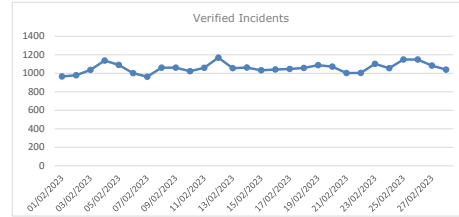
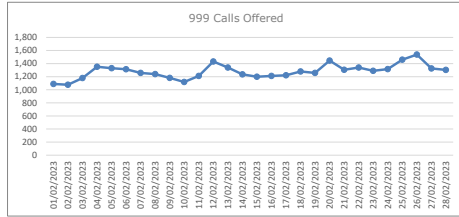
Health Board ICAP Progress (SBUHB)

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

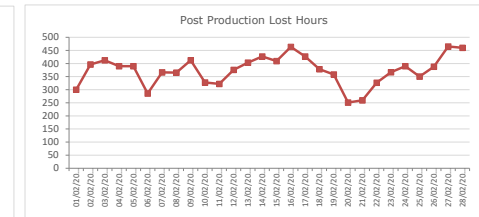
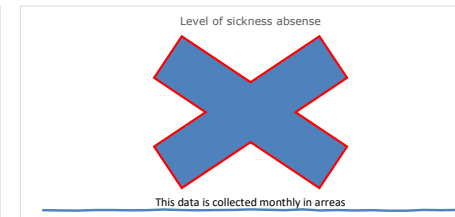
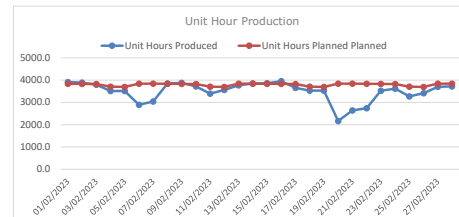
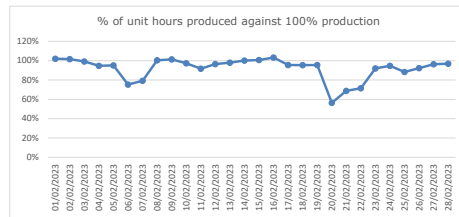
Welsh Ambulance Services NHS Trust: National Daily view (1 month)

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

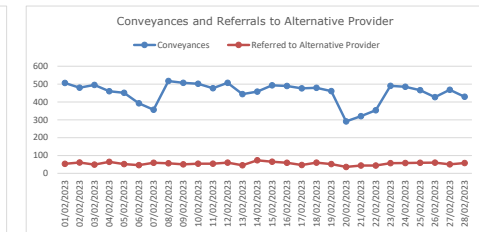
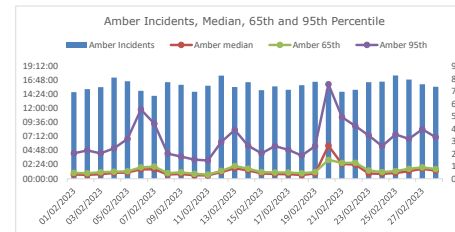
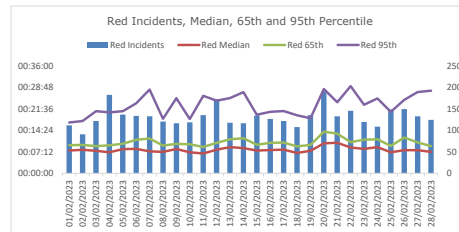
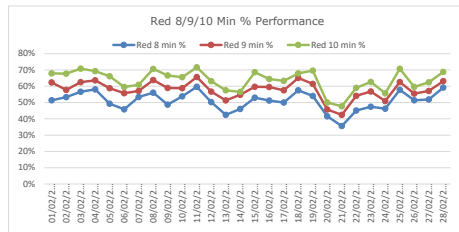
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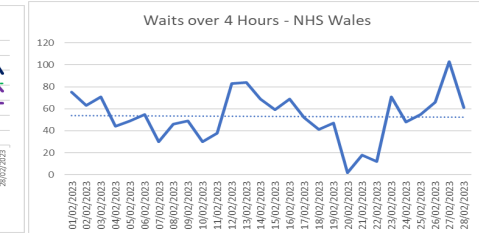
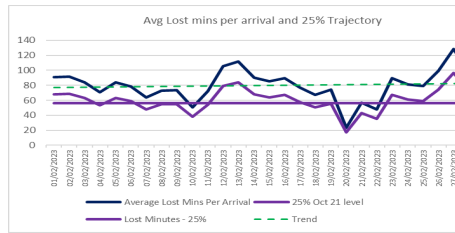
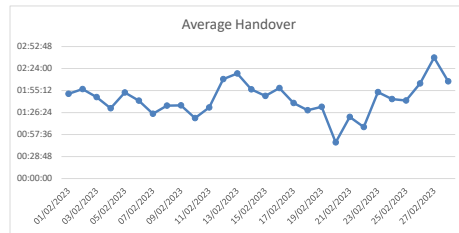
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Outcome



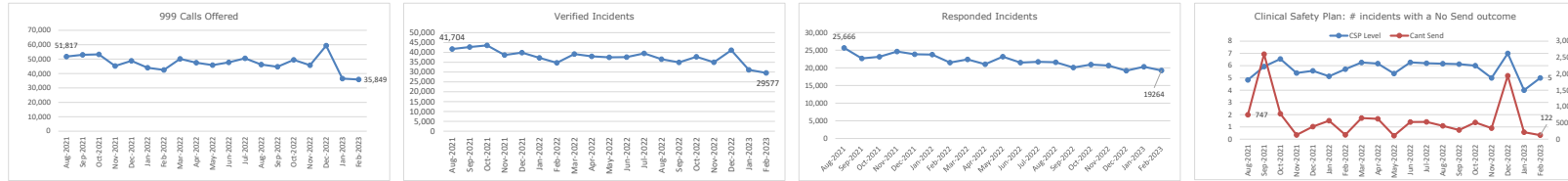
System Efficiency



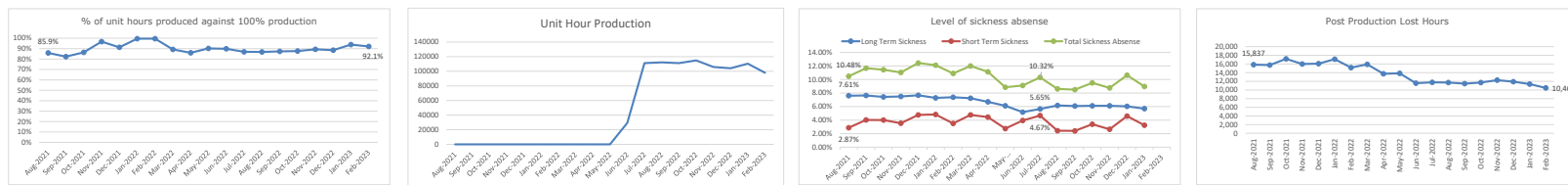
Welsh Ambulance Services NHS Trust: National 12-month overview

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

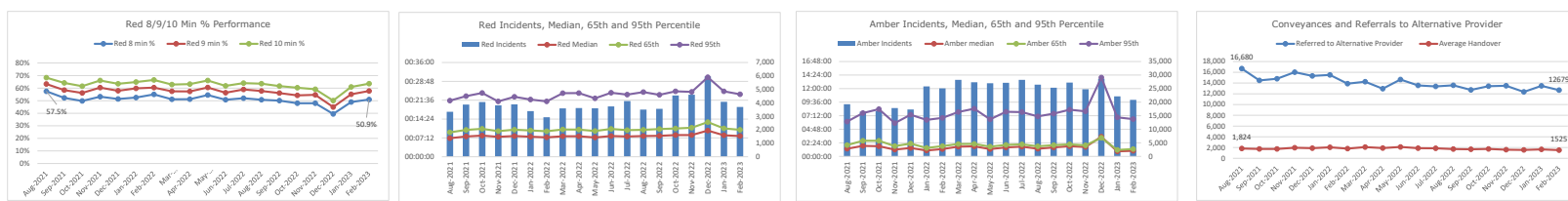
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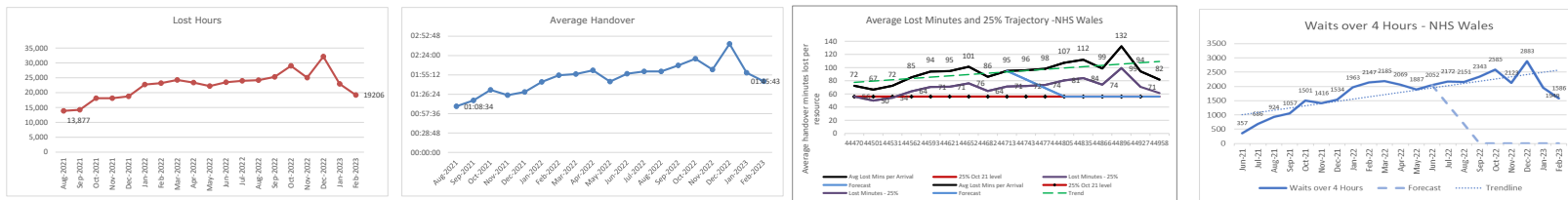
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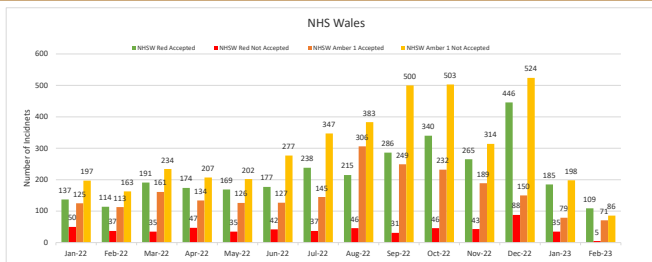
Outcome



System Efficiency



Release Availability



Emergency Ambulance Services Committee
Hosted Bodies Audit and Risk Committee
Update on
Non-Emergency Patient Transport Services

