

# Hosted Bodies Audit & Risk Committee

Tue 19 December 2023, 16:00 - 17:00

Virtually via Microsoft Teams

## Agenda

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### 16:00 - 16:05 **1. PRELIMINARY MATTERS** 5 min

#### 1.1. Welcome & Introductions

*Information* Patsy Roseblade, Independent Member/Committee Chair

#### 1.2. Apologies for Absence

*Information* Patsy Roseblade, Independent Member/Committee Chair

#### 1.3. Declarations of Interest

*Information* Patsy Roseblade, Independent Member/Committee Chair

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### 16:05 - 16:10 **2. CONSENT AGENDA FOR APPROVAL** 5 min

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

*Decision* Patsy Roseblade, Independent Member/Committee Chair

 2.1 Unconfirmed Minutes Hosted Bodies Audit and Risk 24 October 2023 ARC 19 December 2023.pdf (7 pages)

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### 16:10 - 16:15 **3. MAIN AGENDA** 5 min

#### 3.1. Action Log

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

 3.1 Hosted Bodies Audit & Risk Committee Action Log ARC 19 December 2023.pdf (2 pages)

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

*Discussion* Patsy Roseblade, Independent Member/Committee Chair

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### 16:15 - 16:50 **4. IMPROVING CARE** 35 min

#### 4.1. EASC Update

*Discussion* Stephen HARRY, Chief Ambulance Services Commissioner

 4.1a EASC Update report ARC 19 Dec 2023.pdf (11 pages)

 4.1b App1 EASC Risk register EASC 21 Nov 2023 ARC 19 Dec 2023.pdf (3 pages)

 4.1c App2 EASC Assurance Framework\_EASC\_21 Nov 2023 ARC 19 Dec 2023.pdf (26 pages)

 4.1d App3 email Welsh Language Commissioner EASC 21 Nov 2023 ARC 19 Dec 2023.pdf (1 pages)

 4.1e App 4Performance Dashboard September 2023\_Public\_EASC\_21\_Nov\_2023 ARC 19 Dec 2023.pdf (23 pages)

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

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

 4.2a WHSSC CRAF October 2023 ARC 19 December 2023.pdf (5 pages)

 4.2b Appendix 1 CRAF October 2023 ARC 19 December 2023.pdf (30 pages)

## 4.3. WHSSC Audit Recommendations Tracker

*Discussion* WHSSC Director of Finance

 4.3a WHSSC Audit Tracker Report ARC 19 December 2023.pdf (9 pages)

 4.3b Appendix 1 - Audit Recommendations Progress Tracker 2022-2023 for ARC 19-12-23.pdf (6 pages)

 4.3c Appendix 2 - Audit Wales WHSSC Governance Tracker - Oct 2023 (3) ARC 19 December 2023.pdf (20 pages)

## 4.4. INTERNAL AUDIT

### 4.4.1. Internal Audit Review - WHSSC Integrated Commissioning Plan Process

*Discussion* Paul Dalton, Head of Internal Audit

 4.4.1 WHSSC- Integrated Commissioning Plan Final Internal Audit Report ARC 19 December 2023.pdf (15 pages)

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## 16:50 - 16:55 5. ANY OTHER BUSINESS

5 min

*Discussion* Patsy Roseblade, Independent Member/Committee Chair

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## 16:55 - 17:00 6. DATE AND TIME OF NEXT MEETING THURSDAY 22 FEBRUARY 2023 AT 9:00AM

5 min

**Agenda Item Number: 2.1**

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

**Hosted Bodies Audit and Risk Committee held on 24 October 2023  
as a virtual Meeting via Microsoft Teams**

**Members Present:**

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

**In Attendance:**

Steve Spill	Independent Member, WHSSC (In part)
Jacqueline Evans	Committee Secretary and Associate Director Corporate Services (In part)
Helen Tyler	WHSSC Head of Corporate Governance (In part)
Stacey Taylor	WHSSC Director of Finance
James Leaves	WHSSC Assistant Director of Finance
Paul Dalton	Head of internal Audit
Emma Samways	Internal Audit
Gareth Watts	Director of Corporate Governance & Board Business
Cally Hamblyn	Assistant Director of Governance & Risk
Sally May	CTMUHB Executive Director of Finance
Gwenan Roberts	Committee Secretary EASC/ Deputy Director Corporate NCCU
Tracy Norris	National Imaging Academy for Wales, Academy Manager
Emma Walters	Head of Corporate Governance & Board Business

**1. PRELIMINARY MATTERS**

**1.1 Welcome & Introduction**

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

## **1.2 Apologies for Absence**

Apologies have been received from:

- Geraint Hopkins, Independent Member
- Philip Wardle, Academy Director, National Imaging Academy for Wales
- Darren Griffiths, Audit Wales
- Sara Utley, Audit Wales

## **1.3 Declarations of Interest**

There were no interests declared

## **2. CONSENT AGENDA**

### **2.1 Unconfirmed Minutes of the meeting held on 16 August 2023**

The minutes were approved as a true and accurate record.

## **3. MAIN AGENDA**

### **3.1 Action Log**

The Committee Chair commented on the completed action 4.1 which related to Risk 48 and questioned whether the detail in relation to this risk was available within the public domain. The Committee Chair added that the action log update referred to a number of meetings where this matter had been discussed and added to her knowledge none of these meetings were held in public. Colleagues from WHSSC advised that whilst they felt that this information was not yet contained within the public domain, they would be happy to clarify the position with the WHSSC Committee Secretary. C Hamblyn advised that the papers for the Hosted Bodies Audit & Risk Committee had not yet been published via the Health Board's website and added that this information could be redacted prior to publishing.

Action: Confirmation to be obtained as to whether the information relating to Risk 48 is available within the public domain.

## **4. IMPROVING CARE**

#### **4.1 WHSSC Corporate Risk Assurance Framework and Risk Register**

H Tyler presented the report and highlighted key updates to Members.

I Wells commented on the Plastic Surgery Risk and made reference to the red text which had been included which made reference to the controls that had been put into place, which he struggled to understand. J Leaves advised that the update highlighted in red related to validation and added that data had been received from the service which suggested that performance had improved. Members noted that an independent submission was being made to Digital Healthcare Wales to ensure the improvements that were being seen from the service were being reported centrally and confirmed that improvements would be shown in the graph contained within the report once the position had been clarified.

I Wells made reference to the risk relating to Neuropsychiatry waiting times and added that the risk appeared to be escalating significantly and added that it looked like there could be potential for the risk to go above 20 and could potentially reach 25, which he found to be concerning. H Tyler advised that an update against this risk should be available later this week as a result of a piece of work being undertaken regarding a general risk assessment as part of the Integrated Commissioning Plan on uncommitted funds and schemes. Members noted that a further update would be provided once this process had been discussed at Management Group and implemented.

The Committee Chair made reference to Risk 54, CAMHS Environment and Workforce, which had a consequence of 4 and a likelihood of 5 and added that the description advised that there was a risk that children could abscond and come to harm and questioned what work was being undertaken to ensure the safety of children within this service. H Tyler advised that this risk was discussed at the WHSSC Quality & Patient Safety Committee and added that a further meeting was being held to discuss further. H Tyler advised that each case was being risk assessed and if it was felt inappropriate for a child to be placed in the Unit then an alternative placement would be found for the patient. The Committee Chair advised that this was not a matter that could be ignored by Committee Members and asked for further assurance to be provided that there are mitigations in place.