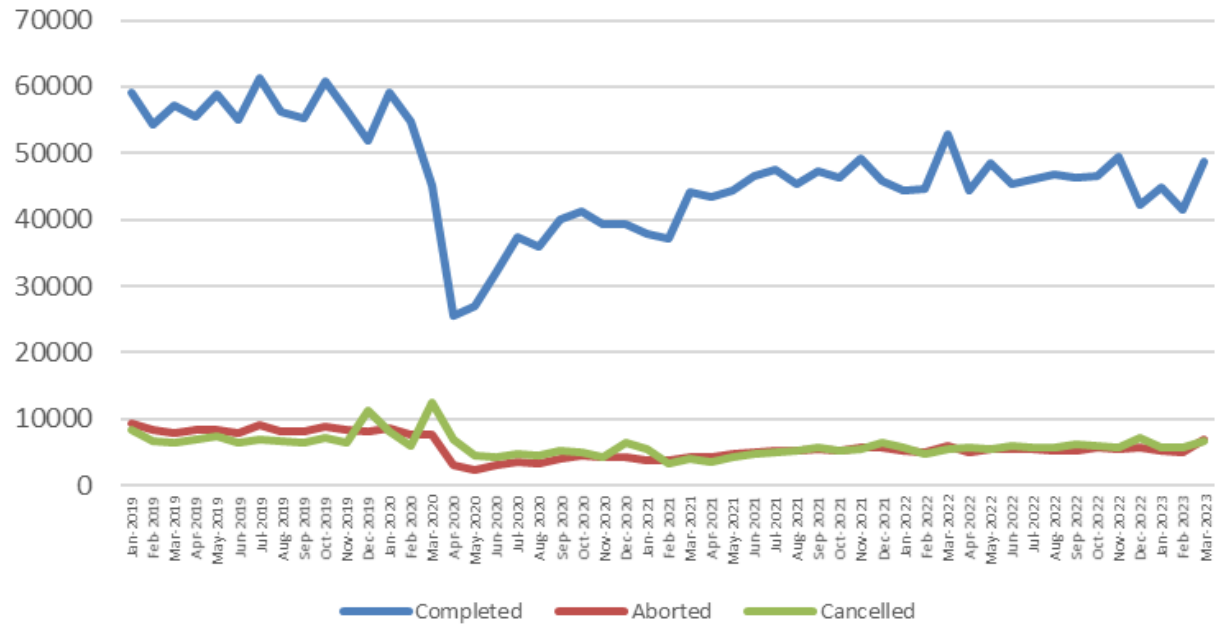


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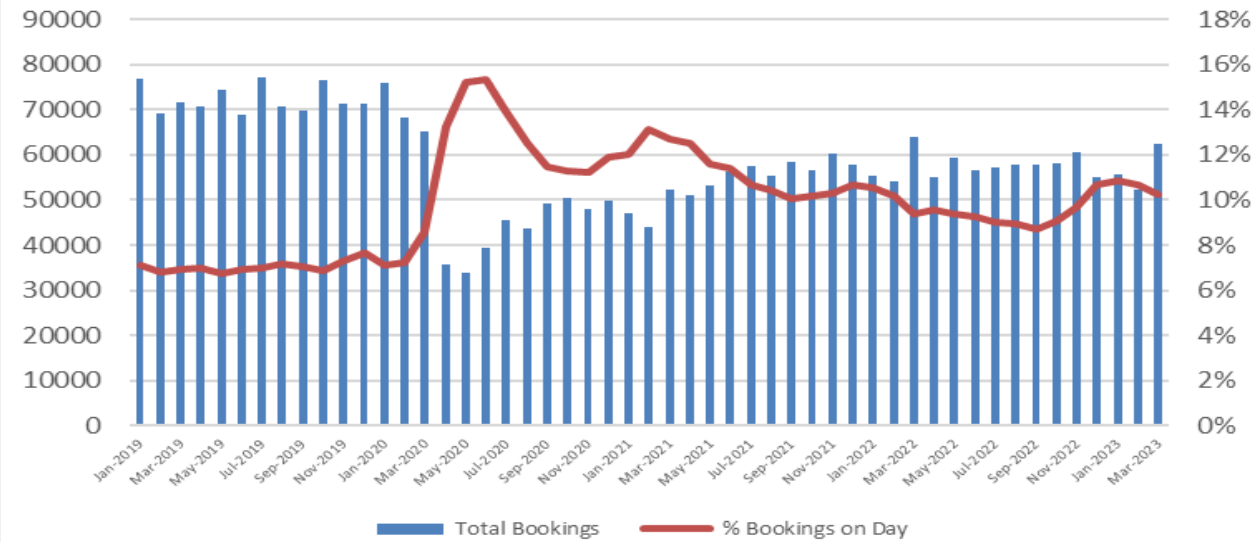
- Non-Emergency Patient Transport Services (NEPTS) commissioning responsibilities transferred to EASC in 2016 following approval of the NEPTS Business Case by the Minister for Health and Social Services.
- Business case recommended moving to a lead service provider utilizing a plurality model for service delivery.
- The Welsh Ambulance Services NHS Trust took lead provider role
- Transfer of work from Health Boards to WAST has now completed (with the exception of transport contracts for Powys THB – deferred due to ongoing contract negotiation)
- Internal audit of transfer of work benefits realization in March 2022 provided WAST a limited assurance report
- NEPT Delivery Assurance Group will receive further assurance on the benefits realization at the 13 April meeting
- New provider contracts awarded with significant savings delivered
- NEPTS DAG receive provider report, quality dashboard and forward look at every meeting; good attendance from WAST and health boards; working on annual report for submission to EASC

Journeys

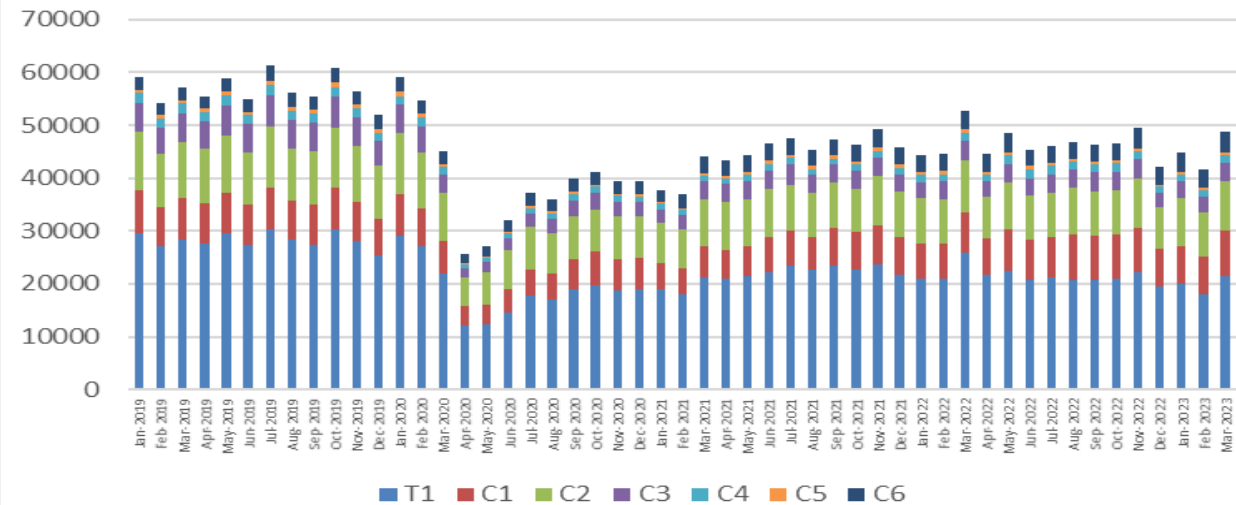
Profile of Journeys



Bookings on the Day

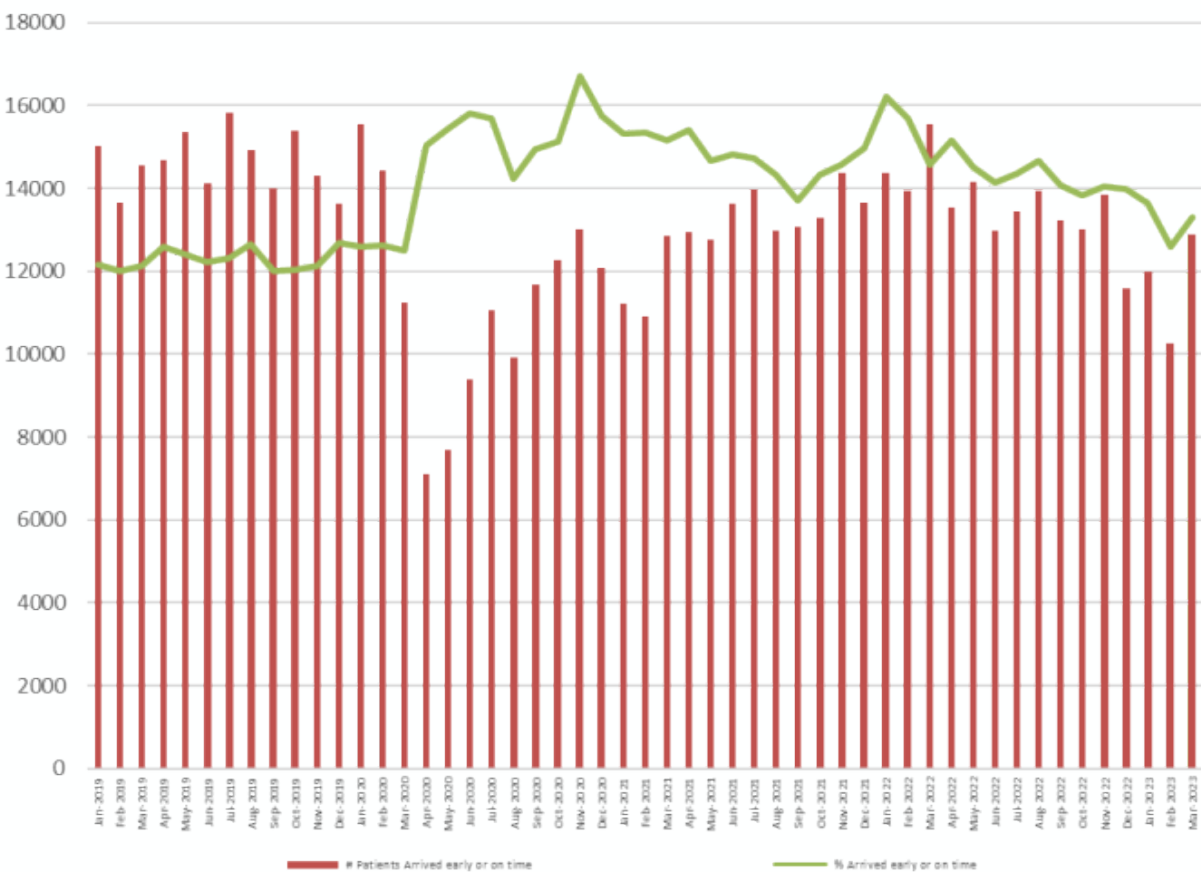


Completed Journeys by Mobility

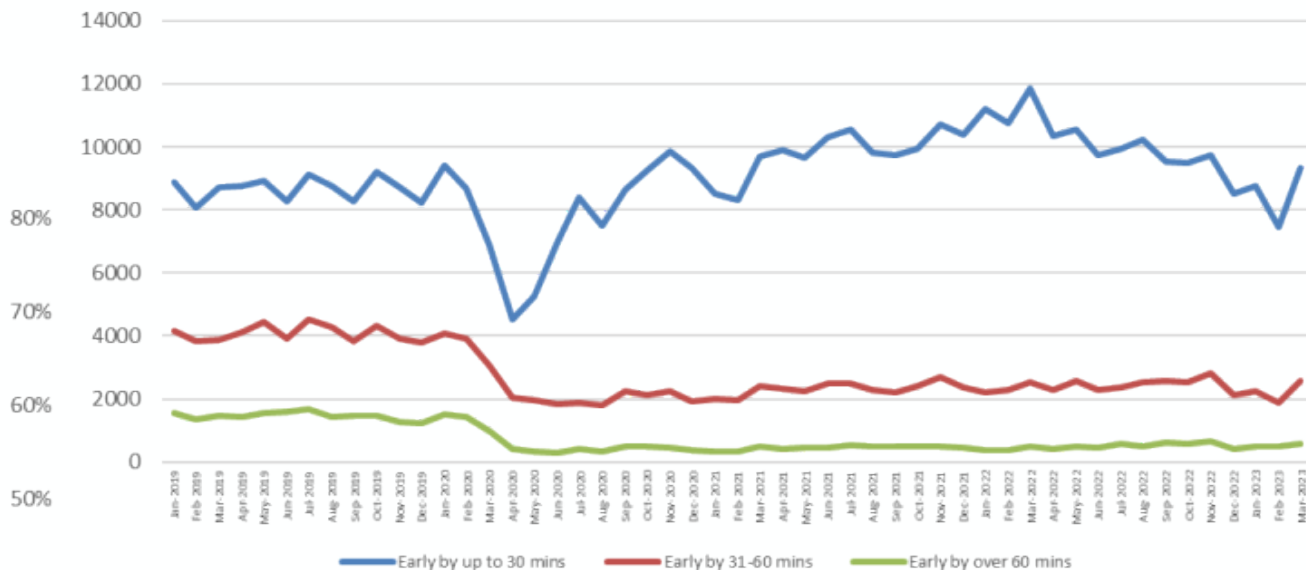


Pre-Appointment

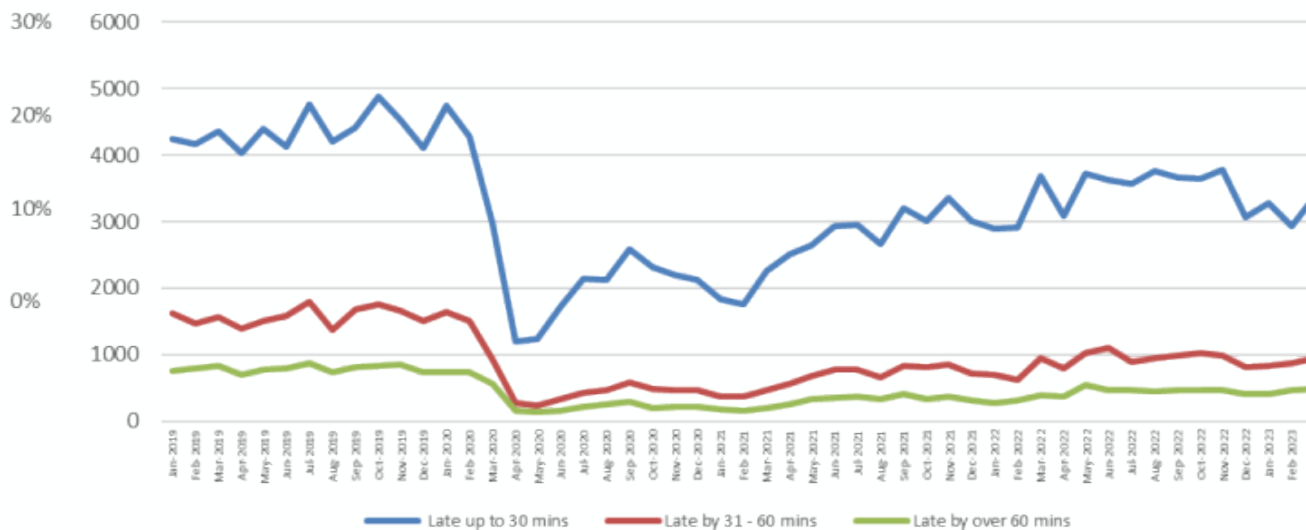
Arrival before/on Time at Appointment



Early Inward Journeys

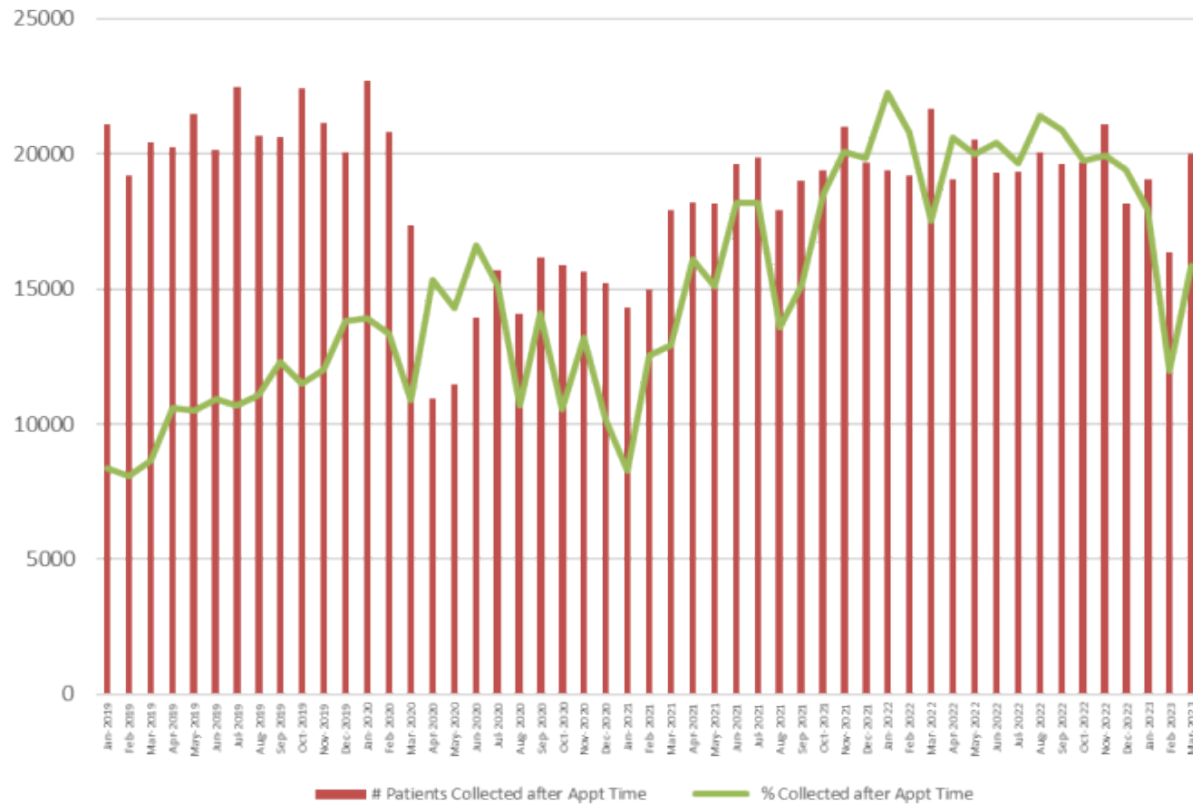


Late Inward Journeys

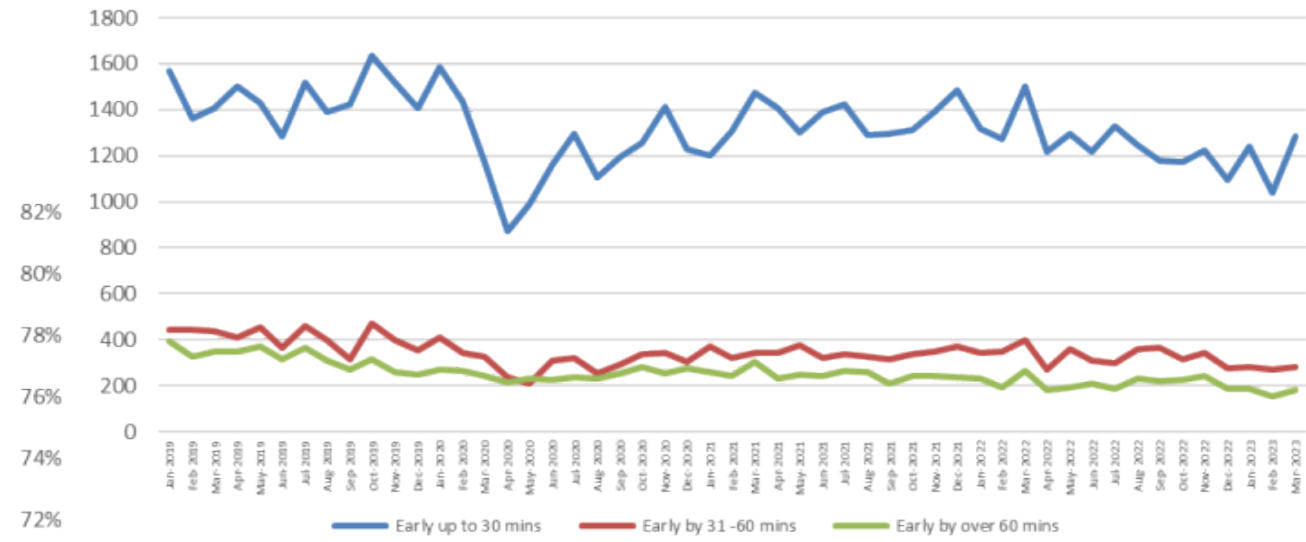


Post-Appointment

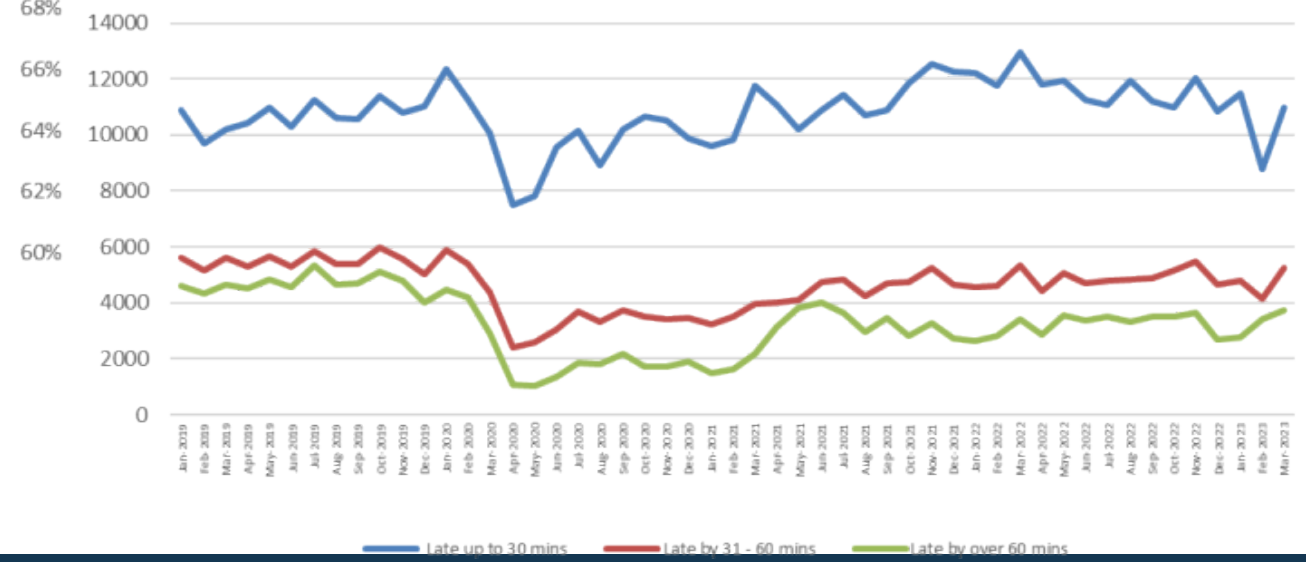
Collection After Appointment Time



Early Outbound Journeys



Late Outbound Journeys



2023/24 Priorities

- Completion of Powys transfer of work
- Closure of NEPTS Business Case and development of future vision for NEPTS
- Re-investment plan for plurality savings
- Continuing work to develop a national transfer and discharge services to enable and support health board redesign work



Report Title	Corporate Risk Assurance Framework (CRAF)	Agenda Item	4.3
Meeting Title	Audit & Risk Committee	Meeting Date	19/04/2023
FOI Status	Open/Public		
Author (Job title)	Head of Corporate Governance and Risk and Assurance Officer		
Executive Lead (Job title)	Committee Secretary		

Purpose of the Report	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.				
Specific Action Required	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 updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 March 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.

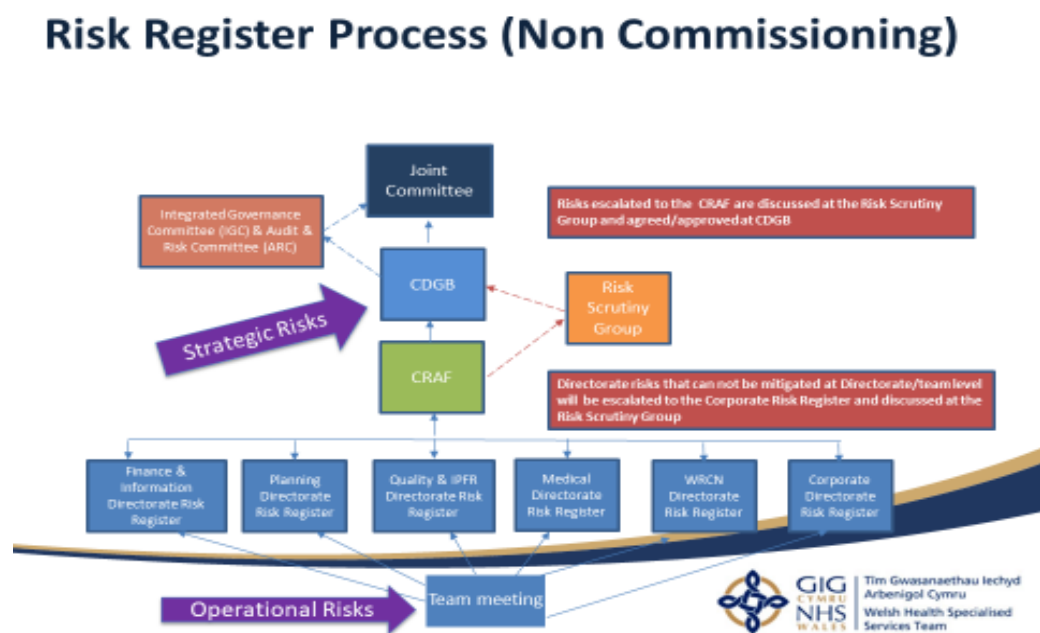
The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate 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 newly introduced 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 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

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

As at 31 March 2023, there are **17** risks on the CRAF. A summary of these risks is outlined below.

3.2 Commissioning Risks

There are currently **11** 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.

3.2.1 New Commissioning Risks

- **No** new commissioning risk were added during this period.

3.2.2 Escalated Commissioning Risks

- **No** risks were escalated during this period.

3.2.3 De-escalated Commissioning Risk

- **Two** mental health red risks were de-escalated during this period and have been removed from the CRAF.

Ref	Initial Score	Score as at March 2023	Date de-escalated	Rationale
<p>Risk 23 (MH/21/08) Mental Health Adults with a learning disability</p> <p>There is a risk that adults with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care</p>	15	12	March 2023	Review of waiting lists conducted and shows no waiting list in place and placements made in a timely manner. Placements regularly reviewed via NCCU to ensure quality of service. Therefore risk score decreased to likelihood 4 and impact 3 = 12.
<p>Risk 24 (MH/21/09) Mental Health Children with a learning disability</p> <p>There is a risk that children with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is</p>	15	12	March 2023	Review of waiting lists conducted and shows no waiting list in place and placements made in a timely manner. Placements regularly reviewed via NCCU to ensure quality of service. Therefore risk score decreased to likelihood 4 and impact 3 = 12

Ref	Initial Score	Score as at March 2023	Date de-escalated	Rationale
that patients may be inappropriately placed with the potential to receive sub-optimal care				

3.2.4 Closed Risks

- No red risks were closed during this period.

3.3 Organisational Directorate Risks

There are currently 6 organisational risks open with a risk score of 15 and above, which are included on the CRAF.

A summary of the commissioning and directorate risks is outlined in **table 1** below:

Table 1 – Summary of Strategic/Organisational risks (15 and above) June 2022

Directorate	No of Risks 15 and above	New Risks	Escalated/ De-escalated
Corporate Services	6	No new risks scoring over 15	N/A
Finance & Information	0	No new risks scoring over 15	N/A
Medical Directorate	0	No new risks scoring over 15	N/A
Planning/Commissioning	11	No new risks scoring over 15	2 risk de-escalated
Quality and IPFR	0	No new risks scoring over 15	N/A

The risks below 15 are being managed within the directorate/teams and all risks are monitored through the RSG.

4.0 GOVERNANCE AND RISK

4.1 Internal Audit Progress

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

4.2 Risk Scrutiny Group

A Risk Scrutiny Group (RSG) meeting took place on 16 March 2023. Directorate Risk registers were discussed and the Positron Emission Tomography (PET) Risk register was presented for information. The next RSG Meeting is scheduled for 18 May 2023.