Resolution: The report was **NOTED**.

Action: Further assurance to be provided that there are mitigations in place in relation to Risk 54, CAMHS Environment and Workforce

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

J. Leaves presented the report and highlighted key updates to Members.

The Committee Chair sought clarity as to whether there was anything the Hosted Bodies Audit & Risk Committee needed to do from a governance and assurance perspective in relation to the review being undertaken in relation to the National Commissioning Arrangements. C Hamblyn advised that there was a Governance Workstream in place as part of the review which G Watts was a member of and advised that any changes that may affect the CTMUHB Hosting Arrangements would be presented through the Health Board's Committee Structures.

J Leaves advised that the review was not yet at the stage to propose any changes or updates and added that as recommendations were being ratified through various structures an update could be presented to this Committee prior to the go live date of April 2024. G Watts confirmed that decisions had started to filter upwards and added that the next key deadline was November 2023 where it was expected a recommendation would be taken forward. G Watts confirmed that the Committee and Committees of the Board would be apprised as and when decisions were being made.

In response to a question raised by the Committee Chair as to whether the recommendations contained within the tracker would be superceded once the new arrangement was in place, G Roberts confirmed that any outstanding recommendations would form part of the legacy work of the new Committee arrangements.

Resolution: The report was **NOTED**.

#### **4.3 WHSSC Model Standing Orders - Governance & Accountability Framework**

J. Leaves presented the report and highlighted key updates and amendments to Members.

In response to a query raised by the Committee Chair as to whether this related to a previous discussion held in relation to making permanent the temporary changes that had been put into place previously which Committee Members felt required Board approval as opposed to Committee approval, J Leaves advised that this request related to further changes to the financial limits which had been approved by Joint Committee.

S May advised that on reading the report it appeared that changes were being made as a result of staff changes and staffing gaps and questioned whether this was a temporary change as it gave larger limits to more junior staff. J Leaves advised that he believed that this was not a temporary change and related to providing more resilience in the approval process for IPFR requests up to 50k and the volume of approvals required over 50k. S May advised that further discussion on financial limits and how they operate effectively could take place within the governance workstream for the new Joint Committee arrangements, given that Audit Wales have occasionally focussed on some of these matters previously.

J Evans confirmed that this would now need to go to Boards for approval and added that she would be happy to have a discussion in relation to financial limits at the governance workstream. J Evans confirmed to the Committee Chair that this report was being presented to the Hosted Bodies Audit & Risk Committee for assurance purposes only.

Resolution: The report was **NOTED**.

#### **4.4 INTERNAL AUDIT**

##### **4.4.1 WHSSC – Welsh Kidney Network**

E Samways presented the report and highlighted key updates to Members. Members noted that a substantial assurance rating had been allocated to the review with one recommendation made.

Resolution: The report was **NOTED**.

#### **4.5 EASC Update**

G Roberts presented the report and highlighted key updates to Members.

I Wells commented on risks 4506 and 5370, which related to red calls and ambulance capacity, both of which had a risk score of 25 which is the highest rating. G Roberts advised that the position was not improving, with this month predicting lost hours of over 22k following a reduction to 19k. Members noted that this was for a service which could deal with 6k lost hours and noted that it was not surprising that the ambulance service was struggling to meet demand, with some long ambulance waits being seen outside hospitals over the weekend, with Cwm Taf Morgannwg seeing delays of 11 hours and 7.5 hours at two of its hospitals.

I Wells made reference to the automatic translation of a web page and questioned whether the translation was undertaken by the software. G Roberts advised that whilst the software creates a page that is translated, the page still needed to be proof read before it goes live and confirmed that there was capacity within the team to proof read as required.

The Committee Chair made reference to the information contained within the Performance Dashboard, some of which appeared contradictory, particularly in relation to unit hours production which gives an average on a daily and monthly basis. The Committee Chair advised that on a monthly basis performance was 83%, with the lowest being 76.7%, yet on the EASC IMTP Tracker it states the aim was for WAST to achieve 95-100%, with progress stating that performance was 93%/90% for June/July. In response to a suggestion made by the Committee Chair, G Roberts advised that she would be happy to include a monthly line graph for unit hours production for every Health Board in future iterations of the report. Members noted that at the last meeting of EASC, agreement was given for additional funding to be allocated to WAST to ensure that they improved performance in relation to unit hours production.

Resolution: The report was **NOTED**.

Action: Line Graph to be included in the next iteration of the report to highlight the unit hours production for each Health Board.

#### **4.6 National Imaging Academy for Wales Risk Register**

T Norris updated Members on the Risk Register and highlighted key matters for Members attention. The Committee Chair extended her thanks to T Norris for the inclusion of the make-up ratings which

helped the Committee to understand the risks which had a very high consequence.

Resolution: The report was **NOTED**.

**5. ANY OTHER BUSINESS**

The Committee Chair advised that Committee Members would be holding a private meeting with the Auditors later today, just prior to the CTMUHB Audit & Risk Committee at 2:00pm.

**6. DATE AND TIME OF NEXT MEETING TUESDAY 19 DECEMBER 2023 AT 13:00PM**

**HOSTED BODIES AUDIT & RISK COMMITTEE ACTION LOG  
FOLLOWING MEETINGS HELD ON 24 OCTOBER 2023**

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT DECEMBER 2023
4.3	19/04/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Explanation to be included in future reports as to why the consequence and impact of risks had changed.	June 2023 Now December 2023  <b>Now February 2024</b>	WHSSC Committee Secretary	<b>In progress</b> This remains a work in progress. Training will be offered to staff to coincide with a revised Risk Management Strategy when this work is completed. Due to competing work pressures this work is currently delayed and will be taken forward during Quarter 3/4.
4.1	16/08/2023	Emergency Ambulance Services Committee (EASC) Update	Report on Red Release Performance/Ambulance Handover Delays/Harm Reviews to be produced and presented to the Quality & Safety Committee	December 2023  <b>Now January 2024</b>	Chief Ambulance Services Commissioner	<b>In progress</b> Report was added to the forward work programme for the November 2023 Quality & Safety Committee. This has now been deferred to the January 2024 Quality & Safety Committee and will be presented in the form of a Highlight Report
4.3	24/10/2023	Emergency Ambulance Services Committee (EASC) Update	Line Graph to be included in the next iteration of the report to highlight the unit hours production for each Health Board.	December 2023 <b>Now January 2024</b>	Chief Ambulance Services Commissioner	<b>In progress</b> Work is underway and this will be added to the next EASC Performance Dashboard which will be presented to EASC in January 2024
<b>COMPLETED ACTIONS</b>						
4.1	19/04/2023	National Imaging Academy for Wales (NIAW) Risk Register	Risk 4689 to be re phrased for the next report as it implied that HEIW were not giving NIAW the numbers of trainees required  Glossary of terms to be included in the next iteration of the report  Make-up of the risk to be included in the next iteration of the report, for example, the consequence times the probability of the risk/impact of the risk.	October 2023	NIAW Academy Manager	<b>Completed</b> Report updated for the October 2023 meeting
4.1	16/08/2023	Emergency Ambulance Services Committee (EASC) Update	Update on progress being made in relation to the review of the Emergency Medical Retrieval Services to be presented to the October 2023 meeting	October 2023	Chief Ambulance Services Commissioner	<b>Completed</b> EMRTS Service Review included in October 2023 report
4.2	16/08/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Update to be provided to a future meeting in relation to the risk relating to CALEA. Committee Members required more assurance in relation to contract management	TBC	WHSSC Committee Secretary	<b>Completed</b> The query was raised in relation to CALEA being chosen the preferred provider for a contract extension despite the ongoing technical issues