5.0 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 March 2023.

Governance and Assurance

Link to Strategic Objectives

Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Implementation of agreed ICP
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	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.
Finance/Resource Implications	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.
Population Health	There are no immediate adverse population health implications.
Legal Implications (including equality & diversity, socio economic duty etc)	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.
Long Term Implications (incl WCFG Act 2015)	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.
Report History (Meeting/Date/	3 April 2023 – Corporate Directors Group Board (CDGB)

Summary of Outcome	
Appendices	Appendix 1 –Corporate Risk Assurance Framework (CRAF) March 2023



Corporate Risk Assurance Framework (CRAF)

March 2023

1. Dashboard of Risk

Impact	5			42 Referrals for adults with an eating disorder/disordered eating		
	4				06 Paediatric patients waiting for surgery 21 CAMHS 28 Workforce and Capacity 35 Bed Capacity Mental Health Patients 38 No neonatal cot availability in South Wales due to staffing shortages 39 Renal Funding 40 Limited outpatient dialysis capacity in Swansea 41 Financial Climate Risk 44 Paediatric cardiac surgery	29 WHSSC IPFR Governance 33 Welsh Government Priority Delivery Measures 34 Lack of paediatric intensive care beds
	3					03 Plastic Surgery Delays 26 Neuropsychiatry patients waiting times 43 Patient waiting times 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements (escalated risk)
	2					
	1					
			1	2	3	4
CXL				Likelihood		

2. Corporate Risk Register/Summary of Risk

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
3 (CB03) Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Plastic Surgery Delays 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 ↔	27/03/23	17/04/23	Joint Committee	Director of Planning
		Provider/s: SBUHB								
6 P/21/10 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Paediatric patients waiting for surgery 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 ↔	21/03/23	20/04/23	Joint Committee	Director of Planning
		Provider/s: CVUHB								
21 MH/21/02 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Children & Adolescent Mental Health Services (CAMHS) There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Lliard)	16	16	8	Risk score remains the same ↔	27/03/23	24/04/2023	Joint Committee	Director of Mental Health
		Provider/s: CTMUHB								
26 NCC046 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neuropsychiatry patients waiting times There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	20	15	4	Risk score remains the same ↔	27/03/23	24/04/2023	Joint Committee	Director of Planning
		Provider/s: CVUHB								
28 (CS3 / CD01) Corporate Services	Workforce and Capacity	Workforce and Capacity 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 ↔	30/03/23	24/04/23	Joint Committee	Committee Secretary
		Provider/s: N/A								
29 (CS8 / CD02) Quality and IPFR/Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	WHSSC IPFR ToR and Governance 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 ↔	30/03/23	24/04/23	Joint Committee	Director of Nursing/ Committee Secretary
		Provider/s: N/A								

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
33 (CS10 / CD03) Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Welsh Government Priority Delivery Measures There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	20	20	9	Risk score remains the same ↔	30/03/23	24/04/23	Joint Committee	Director of Planning
		Provider/s – All								
34 P/21/02 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Lack of Paediatric Intensive Care Beds <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.	16	20	4	Risk score remains the same ↔	21/03/23	20/04/23	Joint Committee	Director of Planning
		Provider/s: CVUHB								
35 MH/21/06 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Bed Capacity Mental Health Patients <i>There is a risk</i> that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement	9	16	6	Risk score remains the same ↔	27/03/23	24/04/2023	Joint Committee	Director of Mental Health
		Provider/s: SBUHB, BCUHB, NHS England, Independent Sector								
38 P/21/16 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neonatal Cots <i>There is a risk</i> that there will not be a Neonatal cot available across the south Wales region <i>due to</i> significant neonatal nursing shortages. <i>There is a consequence</i> 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 ↔	21/03/23	20/04/23	Joint Committee	Director of Planning
		Provider/s: CVUHB								
39 WKN 06	Finance including claims	Renal Funding <i>There is a risk that</i> now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. <i>As a consequence</i> additional investment required through ICP process to sustain current services and manage growth and inflationary uplifts.	12	16	4	Risk score remains the same ↔	16/03/23	04/04/23	Joint Committee	Programme Director
		Provider/s: N/A								
40 WKN 08	Impact on the safety of patients, staff or public (physical/psychological harm)	Limited outpatient dialysis capacity in Swansea <i>There is a risk</i> that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. <i>As a consequence</i> 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 ↔	16/03/23	04/04/23	Joint Committee	Programme Director
		Provider/s: SBUHB								
41 (CS14) Corporate Services	Finance including claims	Financial Climate Risk <i>There is a risk</i> that the financial climate across the NHS is vulnerable as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.	16	16	4	Risk score remains the same ↔	30/03/23	24/04/23	Joint Committee	Director of Finance

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
		Provider/s: All								
42 MH/21/15 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm)	Referrals for adults with an eating disorder/disordered eating There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.	15	15	8	Risk score remains the same ↔	27/03/23	24/04/2023	Joint Committee	Director of Mental Health
		Provider/s: Independent Sector								
43 CB01 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm)	Patient waiting times There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the AWLP service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.	8	15	4	Risk score remains the same ↔	27/03/23	17/04/23	Joint Committee	Director of Planning
		Provider/s: CVUHB (subcontract in place with SBUHB)								
44 P/21/19 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	Paediatric cardiac surgery There is a risk that paediatric cardiac surgery patients referred to Bristol Children's Hospital, will have longer waits than is clinically appropriate due to lack of availability of a PIC bed within the Bristol Hospital. There is a consequence that the condition of the patient could deteriorate whilst waiting.	16	16	4	Risk score remains the same ↔	21/03/23	20/04/23	Joint Committee	Director of Planning
		Provider/s: University Hospital Bristol								
46 CB06 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm)	North Wales Outreach Plastic Surgery Clinic Management Arrangements 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 ↔	27/03/23	17/04/23	Joint Committee	Director of Planning
		Provider/s: St Helens and Knowsley NHS Trust & BCUHB								

3 Risk Schedules – Risk on a Page

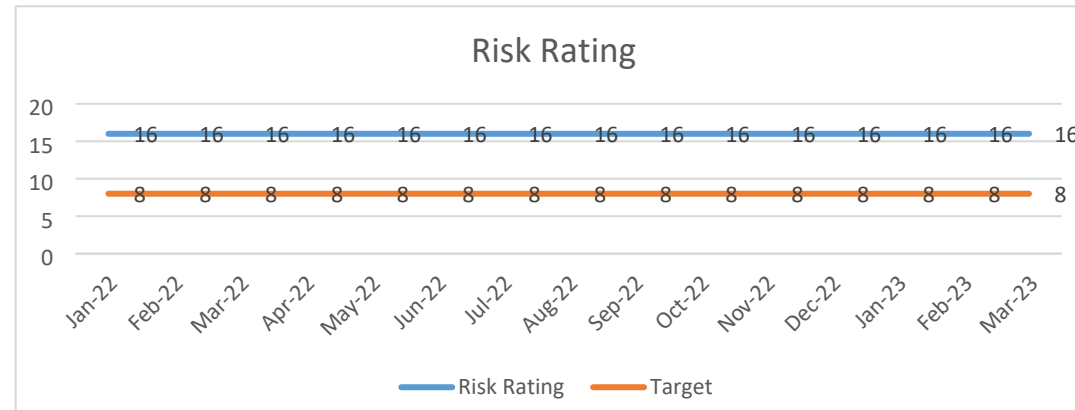
Risk Ref: 3 Plastic Surgery Delays (CB03) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																			
Risk: There is a risk of poor patient experience and poor 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.		Date Added to Register: 26/02/21 (first identified 17/03/14)	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																		
		Provider/s: SBUHB																			
Risk Rating (impact x likelihood)		Groups discussed risk during period																			
<table border="1"> <tr> <td>Initial</td> <td>3x5</td> <td>15</td> </tr> <tr> <td>Current</td> <td>3x5</td> <td>15</td> </tr> <tr> <td>Target</td> <td>2x3</td> <td>6</td> </tr> </table>		Initial	3x5	15	Current	3x5	15	Target	2x3	6	<p>The chart shows a risk rating of 15 from March 2021 to March 2023. A target line is set at 6. The y-axis ranges from 0 to 20. The x-axis shows monthly intervals from Mar-21 to Mar-23.</p>										
Initial	3x5	15																			
Current	3x5	15																			
Target	2x3	6																			
What controls have we put in place for the risk: <ul style="list-style-type: none"> Recovery plan requested from SBUHB Continue to monitor progress against the recovery plan Request waiting list data This risk is included within the C&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) Work to change the commissioning model has progressed and approved by Joint Committee 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. A Project initiation Document (PID) is due to go to MG in April 2023 outlining timescales for this project. 		What actions should we take: <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. Next meeting arranged for Dec 22</td> <td>LA-Senior Planner</td> <td>monthly</td> </tr> <tr> <td>To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.</td> <td>LA – Senior Planner</td> <td>monthly</td> </tr> <tr> <td>Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.</td> <td>LA – Senior Planner</td> <td>Completed</td> </tr> <tr> <td>To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22). Escalation Level 1 agreed by CDGB in December 2022 and weekly submission of activity and waiting list data is required.</td> <td>LA – Senior Planner</td> <td>Completed</td> </tr> <tr> <td>To request further detail on the recently received delivery plan and to review the recently received quality report. To re-assess the escalation level in April.</td> <td>LA – Senior Planner VDJ – Quality Lead</td> <td>April</td> </tr> </tbody> </table>		Action	Lead	Date	To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB. Next meeting arranged for Dec 22	LA-Senior Planner	monthly	To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.	LA – Senior Planner	monthly	Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.	LA – Senior Planner	Completed	To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22). Escalation Level 1 agreed by CDGB in December 2022 and weekly submission of activity and waiting list data is required.	LA – Senior Planner	Completed	To request further detail on the recently received delivery plan and to review the recently received quality report. To re-assess the escalation level in April.	LA – Senior Planner VDJ – Quality Lead	April
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Additional comments: Feb 22 - Whilst the overall score should not change, it was agreed that the scoring for likelihood and impact should be the other way around, the likelihood being 5 and the impact being 3. July 22 - The commissioning team discussed and reviewed the risk and agreed the risk was to remain December 22 - Escalation level 1 agreed by CDG, i.e. weekly submission of activity and waiting list data required. March 23 – The C&B commissioning team agreed that the escalation level should remain at 1 until further detail on the delivery plan is provided by SBUHB at the next performance meeting and secondly review of the SBUHB plastic surgery quality report has been undertaken by WHSSC’s quality lead. A further review will then take place in April.																					

Risk Ref: 6 - Paediatric patients waiting for surgery (P/21/10) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																															
Risk: 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.		Date Added to Register: 24/02/21 Provider/s: CVUHB	Date last reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																														
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider This risk is included within the W&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). Plan in place for a number of children to be outsourced to NHS England and the Private Sector. Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing. 		What actions should we take: <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"> Staffing establishment Bed and theatre capacity Assurance on clinical management of patients on WL Recovery trajectory </td> <td>W&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&C Planner</td> <td>Complete</td> </tr> <tr> <td>Meetings being scheduled with NHS England providers to discuss outsourcing capacity</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested revised recovery plan further to Joint Committee</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Discussing with local Health Boards scope for mutual aid.</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Place service in escalation Level 3</td> <td>W&C Planner</td> <td>Complete</td> </tr> <tr> <td>Continue with outsourcing to NHS England and the Private Sector.</td> <td>W&C Planner</td> <td>June 23</td> </tr> <tr> <td>Performance Management arrangements to be re-instigated</td> <td>Director of Planning</td> <td>Monthly</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"> Staffing establishment Bed and theatre capacity Assurance on clinical management of patients on WL Recovery trajectory 	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	Continue with outsourcing to NHS England and the Private Sector.	W&C Planner	June 23	Performance Management arrangements to be re-instigated	Director of Planning	Monthly
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Additional comments: 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. Feb 23 – W&C Commissioning team reviewed the risk which remains unchanged. Mar 23 – W&C Commissioning team reviewed the risk which remains unchanged.																																	

Risk Ref: 21 - Children & Adolescent Mental Health Services (CAMHS) (MH/21/02) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance	
Risk: There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)	Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023
Provider/s: CTMUHB		

Risk Rating
(impact x likelihood)

Initial	4x4	16
Current	4x4	16
Target	4x2	8



Groups discussed risk during period

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

What controls have we put in place for the risk:

- Service specification reviewed to ensure relevant information is contained and monitored with the provider
- Monitor training status of the staff at Ty Llidiard
- Quality Assurance Improvement Service (QAIS) undertake regular review ensure that environments of care are safe
- Business Plan for Physician Associate provided
- This service has been de-escalated from Level 4 to Level 3 as agreed by CDGB on 14th December 2022. Progress against de-escalation action plans, and a favourable report following the latest quality visit provided assurance to support de-escalation of service to Level 3.
- Improved leadership evident via escalation meetings.
- Further audit being conducted around the referral processes to enable consideration of further de-escalation.

What actions should we take:

Action	Lead	Date
NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy	Senior Planning Manager	Completed
Reviewed service specification	Senior Planning Manager	Completed
Monitor training status of the staff by QAIS	Shane Mills	Completed
Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon	Completed
Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Director of Finance	Completed
Action plan developed following QAIS review conducted in March 22 and managed under escalation process. Escalation meetings are monthly.	Director of Mental Health	March 23
Work is currently underway by NCCU to consider referral processes and assessments.	NCCU	April 23

Additional comments:

July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high
 April 22 – Score to remain as it is subject to impact of completed actions.
 June 22 – Risk remains at current level as risk of absconding is still prevalent
 December 23 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments
 March 23 – Risk score remains the same

Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Director of Mental Health Assuring Committee: Joint Committee	
Risk: 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.	Date Added to Register: 12/02/2020 Moved to MH& VG register July 21	Date last reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023
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What controls have we put in place for the risk:

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

What actions should we take:

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

Additional comments:

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

Risk Ref: 28 Workforce and Capacity (CS3 / CD01) Risk Domain: Workforce and Capacity		Director Lead: Committee Secretary Assuring Committee: CDGB																																																																						
Risk: 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.		Date Added to Register: 16.09.21 Provider/s: N/A	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																																																																					
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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. A number of key strategic pieces of work and a general increase in the number of services has resulted in another significant increase in workloads across the organisation. The number of posts being recruited to has increased significantly over the last few months and this has had a knock on effect on the Corporate Services team who plan and assist the organisation with IT, HR and general resourcing. 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. Some vacancies have arisen within the Finance department and there is a need to review the finance structure to ensure sufficient resource. A review of National Commissioning is currently underway and this may have an impact on staffing and resourcing across the organisation going forward. This review was due to conclude in April 2023 but is delayed. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity.</td> <td>JE</td> <td>7 September 2021</td> </tr> <tr> <td colspan="3" style="text-align: center;">COMPLETED</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. 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Risk Ref: 29 – WHSSC IPFR ToR & Governance (CS8) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Nursing/Committee Secretary Assuring Committee: Joint Committee																																																																
Risk - 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.		Date Added to Register: 20/10/21 Provider/s: N/A	Date last reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																																																															
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What controls have we put in place for the risk: <ul style="list-style-type: none"> A judicial review highlighted some deficiencies in the minutes and decision letters advising of a refusal to fund treatment. This de-brief has taken place and learning from this is being implemented. A review of the IPFR governance is underway. A member of the Corporate team will start attending IPFR and act as a governance lead advising the Chair etc. The governance lead will also be able to review the minutes, notes, and decision letters etc. A quality review of other IPFR notes from HB panels will be undertaken as a way of benchmarking. JC approved an uplift to the WHSSC IPFR DRC budget to assist with staffing costs required as a result of the increased scrutiny. A meeting with Welsh Government took place on 10 May 2022 to discuss the authority of the Joint Committee to update and approve the ToR of the IPFR Panel, the governance process for updating the All Wales IPFR policy; and consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales. WHSSC issued a letter to WG 23 May 2022. A response from WG was received on 28 July 2022 confirming agreement for WHSSC to proceed with a review of the WHSSC ToR and a "limited" review of the All Wales IPFR policy. The Joint Committee approved the approach on 6 September 2022. 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. 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. The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022 and the findings are being reviewed. 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. The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March WHSSC are currently working on an implementation plan as the new ToR will involve some changes to the current membership and to ensure that HBs have sufficient time to review their WHSSC membership. WHSSC is also finalising the amendments to the All Wales IPFR Policy and will present this to the Joint Committee 16 May 2023 for approval. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed</td> <td>Committee Secretary</td> <td>End of December 2021 and on-going</td> </tr> <tr> <td>The Chair of the IPFR panel stepped down from the position on the 1 April 2022. 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Risk Ref: 33 - Welsh Government Priority Delivery Measures (CD03) (CS10) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Director of Planning Assuring Committee: Joint Committee	
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	Date Added to Register: 26 January 2022 Provider/s: All	Date last reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023

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What controls have we put in place for the risk:

- WHSSC are working with HBs to share infrastructure and to develop regional approaches for high volume and specialist services.
- The JC and MG receive regular updates specialised services performance at each meeting
- The Integrated Governance Committee (IGC) oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the plan. They receive regular updates on progress.
- The ICP approved by the Joint Committee on the 8 February 2022 included reference to the new measures.
- The Joint Committee received a report on the proposed WHSSC process for responding to the Ministerial Priority Measures on the 15 March 2022. The Joint Committee held a recovery workshop on the 12 July 2022 during which the Committee received comprehensive recovery presentations from providers on recovery trajectories across NHS Wales. These will be kept under review over the next few months.
- A follow up workshop was held on the 6 September at the request of the Joint Committee to focus on Paediatric recovery trajectories.
- The JC received a Recovery Update (incl Progress with Paediatric Surgery) at its meeting on 8 November 2022, and a further update will be presented on 17 January 2023.
- It was agreed with the JC in November to use the approved Escalation Framework for performance reasons and this was implemented in 3 specialties including paediatric surgery.
- We have refreshed and developed our Performance Management Framework after the pandemic, this was approved by CDGB in March 2023 and will be shared with Management Group in March 2023. MG supported the approach and this will be taken to the JC for approval in May 2023.

What actions should we take:

Action	Lead	Date
The ICP was approved to the Joint Committee on the 8 February 2022 and has been submitted to Welsh Government and the planning teams at Health Boards for inclusion within the HB Integrated Medium Term Plan's (IMTP's).	NJ/AD	Completed
The JC and MG will receive routine reports at each meeting on the performance of specialised services, and the impact of waiting list backlog and the shortfall in capacity.	NJ/SD	Monthly
The JC held recovery workshops on 12 July, 6 September and 8 November 2022 and a number of actions were agreed which help inform further discussions. The recovery trajectories will be kept under review and monitored.	NJ/SD	Completed
Following the JC recovery update on paediatric trajectories 6 September 2022 it was agreed to hold a further session in January 2023 to focus on recovery trajectories.	NJ/SD	Completed
Three specialties were put into Level 1 Escalation for performance reasons in December 2022; bariatrics and plastics in SBU and paediatric surgery in CVUHB. Progress is monitored weekly and there have been improvements in both bariatrics and plastics. In March it was agreed to further escalate paediatric surgery to Level 3.	NJ/SD	Completed

Additional comments:
 Cross Directorate Risk (CD03) - WG set 34 new Priority Delivery measures that will be formally monitored from April 2022 onwards. NHS bodies are expected to align their developing Integrated Medium term Plans (IMTPs) towards delivering these priorities and measures, and where necessary, to bring forward key actions that will ensure these are the focus for the whole organisation. There is a risk that WHSSC will be unable to deliver specialised services it has committed to delivering in the Integrated Commissioning Plan (ICP) due to the waiting list backlog.

Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02) Risk Domain: Workforce		Director Lead: Director of Planning Assuring Committee: Joint Committee																																																																																					
Risk: 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.		Date Added to Register: 24/02/21 Provider/s: C&VUHB	Date last reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																																																																																				
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<ul style="list-style-type: none"> Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting. 	W&C	Quarterly																																																																																					
<ul style="list-style-type: none"> Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues. 	W&C planner	31/03/2023																																																																																					
Additional comments: June 22 – Quarterly Assurance meeting has not taken place since last update (May 22) July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place 18 th 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. Mar 23 – W&C Commissioning team reviewed the risk which remains unchanged.																																																																																							

Risk Ref: 35 Bed Capacity Mental Health Patients (MH/21/06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)	Director Lead: Director of Mental Health Assuring Committee: Joint Committee
Risk: There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement	Date Added to Register: 24/02/21 Provider/s: SBUHB, BCUHB, NHS England, Independent Sector
	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023

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What controls have we put in place for the risk:

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

What actions should we take:

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

Additional comments:
 Risk discussed at July 2021 commissioning team meeting for clarity on risk title, controls in place and further actions required.
 Discussed at August 2021 Commissioning team and score raised due to national pressures, closure of one unit in England and ongoing ligature works in Caswell.
 Jan 22 - MH &VG Commissioning Team advised despite 80 surge beds being purchased until the end of March 22 the risk remains high and likely to increase further.
 June 22 – Strategy out for stakeholder feedback until July 22
 Sept 22 – Lower risk score agreed at Commissioning Team 28/09/22 due to repatriation plans in place for Welsh patients from NHSE
 December 22 – Risk score increased at Commissioning Team on 19th December to reflect pressure in the NHSE medium secure bed provision
 March 23 – Risk score remains the same

Risk Ref: 38 – No neonatal cot availability in South Wales due to staffing shortages (P/21/16) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee																																								
Risk: There is a risk that there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. There is a consequence 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.		Date Added to Register: 26/07/2022 Provider/s C&VUHB	Date last reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																																							
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What controls have we put in place for the risk: <ul style="list-style-type: none"> 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. Notified Welsh Government and (WHSSC/Health Board) Directors of Nursing of current risk. 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. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots</td> <td>Planning Manager</td> <td>completed</td> </tr> <tr> <td>Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position: <ul style="list-style-type: none"> Refusal rates and reasons for declined admissions Staffing establishment Adverse incidents / near misses as a consequence of closing cots and / or working over capacity </td> <td>Planning Manager</td> <td>Quarterly</td> </tr> <tr> <td>The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.</td> <td>Head of Quality WHSSC</td> <td>Completed</td> </tr> <tr> <td>WHSSC to arrange a workforce workshop</td> <td>Planning Manager</td> <td>Needs to be re-arranged as the original date was cancelled.</td> </tr> </tbody> </table>		Action	Lead	Date	Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots	Planning Manager	completed	Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position: <ul style="list-style-type: none"> Refusal rates and reasons for declined admissions Staffing establishment Adverse incidents / near misses as a consequence of closing cots and / or working over capacity 	Planning Manager	Quarterly	The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.	Head of Quality WHSSC	Completed	WHSSC to arrange a workforce workshop	Planning Manager	Needs to be re-arranged as the original date was cancelled.																								
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Additional comments: 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. Mar 23 – W&C Commissioning team reviewed the risk which remains unchanged.																																										

Risk Ref: 39 Renal Funding (WKN 06) Risk Domain: Finance including claims		Director Lead: Programme Director, WKN Assuring Committee: Joint Committee																																																										
Risk: There is a risk that now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. As a consequence additional investment is required through ICP process to sustain current services and manage growth and inflationary uplifts.		Date Added to Register: 14/12/22 Provider/s N/A	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																																																									
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Priority linked to safety and capacity. Financial reviews ongoing as part of management team workload. Forecast activity modelling embedded. Steady state as 4% year on year growth tested annually. Support for Health Boards to manage contracts effectively provided by recruitment of Deputy Network Manager, Contracting Assurance. (May 2022) Renal activity and quality assurance to be included as a standing item on WHSSC SLA reviews with regional centres. 		What actions should we take: <table border="1" style="width: 100%;"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Completion of forward look demand and capacity model aligned with finance modelling.</td> <td>WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director</td> <td>On-going</td> </tr> <tr> <td>Participate in SLA reviews with Regional Health Board Renal Centres.</td> <td>WKN Manager/WKN QPS Lead/WKN Director</td> <td>On-Going</td> </tr> <tr> <td>Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs)</td> <td>WKN Manager/WKN Finance Manager/ Procurement.</td> <td>April 23</td> </tr> </tbody> </table>		Action	Lead	Date	Completion of forward look demand and capacity model aligned with finance modelling.	WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director	On-going	Participate in SLA reviews with Regional Health Board Renal Centres.	WKN Manager/WKN QPS Lead/WKN Director	On-Going	Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs)	WKN Manager/WKN Finance Manager/ Procurement.	April 23																																													
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Additional comments: March 23 – The WKN core team discussed the risk and agreed the current score should remain the same in light of the cost of living pressures impacting of the inflationary uplifts requested by the ISPs																																																												

Risk Ref: 40 Limited outpatient dialysis capacity in Swansea (WKN 08) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Programme Director, WKN Assuring Committee: WKN Board																																																										
Risk: 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.		Date Added to Register: 14/12/22 Provider/s SBUHB	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																																																									
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What controls have we put in place for the risk: <ul style="list-style-type: none"> Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility. Active home haemodialysis programme to ease the pressure until expansion of existing resource is established. Procurement process for retender of existing units and establishment of two new units commenced Jan 2021. 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. 		What actions should we take: <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>April 2023</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>September 2023</td> </tr> <tr> <td>Increase opportunity for home dialysis.</td> <td>Home Dialysis Clinical Lead/WKN Manager.</td> <td>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>Oct 2022</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	April 2023	Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.	SBUHB SRO/WKN Manager	September 2023	Increase opportunity for home dialysis.	Home Dialysis Clinical Lead/WKN Manager.	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	Oct 2022																																										
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Additional comments: 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.																																																												