NO.	MEETING DATE	SUBJECT	ACTION	TIMESCALE	RESPONSIBLE OFFICER	STATUS AS AT DECEMBER 2023
						<p>experienced which could potentially lead to supply issues and patient harm. The Home Parenteral Nutrition contract extension went through a full procurement tendering process conducted by NWSSP. However CALEA were the only viable provider because there was no market competitor that could provide the required volume of provision. Competitors who could offer a part provision did not meet value for money tests as were quoting a 40% premium on the CALEA proposed contract prices. As mitigating actions WHSSC has sourced some production of the feed products from NHS septic units and the longer term plan is to commission a whole NHS solution as part the Transforming Access to Medicines (TRAMS) utilising the IP5 facility.</p>
4.3	19/04/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Reference to be made within future reports as to the rationale behind the capacity within Wales in relation to Mental Health beds.	<p>June 2023</p> <p>Now August 2023</p> <p>Now September 2023</p> <p><b>Now December 2023</b></p>	WHSSC Director of Finance	<p><b>Completed</b></p> <p>A Joint Committee workshop received and discussed the demand and capacity report on 21st November 2023. WHSSC has reviewed the report which indicates a shortfall of NHS Wales beds for medium and low secure mental health patients. This will be taken into account in the development of the final Specialised Services Strategy for Mental Health to ensure that future provision is based on this increased demand. Until the strategy is implemented beds may need to be sourced from outside of Wales. This will be added to the narrative on the risk. Action completed.</p>
4.1	24/10/2023	WHSSC Corporate Risk Assurance Framework (CRAF) including the Risk Register	Further assurance to be provided that there are mitigations in place in relation to Risk 54, CAMHS Environment and Workforce	December 2023	WHSSC Committee Secretary	<p><b>Completed</b></p> <p>Assurance provided to the Committee Chair outside the meeting that mitigations were in place to address this risk. A further update will be included in the December iteration of the CRAF report.</p>

**Agenda Item**

4.1

**Audit and Risk Committee**

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

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	19/12/2023
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Gwenan Roberts, EAS Committee Secretary
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stephen Harrhy, Chief Ambulance Services Commissioner
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stephen Harrhy, Chief Ambulance Services Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Emergency Ambulance Services Committee meeting	21 November 2023	Approved

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



## 1. Situation /Background

1.1 The purpose of the report is to provide an update on the following:

- EASC Risk Register
- EASC Assurance Framework
- Investigation by the Welsh Language Commissioner
- EASC Performance Report.

## 2. Specific Matters for Consideration

### Risk Register

2.1 The Risk Register has been reviewed in line with the new Cwm Taf Morgannwg (CTMUHB) Risk Management Policy and was approved at the EASC meeting held on 21 November 2023.

2.2 The risk register includes information related to the ongoing system pressures and the impact on patients and the increasing risk of harm.

2.3 The updated Risk Register is attached at **Appendix 1**.

2.4 The Red risks are as follows:

- Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers (4503)
- Failure to achieve agreed performance standard for category red calls (4506)
- Failure to achieve agreed performance standard for amber category calls (4507) this risk has been reduced to 20.
- Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation (5005)
- Failure to secure sufficient ambulance capacity to meet the needs of the population (5370).

2.5 One risk has been closed Risk 5006 - Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR) as these are now embedded and this has been overtaken.

2.6 All of the risks are included on the Datix Risk Management System in line with the requirements of the host body Cwm Taf Morgannwg UHB.



### EASC Assurance Framework

2.7 The updated EASC Assurance Framework has been updated at **Appendix 2** following agreement of the updated EASC Risk Register at the EASC Management Group.

### Investigation by the Welsh Language Commissioner

2.8 Work has continued to progress, with excellent support from the Welsh Language Team at Cwm Taf Morgannwg UHB.

2.9 The Commissioner had asked that changes be made to website software to ensure that Welsh and English languages are treated equally in website development and when publishing papers.

2.10 Digital Health and Care Wales (DHCW) has led this work which has now been completed and the new process is in place for the EASC and CTMUHB websites thereby closing the actions proposed in response to the investigation. This new and innovative option is also available to other health boards on request to DHCW.

2.11 The Welsh Language Commissioner has emailed Paul Mears, CEO at CTMUHB (host body) on 29 September 2023 and confirmed was satisfied by the actions taken and has closed the investigation – at **Appendix 3**.

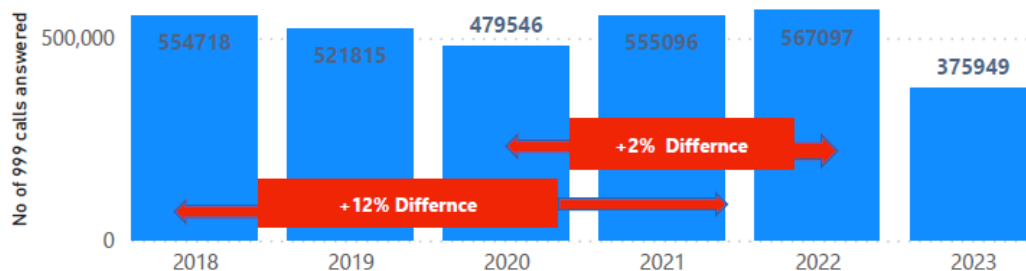
### EASC Performance Dashboard

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

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

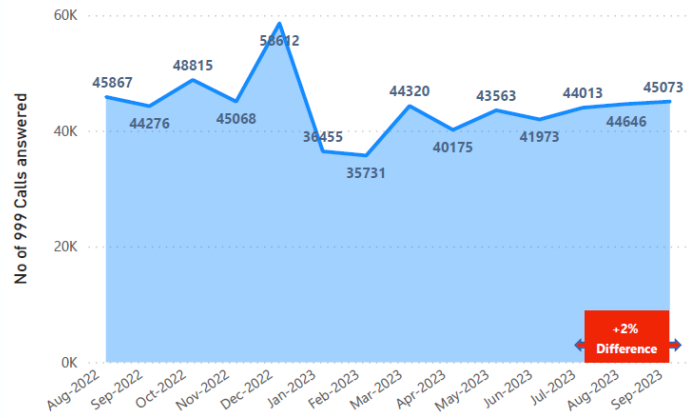
2.14 Of particular note within the dashboard for this reporting period:  
- 999 call volumes in September 2023 were 1.8% lower than September 2022