Risk Ref: 41 Financial Climate Risk (CS14) Risk Domain: Financial Climate Risk		Director Lead: Director of Finance Assuring Committee: Joint Committee																												
Risk: There is a risk that due to the constrained financial climate across the NHS the uplift required for the WHSSC 2023/24 ICP might not be affordable for Commissioning Health Boards. Currently Health Boards are reporting large deficits and the annual allocation uplift declared upfront will not meet the current inflationary cost pressures.		Date Added to Register: 14/12/22	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																											
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What controls have we put in place for the risk: <ul style="list-style-type: none"> WHSSC internal review of the Integrated Commissioning Plan (ICP) to lower initial uplift required from 4.48% to 3.89%, The ICP was presented to Management Group with a number of scenarios for a lower uplift and the associated risks on 27 October 2022, a recommissioning for value workshop was held on 25 November and the MG considered the final scenarios on 15 December 2022. A recovery workshop was held with the Joint Committee on the 12 July 2022 at their request to discuss HB recovery plans and trajectories. A follow up deep dive into paediatrics was given to the Joint Committee on the 6 September 2022, and further recovery update session on the 8 November 2022. A workshop to specifically focus on the scenarios was arranged for Joint Committee members on the 10 January 2023 and this was followed up with a MG workshop at the end of January 2023. The ICP was approved by the Joint Committee on the 13 February 2023 but with some requests that WHSSC look at achieving a 1% efficiency saving. A workshop was held with MG members on 23 March 2023 and a PID has been development to support the process. An update will also be provided to the May 2023 JC and this will become s standing item on the JC agenda. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>ICP presented for discussion at MG 15.12.2022 – There was a consensus that scenarios which did not provide for unavoidable growth, inflationary pressures and known recurrent activity levels would not be palatable as this would create further financial risk in the already constrained system</td> <td>Director of Finance</td> <td>15 December Completed</td> </tr> <tr> <td>A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023. WHCC will present a matrix of plan uplift scenarios to JC where uplift required ranges between 1.87% - 3.89%, articulating the associated risks inherent in aligning plan with any particular scenario.</td> <td>Director of Finance</td> <td>January 2023 Completed</td> </tr> <tr> <td>The ICP was approved on 13 February 2023. A 1% efficiency saving was requested by JC members. In order to ensure that this is achieved a governance system and process is being developed and this will be presented to the March JC 2023.</td> <td>Director of Planning/Director of Finance</td> <td>Completed</td> </tr> <tr> <td>A further update will be provided to the May 2023 JC meeting.</td> <td>Director of Planning/Director of Finance</td> <td>May 2023</td> </tr> </tbody> </table>		Action	Lead	Date	ICP presented for discussion at MG 15.12.2022 – There was a consensus that scenarios which did not provide for unavoidable growth, inflationary pressures and known recurrent activity levels would not be palatable as this would create further financial risk in the already constrained system	Director of Finance	15 December Completed	A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023. WHCC will present a matrix of plan uplift scenarios to JC where uplift required ranges between 1.87% - 3.89%, articulating the associated risks inherent in aligning plan with any particular scenario.	Director of Finance	January 2023 Completed	The ICP was approved on 13 February 2023. A 1% efficiency saving was requested by JC members. In order to ensure that this is achieved a governance system and process is being developed and this will be presented to the March JC 2023.	Director of Planning/Director of Finance	Completed	A further update will be provided to the May 2023 JC meeting.	Director of Planning/Director of Finance	May 2023												
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Risk Ref: 42 Referrals for adults with an eating disorder/disordered eating (MH/21/15) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance																									
Risk: There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.		Date Added to Register: 14/12/22	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																								
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Additional comments: Sept 22 – Risk added December 22 – Risk score agreed and added January 22 – This risk relates to the current interim situation for the commissioning of Adult ED beds whilst a medium term solution is being sought through the appointment of a tender to provide ED Adult services for the next 2-3 years from April 23. The longer term options will be considered via the MH Strategy. March 23 – Risk score remains the same																											

Risk Ref: 43 Patient waiting times (CB01) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance	
Risk: There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the All Wales Lymphoma Panel (AWLP) service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.		Date Added to Register: 12/02/21 (first identified 22/11/17)	Date Last Reviewed: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023
		Provider/s: CVUHB (subcontract in place with SBUHB)	

<p>Risk Rating (impact x likelihood)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Initial</td> <td>2x4</td> <td style="background-color: #f4a460;">8</td> </tr> <tr> <td>Current</td> <td>3x5</td> <td style="background-color: #e31a1c;">15</td> </tr> <tr> <td>Target</td> <td>4x1</td> <td style="background-color: #ffff00;">4</td> </tr> </table>	Initial	2x4	8	Current	3x5	15	Target	4x1	4		<p>Groups discussed risk during period</p> Commissioning Team 30/09/22 Commissioning Team 08/11/22 Commissioning Team 28/11/22 Commissioning Team 12/12/22 Commissioning Team 30/01/23 Commissioning Team 02/03/23 Commissioning Team 27/03/23
Initial	2x4	8									
Current	3x5	15									
Target	4x1	4									

What controls have we put in place for the risk:

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

What actions should we take:

Action	Lead	Date
To hold quarterly commissioner assurance meetings with the AWLP to review turnaround time performance (with monthly submission of performance data). Note: on hold while progress is made with regard to joint working arrangements between CVU and SBU.	LA -Senior Planner	Completed.
Managing Director (SL) and Director of Planning have met with CVUHB clinical and managerial and clinical leads. It was agreed that joint working arrangements should be developed between CVU and SBU under the Regional and Specialised Services Provider Planning Partnership. CVU team will take this forward and confirm progress to WHSSC.	LA -Senior Planner	Nov 22 (completed. See additional actions below)
LA to discuss AWLP performance with Director of Planning in next 1 to 1 on Friday 11 th Nov and agree appropriate action. To update Commissioning Team.	LA -Senior Planner	Nov 22 (completed)
Ian Langfield will take the lead on the development of joint working arrangements between CVU and SBU under the Regional and Specialised Services Provider Planning Partnership. LA will confirm AWLP commissioning intentions.	LA – Senior Planner	Dec 22 (completed)
WHSSC to write to CVU and SBU to ask them to respond to recent drop in performance levels and to advise that performance and assurance meetings will resume in the new year.	LA – Senior Planner	Nov 22 (complete)
WHSSC to arrange a meeting with both sides of the service.	RE-Assistant Planner	Complete
Request information from HB quality colleagues regarding DATIX reports related to the service	VDJ – Quality Lead	Complete
Propose further escalation of the service to CDG. This will be considered at CDGB on 6 March 2023. Service escalated.	LA-Senior Planner	Complete
Write to service to outline expectations at escalation performance meeting on 31 st March	LA-Senior Planner	March 23 (completed)

Additional comments:
 The C&B commissioning team agreed to raise the risk score based on recent decline in poor performance at both CVU and SBU and agreed to consider escalation at a future meeting when a response from both centres has been received. Performance meeting arranged in January. Revisit after this meeting.
 January 2023: The C&B commissioning team agreed to raise the risk score based on a recent meeting with the service where it was reported that poor performance at CV was due to equipment failures in the laboratory.

March 2023: AWLP placed into formal escalation level 2. Action plan requested ahead of escalation meeting on 31st March 2023.

Risk Ref: 44 Paediatric cardiac surgery (P/21/19) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance
Risk: <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.	Date Added to Register: 24/01/23 Provider/s University Hospital Bristol
	Date Last Reviewed by: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023

Risk Rating (impact x likelihood)		Groups discussed risk during period									
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Initial	4x4	16									
Current	4x4	16									
Target	2x2	4									

What controls have we put in place for the risk:

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

What actions should we take:

Action	Lead	Date
Arrange meeting with Bristol Children’s Hospital	W&C Planner	Complete
Trajectories for patients breaching waiting list standards to be shared with WHSSC.	W&C Planner	31 March 2023
Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.	W&C Planner	Fortnightly

Additional comments:
 Feb 23 – W&C Commissioning team reviewed the risk which remains unchanged.
 Mar 23 – W&C Commissioning team reviewed the risk which remains unchanged.

Risk Ref: 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements (CB06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																					
Risk: 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		Date Added to Register: 09/09/22 Provider/s: St Helens and Knowsley NHS Trust & BCUHB	Date Last Reviewed by Joint Committee: Joint Committee – 17 January 2023 Quality Patient Safety Committee – 24 January 2023 CDGB – 22 March 2023 CTMUHB Audit & Risk Committee – 13 February 2023 Integrated Governance Committee – 14 February 2023																																				
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What controls have we put in place for the risk: <ul style="list-style-type: none"> BCUHB has established a Task & Finish Group to address the issue including colleagues from St Helen's & Knowsley. WHSSC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at SH&K. WHSSC has written formally to BCUHB to raise the concerns around the management of the outreach clinics and seek clarity on the reporting and accountability arrangements in the health board for the Task & Finish Group. BCUHB to report to WHSSC on progress of the T&F Group at the interface planning meeting and the SLA meeting. It has been agreed that Welsh Government will lead the escalation of the management of the plastic surgery outreach clinics as a part of their wider escalation of the dermatology service in north Wales. 		What actions should we take: <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and SHK Trust.</td> <td>VDJ – Quality Lead</td> <td>Nov 22</td> </tr> <tr> <td>To follow up with regard to the letter to BCUHB to obtain a response and respond accordingly.</td> <td>Planner</td> <td>Complete</td> </tr> <tr> <td>Meeting between WHSSC, SHK and BCUHB to ascertain what is required to review all patients on the waiting list.</td> <td>LA – Senior Planner</td> <td>Complete</td> </tr> <tr> <td>Work with SHK and BCUHB to agree the terms of reference and implement the review.</td> <td>LA – Senior Planner & VDJ – Quality Lead</td> <td>Complete</td> </tr> <tr> <td>Confirm WHSSC's role in the escalation led by Welsh Government</td> <td>NJ – Director of Planning / Managing Director</td> <td>Apr 23</td> </tr> <tr> <td>Monitor the findings from the patient harm review currently being undertaken by St Helen's & Knowsley</td> <td>LA – Senior Planner & VDJ – Quality Lead</td> <td>From Mar 23 to Jun 23</td> </tr> </tbody> </table>		Action	Lead	Date	WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and SHK Trust.	VDJ – Quality Lead	Nov 22	To follow up with regard to the letter to BCUHB to obtain a response and respond accordingly.	Planner	Complete	Meeting between WHSSC, SHK and BCUHB to ascertain what is required to review all patients on the waiting list.	LA – Senior Planner	Complete	Work with SHK and BCUHB to agree the terms of reference and implement the review.	LA – Senior Planner & VDJ – Quality Lead	Complete	Confirm WHSSC's role in the escalation led by Welsh Government	NJ – Director of Planning / Managing Director	Apr 23	Monitor the findings from the patient harm review currently being undertaken by St Helen's & Knowsley	LA – Senior Planner & VDJ – Quality Lead	From Mar 23 to Jun 23															
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Risk Appetite Levels

Appetite Level	Described as:
None	Avoid - The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek - Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. Mature - 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

Report Title	Audit Recommendations Tracker	Agenda Item	4.4		
Meeting Title	Audit and Risk Committee	Meeting Date	19/04/2023		
FOI Status	Public				
Author	Financial Accountant				
Executive Lead	Director of Finance				
Purpose of the Report	The purpose of this report is to provide the Audit and Risk Committee (ARAC) with an update on progress in respect of the implementation of recommendations from internal and external audits.				
Specific Action Required	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 Audit and Risk Committee with assurance on internal controls and that systems and processes are sufficiently comprehensive and operating effectively. Therefore, it is essential that recommendations from both internal and external audits are implemented in a timely way. All reports from audits undertaken across the WHSSC are logged and monitored through the WHSSC audit tracker.

3. ASSESSMENT

3.1 Internal Audit

3.1.1 Summary of Internal Audit Reports Since April 2019

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

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

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

3.1.2 Summary of Audits Undertaken During 2022-2023

The following reviews were completed by Internal Audit during 2022-2023:

Audit Theme	Assessment Rating
Neurosciences and Long Term Conditions Programme Team	Substantial Assurance
Quality Assurance Reporting	Substantial Assurance

The internal audit programme has been impacted by the need to defer two audits into 2023-2024 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.

Note at the request of the ARC meeting 12 February 2023 the tracker document has been refined to only present the outstanding areas of partial compliance.

3.2.1 WHSSC Management Response

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

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

R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:	
<ul style="list-style-type: none"> a. the backlog of waits for specialised services, b. potential impact and cost of managing hidden demand; and c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19 	
Audit Wales Recommendation	
R3b	In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on backlog of waits and the impact of managing hidden demand and financial consequences
Progress update	
	WHSSC began the process to advertise for an Associate Medical Director for Public Health via NHS jobs in Autumn 2022. Since then delays have been encountered with the process for advertising a clinical role and an agenda for change role in tandem. The Job description is going to a job evaluation panel on 3 April and will be advertised thereafter.
Audit Wales Recommendation	
R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021	
R4a	Embrace New Innovations
	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 and

		work is ongoing on the structure and content of the strategy, in readiness for sharing the draft and discussing with the Joint Committee at a workshop on 17 April 2023 prior to final approval by the Joint Committee in May 2023.
Audit Wales Recommendation		Progress update
R4b	Approach to Review of Services will be considered in strategy engagement	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 and work is ongoing on the structure and content of the strategy, in readiness for sharing the draft and discussing with the Joint Committee at a workshop on 17 April 2023 prior to final approval by the Joint Committee in May 2023.

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

An update was given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.

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.

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 recognise the inherent risk of conflict of

An update was given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.

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.

4.0 GOVERNANCE & RISK

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

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

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the progress achieved in implementing the recommendations made by WHSSC auditors,

- Take an **assurance** on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee,
- **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	None
Health and Care Standards	Governance, Leadership and Accountability Effective Care
Principles of Prudent Healthcare	Public and professionals are equal partners through co-production
NHS Delivery Framework Quadruple Aim	Reducing the per capita cost of health care Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	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.
Finance/Resource Implications	There are no direct impacts arising from this report.
Population Health	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
Legal Implications (including equality & diversity, socio economic duty etc)	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
Long Term Implications (incl WCFG Act 2015)	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
Report History (Meeting/Date/ Summary of Outcome)	13 February 2023 – ARC update 10 January 2023 – Joint Committee updates on Audit Wales Governance recommendations
Appendices	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 the Positron Emission Tomography Scanner Service
 February 2023

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	COMPLETED
IA PET 2022 5	<p>We noted WHSSC responsibility for programme delivery, and the associated need for clear accountabilities. There is an associated need therefore for the programme plan to include relevant assurances from delivery partners at such milestones e.g. of defined governance; resourced project plans (to fit the agreed programme); Service Level Agreements; procurement strategy; sign-off of procurement specifications; design sign-off (room data sheets etc); costings to approved budgets; recruitment; and commissioning arrangements etc.</p> <p>Milestones should therefore provide appropriate assurances to the PET Programme Board at defined points within the programme.</p>	<p>Milestones included at the programme plan should include key confirmations by delivery partners.</p> <p>The risks are</p> <ul style="list-style-type: none"> • The programme is not optimally progressed. • Time, cost or quality delivery are impacted. 	MEDIUM	March 2022 changed to September 2022	Managing Director	PET Programme Manager	<p>We will ensure that a Critical Path is clearly articulated in the Programme Plan and that it is updated when Project Plans are written/amended, seeking confirmation that key milestones are delivered.</p> <p>PROGRESS: This action is delayed while awaiting Project plans and timelines to feed into the critical path. Project plans for two of the three projects are in place. Work streams are set up. However, detailed plans are required for these. Programme plan is in draft form and is to be approved at the July 2022 programme board. This has now been moved to September Programme Board. Further works is required to establish the critical path. Update to October ARC: Due to work continuing from Health Board Project Plans and Workstream Plans, the overarching Programme Plan remains in draft. Plan is to finalise at the November Board. Satisfactory progress continues on all fronts.</p> <p>Update to January ARC: The Programme Plan, which consists of all Project and Workstream Plans and Benefits Realisation Plans is complete. Progress against these plans is being actively monitored and recorded by the PMO. Progress from all delivery partners is reviewed and discussed at each Programme Board, which meets bi-monthly. Critically, key milestones are included in the Programme Plan - for instance All Wales PET scanner procurement, review of Project business cases. Please note that milestones such as "design sign-off (room sheets etc)" is not appropriate to be reviewed at Programme Board and instead, responsibility lies with the Project Boards, with routes for escalation of issues clear within ToRs of groups. **PROPOSE AS: CLOSED - TO BE MANAGED AS PART OF PROGRAMME FUNCTION**</p>	COMPLETED

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	COMPLETE
IA PET 2022 6a	<p>Programme governance documentation indicated the intended operation of a number of sub-groups to drive the programme e.g., workstreams for:</p> <ul style="list-style-type: none"> · Radiopharmaceuticals · Centres of Excellence · Workforce; and · Procurement <p>To appropriately support on-time delivery, such support groups should have a schedule for deliverables co-ordinated with the programme.</p> <p>In turn, the Cardiff project included workstreams for:</p> <ul style="list-style-type: none"> · Estates · Service Provision · IT, and · Governance, regulation, and contract <p>To appropriately support on-time delivery, similarly, each project should also provide assurances that such workstreams have a schedule for deliverables co-ordinated with their project plan.</p>	<p>Where applicable, programme workstreams should have a schedule for deliverables co-ordinated with PET programme scrutiny dates to support overall delivery.</p> <p>There is a risk that Support group work outputs are not timely</p>	MEDIUM	April 2022 changed to September 2022	Managing Director	PET Programme Manager	<p>We will ensure that all programme work streams have a schedule for deliverables co-ordinated with PET programme scrutiny dates to support overall delivery.</p> <p>PROGRESS:</p> <p>This action was delayed while awaiting Project plans and timelines to feed into the critical path. Suggested date amend to May 2022.</p> <p>PROGRESS:</p> <p>Project plans for two of the three projects are in place. Work stream planning is underway, with one of the four having met five times already. The programme plan which is inclusive of the work streams, is in draft and will be taken to the July 2022 programme board.</p> <p>Its is now anticipated that the formal approval of this programme plan will take place in September 2022.</p> <p>Update to October ARC: Due to work continuing from Health Board Project Plans and Workstream Plans, the overarching Programme Plan remains in draft. Plan is to finalise at the November Board. Satisfactory progress continues on all fronts.</p> <p>Update to January ARC: Workstreams have been set-up in a phased manner, in line with needs of the Programme. Each Workstream has an appropriate level of schedules of deliverables. The Procurement Workstream is closely aligned with the requirements and milestones of Projects 2 & 3. The Workforce Workstream is in the process of aligning its work to the requirements of the Projects. The Critical Path aspect of the Radiopharmaceutical Workstream has been decoupled from the wider scope of the Workstream, to ensure deliverability to Projects 2&3. There are currently no identified critical path milestones identified for the Centres of Excellence Workstream.</p> <p>**PROPOSE AS: CLOSED - TO BE MANAGED AS PART OF PROGRAMME FUNCTION**</p>	COMPLETE

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

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA RM 2022 1	<p>Since the approval of the Risk Management Strategy and the revised approach to managing risk, the risk management process has continued to evolve. As such, some parts of the evolved process are not captured in the strategy, and there are some inconsistencies with other documents. We identified:</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • 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. 	<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	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>PROGRESS: The Risk Management Strategy was reviewed in the autumn following the risk workshop on 20th September, the Joint Committee approved its risk appetite statement in January 2023 and the strategy has been further reviewed and will be presented to the JC in July 2023.</p>	ONGOING
IA RM 2022 3	<p>Whilst risk management training, via a series of workshops has been provided to senior staff, it has not been rolled out to all staff. The Risk Management Strategy states all members of staff are accountable for maintaining risk awareness and identify and reporting risks to their line manager.</p>	<p>Consideration should be given to rolling out risk management training and awareness sessions across the organisation so that all staff are fully aware of their responsibility and the processes they should follow in relation to identification and management of risks.</p> <p>There is a risk that risks are not properly identified or captured if staff are not trained on the process to follow, the organisations strategy and approach or the system used to capture risk.</p>	MEDIUM	December 2022 changed to May 2023	Director of Planning	Committee Secretary	<p>WHSSC accept the recommendation and will roll out risk management training and awareness sessions across the organisation to ensure that all staff are fully aware of their responsibility and processes they should follow in relation to identification and management of risks.</p> <p>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.</p>	ONGOING

Welsh Health Specialised Services Committee

Register of Recommendations from the Internal Audit Report on Neurosciences and Long Term Conditions Services

February 2023

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA NLTC 2022 1	<p>Sample testing of information held within the policy control spreadsheet, identified that out of the 32 policies listed on the policy control document:</p> <ul style="list-style-type: none"> · five policies were removed as the responsibility for these now belonged to a different commissioning team. · two policies had been reviewed by the Policy Review Group in March 2022, but the status had not been changed within the policy control document. · two policies had passed their due date for review. Policy PP155 - Pasireotide for Cushings Disease was due for review in June 2022 and Policy CP07 - Hyperbaric Oxygen Therapy became due to review in August 2022. <p>The Policy Review Group uses the policy control spreadsheet to monitor the review process for all polices, therefore it is important that the spreadsheet is accurate and up to date.</p>	<p>Arrangements should be put in place to ensure that the policy control spreadsheet is reviewed and updated in a timely manner.</p> <p>There is a risk that commissioned services are not directed by policies and service specifications that have been subject to timely review and aligned accountability.</p>	MEDIUM	November 2022 changed to March 2023	Director of Planning	Specialised Planner Neurosciences and Complex Conditions	<p>The Neurosciences commissioning team will review the process of updating the policy control spreadsheet with the Assistant Director of Evidence and Evaluation, the WHSSC Policy Officer and will reference the information to the monthly work plan. This meeting is scheduled for 14th September 2022.</p> <p>The policy control spreadsheet will be considered at the monthly commissioning team meeting alongside the work plan to ensure both documents match.</p> <p>The policy control spreadsheet will be updated to be reviewed for sign off at the commissioning team meeting to be held on the 20th October 2022 and monthly thereafter.</p> <p>PROGRESS: The Neuro Commissioning Team review the policy position schedule at each monthly Commissioning Team meeting which ensures that policies are monitored and managed effectively.</p>	COMPLETED

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

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
Cardiac Services	August 2019	October 2019	3	3	0	0	0	0
Information Governance	October 2019	October 2019	4	4	0	0	0	0
Financial Systems	December 2020	April 2021	2	2	0	0	0	0
Women & Children's Services	March 2021	April 2021	2	2	0	0	0	0
Cancer and Blood Programme Team	July 2021	August 2021	1	1	0	0	0	0
Positron Emission Tomography Scanner Service	January 2022	February 2022	15	15	0	0	0	0
Risk Management 2022	May 2022	May 2022	4	2	2	0	2	2
Neurosciences and Long Term Conditions	September 2022	October 2022	1	1	0	0	0	0
Quality Assurance Reporting	October 2022	October 2022	1	1	0	0	0	0

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	10	3

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

Audit Tracker– Update **March 2023**

In May 2021, Audit Wales published the “Welsh Health Specialised Services Committee Governance Arrangements”¹ 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 March 2023	RAG
Recovery Planning				
<p>R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:</p> <ul style="list-style-type: none"> a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm. 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. 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. 				
<p>b) Potential impact and cost of managing hidden demand.</p> <p>i. Introduction of demand monitoring compared to historical levels for high volume specialties, findings to be reported</p>	In place	Director of Finance	<p>i. The introduction of demand monitoring comparing historical levels for high volume specialties is routinely undertaken and the findings are reported to the WG</p>	Partially Completed

¹ [Welsh Health Specialised Services Committee Governance Arrangements \(audit.wales\)](https://audit.wales.gov.uk/reports-and-publications/welsh-health-specialised-services-committee-governance-arrangements)

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	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>Dec 2023</p> <p>Feb 2023</p>	<p>Director of Nursing & 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 have been encountered with the process for advertising a clinical role and an agenda for change role in tandem. The Job description is going to a job evaluation panel on 3 April and will be advertised thereafter.</p>	<p style="background-color: yellow;"></p>
Specialised Services Strategy				
<p>R4 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"> 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. 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. <p>The review should assess services:</p>				