#### 1.3 Annualised Data - Volume of Calls Answered





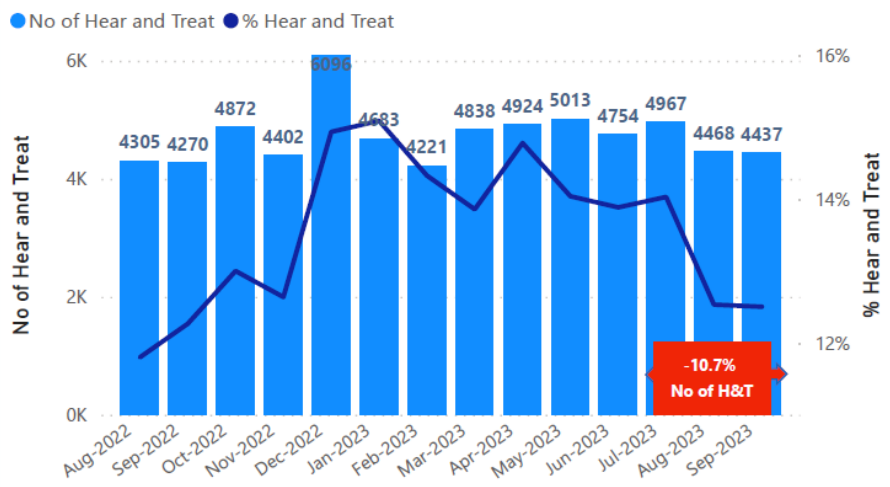
### 1.1 Monthly - Volume of 999 Calls Answered



Source: Ops Directorate Telephony Qlikview

- 1.9% increase in incidents in September 2023 compared to September 2022
- Hear and Treat levels are 3.9% higher in September 2023 compared to September 2022

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



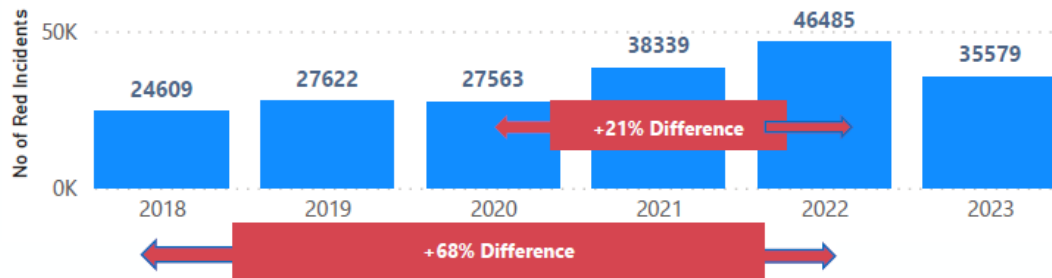
Source: AQ110i Number of calls ended following WAST telephone assessment (Hear and Treat)

- Red incidents in September 2023 were 24.8% higher compared to September 2022.



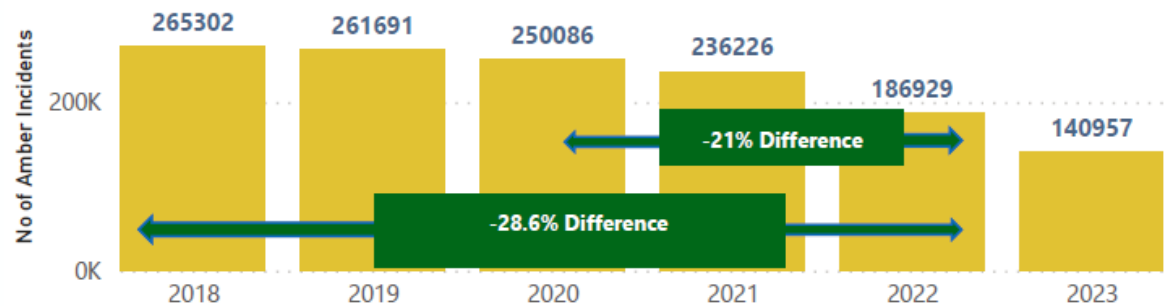
### 7.3 Annualised Data - Volume of Red Incidents and Red 8 min %

Volume of Red incidents and Red 8 min % in the 12 months to current month



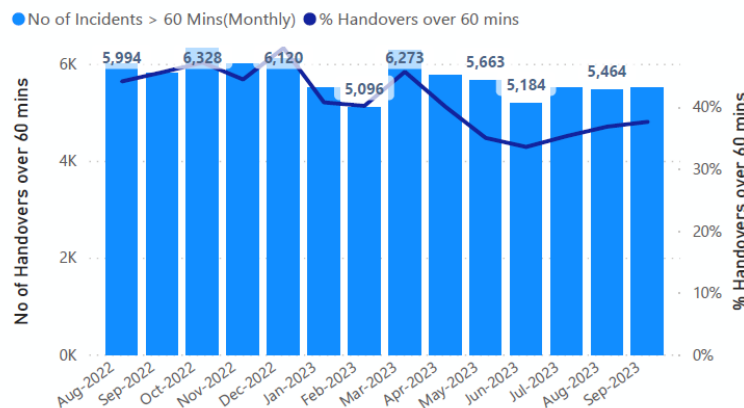
- Amber incidents in September 2023 were 5.6% higher compared to September 2022

### 9.3 Annualised Data - Number of Amber Incidents



- Ambulance handover lost hours over 15 minutes were 4.8% higher in September 2023 compared to September 2022. There have been incremental improvements for some % metrics in some health boards but total lost hours have been increasing since June 2023. Between June 2023 and September 2023 there has been a 5.7% increase in handover lost hours.

### 16.1 Number of Handovers over 60 minutes





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

- 2.15 In line with the requirements set out in the EASC IMTP response letter from Welsh Government, the ICAPs are undergoing a review to reflect the challenges in 2023/24 to meet the requirements set out within the letter.
- 2.16 A revised draft will be shared through ICAP meetings and EASC Management Group for comment, amendments and development.
- 2.17 The actions contained within ICAPs have been jointly analysed and remain appropriate for the delivery of improved ambulance services.
- 2.18 Therefore, EASC members reaffirmed their commitment to the actions within ICAPS and with the support of the EASC team would review delivery on an individual health board basis in partnership with WAST.

## **Immediate Release Requests**

- 2.19 Within the EASC Weekly performance dashboard, the dashboard includes data on immediate release request compliance. In addition to this, WAST circulate a weekly immediate release request report via the ICAP meetings; however, health boards have raised questions regarding the data and validity of the data. This matter has also been raised by health boards at the EASC Management Group meeting.
- 2.20 In response to this matter, the EASC Team have facilitated a meeting between health boards and WAST to understand the issues raised and look to identify opportunities for improvement.
- 2.21 The outcomes of this work will be shared with the EASC Management Group and reported to EASC Joint Committee in due course.