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
<ul style="list-style-type: none"> • which do not demonstrate clinical efficacy or patient outcome (stop); • which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer); • where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue. 				
<p>a. Embrace New Innovations</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>iv. We will continue our regular dialogue and knowledge sharing with the four nations' specialised services commissioners,</p> <p>v. We will continue to build upon our existing relationships with the Royal Colleges,</p> <p>vi. We will continue to develop our work on value-based commissioning,</p>	<p>Jul 2021</p> <p>Q3 2021-22</p> <p>In Place</p>	<p>Managing Director</p> <p>Director of Finance</p> <p>Director of Nursing & 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, including clinical and cost effectiveness. This information when combined with information around demands from existing services and interventions will underpin and feed into the development of the WHSSC Integrated Commissioning Plan (ICP). A horizon scanning exercise was undertaken by the Medical</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
<p>vii. We will develop a communication and engagement plan to support and inform the strategy.</p> <p>viii. As previously agreed with Joint Committee a stakeholder engagement exercise will be undertaken to gain insight on long-term ambitions and to inform how we shape and design our services for the future. This will inform the Specialised Services Strategy and the supporting the 3 year integrated commissioning plan.</p>	<p>Dec 2021</p> <p>Dec 2021</p>		<p>Directorate between January and May 2021, which informed the new Interventions Prioritisation Panel on the 20 July 2021, and the Clinical Impact Advisory Group (CIAG) prioritisation day on the 3 August 2021,</p> <p>ii. WHSSC continues to develop its relationships including:</p> <ul style="list-style-type: none"> a. Three members of the WHSS team are current members of NICE appraisal committees (AC – TA committee A; ID – TA committee D; SD – HST committee). AC is also Chair of the NICE Welsh Health Network, b. WHSSC has a built a strong working relationship with HTW. A MoU was signed in 2018 (currently being updated) and WHSSC is 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. 	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
			<p>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> <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>	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
	<p>Sept 2022</p> <p>March 2023</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 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</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
			<p>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 and work is ongoing on the structure and content of the strategy, in readiness for sharing the draft and discussing with the Joint Committee at a workshop on 17 April 2023 prior to final approval by the Joint Committee in May 2023.</p>	
<p>b. Approach to Review of Services will be considered in strategy engagement</p> <p>i. The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and 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</p>	<p>Sept 2021</p> <p>March 2022</p>	<p>Director of Finance</p> <p>Director of Nursing & Quality</p> <p>Director of Planning</p>	<p>The draft new specialised services strategy:</p> <p>It was previously agreed with Joint Committee 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</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
<p>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 future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.</p>	<p>Sept 2022 March 2023</p>		<p>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 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 and work is ongoing on the structure and content of the strategy, in readiness for sharing the draft and discussing with the</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
			<p>Joint Committee at a workshop on 17 April 2023 prior to final approval by the Joint Committee in May 2023.</p> <ul style="list-style-type: none"> i. 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 interventions, and international collaborative networks, ii. 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 	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
			<p>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>iii. 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 2022, and further recovery update session on the 8 November 2022.</p> <p>iv. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021,</p> <p>v. 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</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
			<p>May 2021 and informed the prioritisation panel on the 20 July 2021,</p> <p>vi. 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.</p>	
Welsh Government Recommendation - Independent member recruitment				
Welsh Government Recommendation - Sub-regional and regional programme management				
<p>R6 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>				
<p>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I</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>	Partially Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
<p>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>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>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> WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
			<p>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> <p>An update was given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.</p>	
Welsh Government Recommendation - Future governance and accountability arrangements for specialised services				
<p>R7 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>				
<p>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,</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</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
<p>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>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 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</p>			<p>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>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>	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
<p>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><u>WG update received 27 September 2022</u> 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> <p>An update was given to the Joint Committee on the 17 January 2023 and the final report will be presented in May 2023.</p> <p><u>WG Update Received 25 January 2023</u> WG informed WHSSC that the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group had written to Audit</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments March 2023	RAG
			<p>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 & 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>	

Ambulance Handover Improvement Plan Arrangements

Internal Audit Report

April 2023

Emergency Ambulance Services Committee



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee



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Auditors:	Emma Samways – Deputy Head of Internal Audit Stuart Bodman – Principal Auditor
Executive sign-off:	Stephen Harray - Chief Ambulance Service Commissioner
Distribution:	Ross Whitehead, Deputy Chief Ambulance Services Commissioner Phill Taylor, Head of Commissioning & Performance, NCCU
Committee:	Audit & Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Risk Committee.

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Executive Summary

Purpose

Our review focussed on the adequacy of the systems and controls in place within EASC for the development of the seven Welsh health boards' ambulance handover improvement plans and their Integrated Commissioning Action Plans (ICAPs) and ongoing monitoring.

Overview

We identified one low priority finding that relates to the absence of a formal process to capture and record risks during the creation of ambulance handover improvement plans, and within the current ongoing planning of Integrated Commissioning Action Plans.

Report Opinion



Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary¹

Objectives	Assurance
1 Guidance provided to aid the development of improvement action plans.	Substantial
2 EASC scrutiny, challenge, and collation of Health Board plans into an All-Wales improvement action plan.	Substantial
3 Appropriate approval of the improvement action plans.	Substantial
4 Improvement plan risks have been identified and are monitored.	Substantial
5 Health Board monitoring of their improvement action plans.	Substantial
6 Welsh Government are informed of progress against the integrated action plan.	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

- 1.1 Our review of ambulance handover improvement plan arrangements was completed in line with the 2022/23 Internal Audit plan for the Emergency Ambulance Services Committee ('EASC' or the 'organisation').
- 1.2 EASC is a joint committee of the seven health boards in Wales and has the responsibility for planning and securing sufficient ambulance services for the population. In November 2021, in response to the ever-increasing ambulance handover delays and the subsequent lost ambulance hours, EASC made a commitment to support a targeted approach to improve the situation. During 2022 EASC tasked each health to develop a handover improvement plan, with an All-Wales plan to be collated by the end of 2022.
- 1.3 Our review focussed on the adequacy of the systems and controls in place within EASC for aiding health boards in the development of their respective handover improvement plans, their subsequent compilation into an All-Wales plan, and progress monitoring via Integrated Commissioning Action Plans (ICAPs), which started in early 2023.
- 1.4 The relevant Executive lead for this review is the EASC Chief Ambulance Service Commissioner.
- 1.5 The risks associated with our review were as follows:
 - Patient harm if handovers continue to be delayed.
 - Ineffective use of resources if actions do not lead to improved performance.
 - Reputational damage to health boards, EASC and Welsh Ambulance Services Trust (WAST).

2. Detailed Audit Findings

Objective 1: Health boards were provided with guidance and support to aid the development of their improvement plans.

- 2.1 All stages of the in the development of individual health board ambulance handover improvement plans, the All-Wales ambulance handover improvement plan, and initiation of the health board ICAPs were supported by a structured planning timeline developed by EASC.
- 2.2 Documented fortnightly meetings were held between EASC, WAST and each of the health boards, which provided a forum to facilitate and advise on the individual approach needing to be taken in the creation and compilation of ambulance handover improvement plans. The meetings enabled EASC to share improvement ideas and outcomes between health boards during the development stages of their respective ambulance handover improvement plans.
- 2.3 Planning templates were initially developed by health boards and submitted to EASC, but their use was rescinded due to the variations in the approach from each

organisation. EASC then provided each health board with a standard planning template to ensure consistency in their development.

Conclusion:

2.4 Health boards were provided with guidance and support from the inception and development stages, through to the completion of their ambulance improvement action plans. This is also the case in respect of the current development of their respective Integrated Commissioning Action Plans (ICAPs). We have provided substantial assurance against this objective.

Objective 2: Health board plans were scrutinised and challenged by EASC, and a suitable process was in place for collating the individual plans into an All-Wales integrated action plan.

2.5 Prior to the initiation of engagement and planning of ambulance handover plans with the individual health boards in May 2022, we saw that the Chief Executives/Executive Officers of the seven health boards were kept apprised of the intentions, ministerial requirements, and scene setting in respect of ambulance handover planning via the EAS Joint committee meetings.

2.6 This engagement was reinforced by the liaison between the Chief Ambulance Services Commissioner (CASC), Health Board Chief Operating Officers and WAST during fortnightly meetings where ambulance handover performance dashboards were scrutinised and discussed. By May 2022 a formal request had been made by the CASC for handover improvement plans be developed for each health board. The plans were to draw particular attention to how each organisation monitors and reacts to growing levels of lost minutes per arrival, and an approach to escalating delays that are approach 4-hours, in order to eradicate waits beyond this time.

2.7 We saw evidence that EASC scrutinised and challenged individual health board ambulance handover plans as they developed through the fortnightly ambulance handover planning meetings with each health board. We confirmed that, for the meetings that we sampled, there was representation from EASC, WAST and the relevant health board. We note that over the course of the meetings, the initial proposals were refined according to priority and deliverability at both health board and WAST level.

Conclusion:

2.8 From the inception to completion stages, each health board ambulance handover improvement plan was subject to regular scrutiny and challenge by EASC, which facilitated the collation of meaningful individual plans into an All-Wales ambulance handover improvement plan. We have provided substantial assurance against this objective.

Objective 3: Appropriate approval of the integrated action plan was sought, with agreement from health boards and the Welsh Ambulance Services NHS Trust (WAST).

- 2.9 We saw evidence to confirm that each health board had reviewed and approved their own ambulance handover improvement plan via a relevant committee or group within their respective organisation prior to submission to EASC for integration into the All-Wales ambulance handover plan. WAST were sighted on all plans as they attended the fortnightly handover planning meetings.
- 2.10 The All-Wales ambulance handover improvement plan was submitted to the Health Minister as part of the ministerial ambulance handover improvement summit held in late November 2022.

Conclusion:

- 2.11 Appropriate organisational approval for the each of the seven respective health board ambulance handover improvement plans was obtained and then ratified by the Welsh Ambulance Services NHS Trust (WAST). We have provided substantial assurance against this objective.

Objective 4: Risks in relation to the integrated action plan have been identified and are monitored.

- 2.12 We reviewed a sample of fortnightly handover meetings and confirmed that discussions relating to the risks attributable to the creation and delivery of individual health board ambulance handover improvement plans were within the meeting discussions, although 'risk' was not a specific item for discussion. The same arrangements are in place in relation to the creation and current ongoing planning of health board ICAPs. **(Matter Arising 1: Low Priority)**
- 2.13 However, we note that risks relating to the individual health board handover plans and ICAPs are owned and monitored by respective health boards. Commissioning risks that relate only to EASC elements of the process are included on the EASC risk register along with a wider risk relating to the failure to improve handover times. These risks are routinely reported to the EAS Joint Committee and the hosted body Audit and Risk Committee at Cwm Taf Morgannwg University Health Board.

Conclusion:

- 2.14 Whilst risks in relation to each health board's ambulance handover improvement plans are discussed, a process to more formally capture and record the risks relating to the ongoing work to compile and implement the respective ICAPs should be considered. We have provided substantial assurance against this objective.

Objective 5: Arrangements are in place to allow monitoring of the progress being made by each health board in relation to their elements of the integrated action plan.

- 2.15 Since January 2023 there have been two distinct ICAP planning meetings with individual health boards. While at the time of our fieldwork, the creation and collation of individual health board ICAPs was at an early stage, there was documentary evidence of progress.
- 2.16 The two distinct ICAP meetings are: an ICAP performance planning meeting, which focusses on reviewing performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in each respective health board's ICAP; and a second meeting, the action plan meeting, which focuses on the delivery of joint organisational actions and individual organisation's actions aligned to the 'Six Goals Programme for Urgent and Emergency Care'.
- 2.17 We understand that future performance planning meetings will consider opportunities for shared learning, where additional actions could be identified to enhance health board plans.

Conclusion:

- 2.18 Arrangements are in place to allow monitoring of the progress being made by each health board in relation to their respective ICAPs. We have provided substantial assurance against this objective.

Objective 6: Arrangements are in place to ensure Welsh Government are informed of progress against the integrated action plan.

- 2.19 A process is in place that will allow for the reporting of progress of health board ICAP development and delivery via the monthly Welsh Government Delivery Unit Integrated Quality Planning Delivery (IQPD) meetings. We note that these meetings have focused on each health board's ambulance handover performance activity and outcomes using EASC ambulance handover data.
- 2.20 There are also mechanisms in place which allow urgent discussions with Welsh Government in the event of an issue that may need immediate attention.

Conclusion:

- 2.21 Arrangements are in place that enable Welsh Government to consider the progress against the production and implementation of each health board's ICAP. We have provided substantial assurance against this objective.

Appendix A: Management Action Plan






Matter Arising 1: Recording of Risks: Health Board Ambulance Handover Plans and ICAPs (Design)		Potential Impact
<p>Our review of the notes from the fortnightly Handover Planning Improvement meeting between the Health Boards, WAST and EASC identified that risks attributable to the creation and delivery of individual Health Board Ambulance Handover Plans were raised as part of the wider discussions held in the meeting. However, 'risk' was not a specific item for discussion at the meetings.</p> <p>Similarly, those risks pertaining to the creation and ongoing planning of Health Board ICAPs were also discussed but were also not explicitly stated in ICAP Performance and Action Plan meeting minutes.</p> <p>However, we acknowledge that risks linked to individual Health Board ICAPs and ultimately the inability to improve handover delays are owned and monitored by the respective health boards, with any related commissioning risks included on the EASC risk register.</p>		<p>Associated risks not appropriately recorded which could lead to patient harm if handovers continue to be delayed.</p> <p>Reputational damage to Health Boards, EASC and WAST.</p>
Recommendations		Priority
1	Consideration should be given to more formally capturing within meeting notes the risks and any relevant discussions relating to the formulation and outcomes of Health Board Ambulance Handover Plans and ICAPs.	Low
Agreed Management Action		Target Date
1	As outlined with the audit report, the risks associated with the failure to deliver the actions set out in the ICAPs is recorded by health boards and WAST. However, we recognise the requirement to capture risks raised through the ICAP meetings. Therefore, we will be amending our approach to	1 May 2023
		Responsible Officer
		Ross Whitehead, Deputy Chief Ambulance Services Commissioner

	<p>the ICAP meeting. We will add a risk item to the agenda and any highlighted risks will be recorded in a new risk section within the meeting notes. We believe that this approach will be able to accurately capture any potential risks, which could be considered for escalation through EASC structures.</p>		
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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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