## **Resource Utilisation**

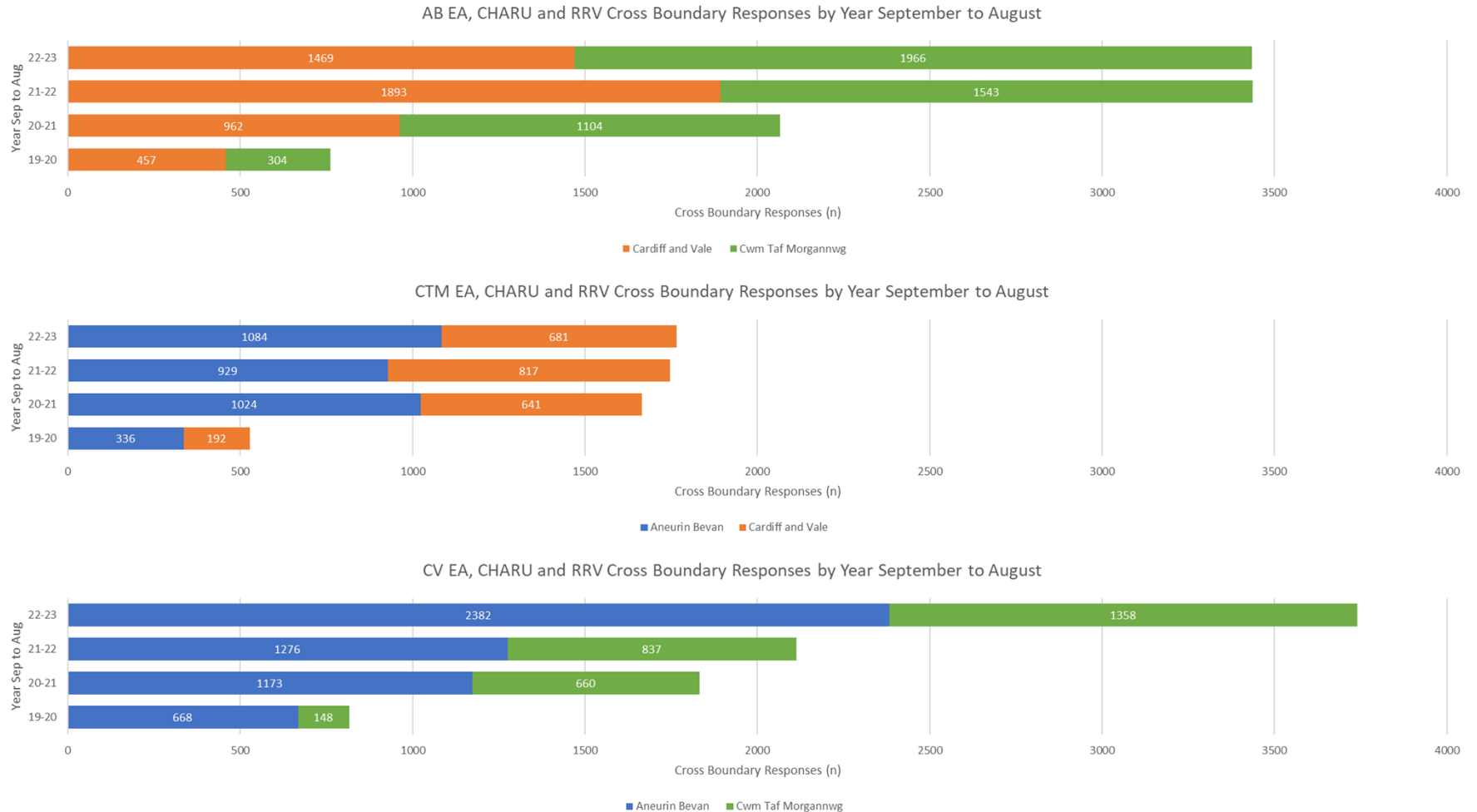
- 2.22 Within the ICAP meetings, a review of performance within each health board is undertaken. In those health boards where improvements have been made in reducing ambulance handover delays, health boards have sought to identify the correlating improvements in WASTs community response performance.
- 2.23 It is recognized that there had been improvements within some handover performance metrics between December 2022 and June 2023 but from July 2023 the total cumulative handover lost hours have continued to increase month on month.
- 2.24 In September 2023, the total ambulance lost hours were 19,617. To note, the EASC IMTP performance ambition for ambulance handover delays, were 15,000 lost hours by the end of Q2 and 12,000 lost hours by the end of Q3. Additionally, the 2019 EMS Demand and Capacity Review was predicated on 6,000 lost hours per month.



- 2.25 There have been some improvements at individual sites within health boards with the exception of Cardiff and Vale (CVUHB). The EASC Team has worked with WAST to review this matter.
- 2.26 An initial exercise was undertaken within the south east Wales region to review CVUHB ambulance performance, aligned to the health boards' significant reduction in handover delay lost hours. The key outcome of this exercise identified that even though CVUHB had significantly reduced their handover lost hours, which resulted in ambulance resources becoming more readily available, these available ambulance resources were then responding to incidents within ABUHB and CTMUHB.
- 2.27 The high ambulance handover levels within ABUHB and CTMUHB are limiting ambulance availability within those areas. Ambulance resources from CVUHB are therefore responding to patients within the communities in ABUHB and CTMUHB. The exercise identified that since 2020, the number of CVUHB and ABUHB ambulance resources responding to incidents outside of their health boards has increased year on year, but the number of CTMUHB resources responding to health boards outside of their health board has remained consistent.
- 2.28 Table 1 illustrates this.



Table 1.



### **3. Key Risks / Matters for Escalation**

- 3.1 The updated EASC risk register captures the key actions being taken to mitigate and control the risks relating to red performance. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm.
- 3.2 The controls that are in place are included in the WAST Performance Improvement Plan (PIP) and the EASC Action Plan / ICAP meetings coordinated by the Chief Ambulance Services Commissioner (CASC) these are monitored at:
- bi-monthly Quality and Delivery meetings between the EASC Team and WAST.
  - The PIP focuses on the actions being taken by WAST to mitigate risks and to increase capacity and emergency ambulance performance including red performance
  - monthly meetings with Welsh Government officials with a focus on the actions being taken across the urgent and emergency care system (including the commissioning of additional emergency ambulance clinician capacity, system escalation and demand management).
- 3.3 As reported above the work to mitigate and control the risks relating to red performance is ongoing with progress monitored on a commissioner-provider level, via the EASC governance arrangements and also with oversight by Welsh Government.
- 3.4 Members should note that the Integrated Commissioning Action Plan meetings continue to take place between the EASC Team, key operational health board staff and WAST to further develop and monitor progress of health board handover improvement plans. The process to date has delivered:
- Collaborative infrastructure to develop thinking, identify innovation and establish local commissioning arrangements for emergency ambulance services
  - Local ambulance handover improvement plans for each local health board in Wales
  - Commitment through board structures to deliver ambulance handover actions operationally
  - An all-Wales composite handover delay plan that identifies similarity and areas for targeted investment
  - Weekly dashboards to support and monitor performance against agreed trajectories
  - Internal Audit have recently provided substantial assurance on the process.



- 3.5 Work is being continued to deliver Goal 4 for the Six Goals for Urgent and Emergency Care Programme (Goal 4 lead Stephen HARRY). The Integrated Commissioning Action Plans (iCAPS) for each health board have been developed and will support the national delivery of Goal 4.
- 3.6 Work is continuing to quantify the level of harm to patients and concerns regarding the safety of patients due to the number of handover delays and lost hours in the previous six months.
- 3.7 Whilst improvements are being made, members will note that within the Ambulance Service Indicators and the Performance Dashboard there are a number of areas of concern regarding response performance and lost hours.

#### 4. Assessment

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



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

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

## 5. Recommendation

- 5.1 The Audit and Risk Committee is asked to:
- Note the EASC Risk Register and EASC Assurance Framework
  - Note the completion of the investigation by the Welsh Language Commissioner
  - Note the EASC Performance Report and Dashboard.

## 6. Next Steps

- 6.1 The EASC Risk Register will be reviewed in line with the Policy related to red risks in January and reported to EASC.
- 6.2 EASC Assurance Framework will be reviewed in line with the risk register.
- 6.3 The EASC Performance Dashboard will be updated to ensure that a line graph to be included in the next iteration of the report to highlight the unit hours production for each Health Board.

## EASC RISK REGISTER

Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4260	Chief Ambulance Services Commissioner	Set the Strategic Commissioning direction	Failure to produce agreed Commissioning Frameworks and Commissioning Intentions	<p><b>IF:</b> There is a failure to produce and agree Commissioning Frameworks and commissioning intentions</p> <p><b>Then:</b> The commissioned providers would not be clear regarding expectations for the quality, effectiveness and efficiency of services within an agreed financial plan.</p> <p><b>Resulting in:</b> Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> <li>Ensuring a programme approach to developing commissioning frameworks for delivery with focus on monitoring progress through the EASC Sub Groups</li> <li>Commissioning Intentions collaboratively developed and agreed with quarterly updates to be provided</li> <li>Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans</li> <li>Regular reporting of the Commissioning Update from EASC Sub Groups to the EAS Joint Committee on progress</li> <li>Commitment from the EASC for commissioning cycles</li> <li>EMS Commissioning Framework refreshed</li> <li>Local integrated commissioning action plans developed by HBs and WAST, process supported by EASC Team</li> </ul>	EASC Commissioning Cycle in place to set out the process and timeline for the development of Commissioning Intentions and Commissioning Frameworks; Commissioning Intentions agreed for EMS, NEPTS and EMRTS monitored at each EASC Management Group (bi-monthly) meeting and with quarterly updates to EASC; Commissioning Frameworks enacted for all commissioned services, Refreshed Emergency Ambulance Services Commissioning Framework agreed at September EASC meeting	<ul style="list-style-type: none"> <li>EASC Commissioning Cycle</li> <li>EASC Commissioning Intentions</li> <li>Commissioning Frameworks – reported to EASC every meeting (quarterly information)</li> <li>Minutes of EASC Sub Group meetings monitoring progress against plans</li> <li>Quarterly updates against EASC IMTP and Commissioning Intentions and EASC IMTP tracker</li> </ul>	4x1 = 4	CXL 4x1=4	↔	01/08/2020	Reviewed July 2023 Next review January 2024  To remain on risk register
4502	Chief Ambulance Services Commissioner	Meet the Ministerial direction to produce an EASC IMTP	Failure to develop an agreed EASC IMTP for endorsement by the Joint Committee seeking approval from the Welsh Government	<p><b>IF:</b> There is no agreement for the EASC IMTP</p> <p><b>Then:</b> The Commissioning Frameworks and Commissioning Intentions would not be supported</p> <p><b>Resulting in:</b> Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> <li>CASC Quality and Delivery meeting held monthly to discuss quality and performance matters</li> <li>Detailed work to deliver EASC IMTP overseen by EASC Management Group</li> <li>EASC IMTP (2023 to 2026) approved by EASC (2023)</li> <li>EASC IMTP Quarterly update reports via EASC Commissioning Update reports to EASC</li> <li>CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly</li> <li>CASC meetings with Welsh Government planning department</li> <li>EASC IMTP 2023-26 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year</li> <li>IMTP tracker in use</li> </ul>	EASC IMTP submitted to WG Awaiting response Quarterly updates to be provided IMTP Tracker developed for overall EMS performance ambitions	<ul style="list-style-type: none"> <li>Consistency between EASC IMTP with WAST IMTP and also with Health Boards</li> <li>Awaiting letter of support from the Welsh Government</li> <li>EASC Approval of the plan</li> <li>Quarterly IMTP updates to EASC and its sub groups and EASC IMTP Tracker</li> </ul>	4x1=4	CXL 4x1= 4	↔	01/08/2020	Reviewed July 2023 Next review April 2024 To remain on Risk Register
4503	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	<p><b>IF:</b> The EASC fail to plan and secure services and maintain effective collaborative relationships with providers</p> <p><b>Then:</b> The purpose and effectiveness of the EAS Joint Committee would not be met</p> <p><b>Resulting in:</b> Potential Ministerial and Welsh Government intervention</p>	<ul style="list-style-type: none"> <li>Agreed collaborative commissioning methodology; whole system approach with key stakeholders</li> <li>Review and refine commissioning arrangements and refresh Commissioning Frameworks</li> <li>Effective function of the EASC Joint Committee</li> <li>Independent Chair</li> <li>Effective governance arrangements in place</li> <li>CASC and Welsh Government IQPD meetings (bi-monthly)</li> <li>Minister meets with the Chair and CASC quarterly</li> <li>Meet regularly with providers to ensure continued development of open and transparent relationship</li> <li>Model Standing Orders agreed for EASC</li> <li>July 2021 Special meeting of EASC with Minister and clear expectations received</li> <li>Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost)</li> <li>Committee reviews its effectiveness annually – undertaken in May 2023 – no specific areas of concern identified re commissioning</li> <li>Chair and CASC annual visits with all health boards in Wales planned</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning framework and monitoring at EASC and its sub groups</li> <li>Annual Governance Statement produced</li> <li>Monitoring of EASC IMTP at EASC and sub groups</li> <li>Review and refine governance arrangements</li> <li>Maintaining close working and collaborative relationships during unprecedented system pressures</li> <li>EASC action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans</li> </ul>	<ul style="list-style-type: none"> <li>Internal and external audit</li> <li>Welsh Government</li> <li>EASC Committee members</li> <li>Annual Governance Statement</li> <li>Strategic Commissioning intentions and Commissioning Frameworks</li> <li>Continued engagement with the commissioning process and EASC Governance</li> <li>EASC Action Plan with monthly update</li> <li>Chair's appraisal letter with Minister</li> </ul>	5x3=15	CXL 5x1=5	↔	01/08/2020	Reviewed October 2023  Next review January 2024 Plan – IMTP Commission – Quality and Delivery Frameworks Secure – via organisation WAST / EMRTS Work together collaboratively through EASC governance mechanisms
4504	Chief Ambulance Services Commissioner	Outcome measurement	Failure to respond to requirements identified within commissioned work related to the ambulance services	<p><b>IF:</b> Work commissioned is failed to be acted upon</p> <p><b>Then:</b> risks and issues identified will not be acted upon and implemented</p> <p><b>Resulting in:</b> a missed opportunity to improve services for patients leading to harm</p>	<ul style="list-style-type: none"> <li>Forward plan (Annual Business Plan) for EASC and all sub groups</li> <li>Development of action plans which are received, endorsed and approved by the EASC for action</li> <li>Action log for EASC and all sub groups</li> <li>Regular review of Ambulance Service Indicators and publication of ASIs</li> <li>Commissioning intentions - including measurement across the system</li> <li>Commissioner request for system wide measures</li> <li>Ongoing refresh of the Commissioning Frameworks</li> <li>Integrated Commissioning action plans supporting health boards to commission the required ambulance services for their populations</li> </ul>	<ul style="list-style-type: none"> <li>Governance and planning for EASC and all sub groups and supporting meetings</li> <li>Reviews of the commissioning frameworks</li> <li>EASC Action Plan and monthly monitoring return commitment</li> <li>Work with providers and their partners to ensure services are delivered in line with the expectations of the joint Committee</li> <li>Monthly ICAP meetings and overview report</li> </ul>	<ul style="list-style-type: none"> <li>Amber Review</li> <li>ORH Report D&amp;C</li> <li>Emergency Ambulances Framework - updated Sept 2022</li> <li>McClelland Review of Welsh Ambulance Services (2013)</li> <li>Internal and external audit</li> <li>CASC IQPD meetings with Welsh Government</li> <li>Annual Governance Statement</li> <li>New D&amp;C for EMS planned to start</li> <li>D&amp;C for NEPTS services completed</li> <li>ICAP report to EASC / AR Committee</li> </ul>	4x3=12	CXL 4x2 = 8	↔	01/08/2020	Reviewed October 2023  Next review April 2024

## EASC RISK REGISTER







Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4505	Chief Ambulance Services Commissioner	Ministerial direction	Failure to achieve the agreed Chair's objectives with the Minister	<p><b>IF:</b> The agreed Chair's objectives with the Minister are not delivered</p> <p><b>Then:</b> Then the confidence of the Minister will be potentially compromised</p> <p><b>Resulting in:</b> The Minister not being assured that necessary progress has been made in the commissioning of ambulance services and the wider connections to unscheduled care services in Wales</p>	<ul style="list-style-type: none"> <li>Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements</li> <li>Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner support for commissioning</li> <li>EASC Commissioning intentions</li> <li>Refresh Commissioning Frameworks</li> <li>EASC IMTP</li> <li>'Focus on' sessions at EASC to discuss wider system issues</li> <li>Review term of office – 31 October 2023 – extended to 31 March 2024</li> </ul>	<ul style="list-style-type: none"> <li>Minister's response following Chair's appraisal</li> <li>Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4</li> <li>Updated objectives for Chair received Oct 2023</li> </ul>	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	<p>Reviewed October 2023</p> <p>Next review April 2024</p> <p>To remain on risk register</p>
4506	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	<p><b>IF:</b> The red performance level is less than 65% response rate within 8 minutes across Wales as a whole on a monthly basis</p> <p><b>Then:</b> The core target will be missed</p> <p><b>Resulting in:</b> Unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP</li> <li>Performance monitoring on a daily basis and month to date position</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported;</li> <li>Commissioned a new demand and capacity review (August 2023)</li> <li>Financial commitment to maintain overtime for WAST staff (Sept 2023)</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities</li> <li>ICAP meetings and monitoring commitments and deliver</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Implementation of the new Demand and Capacity Review</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers</li> <li>Agreement to maintain front line capacity which will also support the Cymru High Acuity Response Unit (CHARU)</li> </ul>	5x5=25	CXL 5x3= 15	↔	Aug-20	<p>Reviewed October 2023</p> <p>Next review – constantly monitored – daily and weekly dashboard January 2024</p> <p>Until target met, to remain at score 25</p>
4507	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance for amber category calls	<p><b>IF:</b> The average and longest times for amber incidents do not reduce</p> <p><b>Then:</b> Patients will not receive the care they need in a timely manner</p> <p><b>Resulting in:</b> unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP/ Annual Plan</li> <li>performance monitoring on a daily basis and month to date position</li> <li>CASC Monthly quality and delivery meetings with WAST</li> <li>Bi monthly CASC Quality and Delivery meeting with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff</li> </ul>	<ul style="list-style-type: none"> <li>EASC IMTP accepted with accountability conditions awaiting outcome of WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>Weekly dashboard of management information developed and shared across NHS Wales to capture progress</li> <li>EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Implementation of the Demand and Capacity Review</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers (multiple arenas)</li> </ul>	5x4=20	CXL 5x3= 15	↔	Aug-20	<p>Reviewed October 2023</p> <p>Next review January 2024</p> <p>(September data showed deterioration – being closely monitored, daily and weekly)</p>
4508	Chief Ambulance Services Commissioner	Set the Strategic Commissioning Direction	Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of responsibility during times of escalation	<p><b>IF:</b> The system does not utilise the arrangements in place at EASC</p> <p><b>Then:</b> The governance and purpose of EASC will be undermined</p> <p><b>Resulting in:</b> a lack of consistency, duplication of services and resources, poor governance and non compliance with the Statutory Instrument leading to unnecessary system pressures</p>	<ul style="list-style-type: none"> <li>Accountable officers of health boards are members of EASC</li> <li>Memorandum of understanding and commitment from all EASC members</li> <li>Sharing information on service developments</li> <li>Alignment to the 6 Goals for Urgent and Emergency Care Programme Board</li> <li>Model Standing Orders agreed and reviewed annually</li> <li>Commissioning Frameworks reviewed</li> <li>ICAP health board and WAST commitment to meet monthly</li> <li>National task and finish group on operational escalation and CASC an integral part</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative commissioning agreements</li> <li>EASC Management group representing all organisations</li> <li>Aligning EASC IMTP with WAST and Health board IMTPs</li> <li>CASC meeting with Welsh Government planners</li> <li>CASC IQPD meeting with Welsh Government</li> <li>CASC Quality and Delivery meeting with WAST</li> <li>Chair of EASC and CASC meetings with Health Boards</li> <li>CASC Member of NHS Leadership Board</li> </ul>	<ul style="list-style-type: none"> <li>Memorandum of understanding</li> <li>Independent Chair Governance arrangements</li> <li>Commitment to collaborative nature of working</li> <li>External audit</li> <li>Welsh Government and Commissioner support for EASC</li> <li>EASC Action Plan</li> <li>EASC Standing orders and Standing Financial Instructions</li> </ul>	4x2=8	CXL 4x1= 4	↔	Aug-20	<p>Reviewed October 2023</p> <p>Next review April 2024</p>
5005	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	<p><b>IF:</b> Commissioning actions are not taken to manage patient safety and minimise clinical risks</p> <p><b>Then:</b> Patients are more likely to come to harm</p> <p><b>Resulting in:</b> poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</p>	<ul style="list-style-type: none"> <li>Discussion at EASC Committee</li> <li>Discussion at EASC Management Group</li> <li>CASC and WAST Quality &amp; Delivery meeting</li> <li>Sought clarification from WAST re Equality Impact Assessment</li> <li>Agree red lines for handover delays to improve ambulance availability</li> <li>Securing of funding for additional emergency ambulance capacity</li> <li>Quality and Safety Report received at every EASC meeting</li> <li>ICAP meeting overseeing performance and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Joint escalation plan developed and approved at NHS Leadership Board now led by the NHS Executive</li> <li>Provide necessary funding to WAST</li> </ul>	<ul style="list-style-type: none"> <li>WAST Equality Impact Assessment (to be completed)</li> <li>Commitment to collaborative nature of working and implementation of system-wide escalation policy</li> <li>Ongoing discussions around system-wide escalation</li> </ul>	5x4=20	CXL 5x1= 5	↔	Dec-21	<p>Reviewed October 2023</p> <p>Next review January 2024</p>

## EASC RISK REGISTER

5006	Chief Ambulance Services Commissioner	Outcome-measurement	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	<p><b>IF:</b> Timely and quality assured data is not provided</p> <p><b>Then:</b> EASC will be unable to publish data or assure itself of the quality of service provision</p> <p><b>Resulting in:</b> a lack of consistency and public confidence, duplication of services and resources, poor governance and non compliance with reporting requirements set out in the commissioning framework</p>	<ul style="list-style-type: none"> <li>Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements</li> <li>Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff</li> </ul>	<ul style="list-style-type: none"> <li>Provide oversight on operational performance</li> <li>Implementation plans for new information systems (ECNS, ePCR)</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Ambulance Service Indicator Group meetings</li> </ul>	3x2= 6	CXL- 3x2= 6	↓	Dec-21	Reviewed October 2023 and closed
5370	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to secure sufficient ambulance capacity to meet the needs of the population	<p><b>IF:</b> sufficient ambulance capacity is not available</p> <p><b>Then:</b> organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</p> <p><b>Resulting in:</b> increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p> <p>Lack of compliance with statutory requirements for EASC.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>New demand and capacity review commissioned</li> <li>ICAP meetings with health boards and WAST</li> <li>Performance dashboard</li> <li>IMTP tracker</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on quality and safety</li> <li>Development of WAST performance improvement plan</li> <li>EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities</li> <li>Actions from the Ministerial summit on handover improvement</li> <li>Integrated Commissioning Action Plan (ICAP) work maturing</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers</li> <li>EASC receive a quality and safety report at each meeting</li> <li>New D&amp;C for EMS (starting summer 2023)</li> <li>ICAPS</li> </ul>	5x5= 25	CXL 5x2= 10	New	Jan 23	<p>Developed on 9 Jan 2023</p> <p>Reviewed October 2023</p> <p>Next review January 2024</p> <p>Review position when red and amber performance improve dramatically</p>

## EASC ASSURANCE FRAMEWORK



### Section 1 - Summary

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



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



CTMUHBs Risk Management Strategy A	 Risk Management Strategy - Approved t updated July 2023
CTMUHBs Risk Domain and Scoring Matrix	 Risk domain and scoring matrix_EASC_ updated July 2023

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

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

## Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey italic*


Consequence	5			<b>3 (5)</b>	<b>7 (12), 9 (5)</b>	<b>6 (12), 11 (10)</b>
	4			<b>4 (8)</b>		
	3					
	2		<b>5 (6)</b>		<b>8 (4)</b>	
	1	<b>1 (4) 2 (4)</b>				
CxL		1	2	3	4	5
		Likelihood				

### RISK REVIEW

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

### Section 3 – Strategic Risks

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

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

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


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

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

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

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

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

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




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

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

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

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

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

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Committee
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>July 2021 Special meeting of EASC with Minister and clear expectations received</li> <li>Minister meets with the Chair regularly;</li> <li>Continue to meet regularly with providers to ensure continued development of open and transparent relationship</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Regular reporting to the EAS Joint Committee on progress</li> <li>Effective function of the EASC Joint committee</li> <li>Committee reviews its effectiveness annually – undertaken in May 2023 – no specific areas of concern identified re commissioning</li> <li>Chair and CASC annual visits with all health boards in Wales planned</li> <li>Independent Chair</li> <li>Effective governance arrangements in place</li> <li>CASC and Welsh Government IQPD meetings (bimonthly)</li> <li>Model Standing Orders agreed for EASC</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Agreed collaborative commissioning methodology (CAREMORE)</li> </ul>	<ul style="list-style-type: none"> <li>Internal and external audit</li> <li>Welsh Government scrutiny</li> <li>EASC Committee members</li> <li>Annual Governance Statement</li> <li>Strategic Commissioning Intentions and Commissioning Frameworks</li> <li>Continued engagement with the commissioning process and EASC Governance</li> <li>EASC Action Plan</li> <li>Chairs appraisal letter with Minister</li> <li>Integrated Commissioning Action plans – implementation plan agreed</li> </ul>


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

<p><b>Linked National Priority Measures</b></p>	<p><b>Current Performance - Highlights</b></p>
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<p><b>Associated Risks on the Organisational Risk Register</b></p>		
<p>Risk no.</p>	<p>Description</p>	<p>Current score</p>
<p>5005</p>	<p>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>	<p><b>15</b></p>

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

	Consequence	Likelihood	Score	Risk Trend 
Inherent	4	2	8	
<b>Current</b>	4	3	<b>12</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

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

	<ul style="list-style-type: none"> <li>EASC action plan and actions within the Integrated Commissioning Action Plans</li> </ul>
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Linked National Priority Measures	Current Performance - Highlights

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

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

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

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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<b>Controls</b>	<b>Assurances reported to Board and committees</b>
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Regular meetings with the Minister</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Identified within EASC IMTP (and IMTP tracker in use)</li> </ul>	<p>Minister's response following Chair's appraisal Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4</p> <p>Updated Chair's Objectives received (July 2023)</p>
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li>Chair's tenure completes on 31 October 2023, now extended to 31 March 2024</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner support for commissioning</li> <li>Commissioning intentions</li> <li>Refresh Commissioning Frameworks</li> <li>EASC IMTP</li> <li>'Focus on' sessions at EASC to discuss wider system issues</li> <li>To maintain on risk register</li> </ul>




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

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

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<b>Strategic Goal: Securing Safe Ambulance Services</b>		<b>Risk score 25</b>
<b>Strategic Risk:</b> Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes(Risk No 6 / 4506)		
<b>IF:</b> The red performance level is less than 65% for each health board area and across Wales as a whole on a monthly basis	<b>Then:</b> The core target will be missed	<b>Resulting in:</b> Unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.

	Consequence	Likelihood	Score	Risk Trend
Inherent	5	3	15	
<b>Current</b>	<b>5</b>	<b>5</b>	<b>25</b>	
Target	5	3	15	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

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

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


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

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

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<b>Strategic Goal: Securing Safe Ambulance Services</b>		<b>Risk score 20</b>
<b>Strategic Risk: Failure to achieve agreed performance standard for category amber calls (Risk No 7 / 4507)</b>		
<b>IF:</b> The average time for amber performance calls does not reduce year on year	<b>Then:</b> Patients will not receive the care they need in a timely manner	<b>Resulting in:</b> unsatisfactory service for the people of Wales (or within specific health board areas with increased likelihood of harm, disability and death.

	Consequence	Likelihood	Score	Risk Trend 
Inherent	5	3	15	
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>	
Target	5	3	15	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

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


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

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

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

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

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

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

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

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

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


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



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

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

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

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

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




Linked National Priority Measures	Current Performance - Highlights

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

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



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

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

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




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

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

[Click here to go back to the summary Section](#) – to be removed next iteration

<b>Strategic Goal: Effective Commissioning</b>		<b>Risk score 25</b>
<b>Strategic Risk: Failure to secure sufficient ambulance capacity to meet the needs of the population (Risk number 5370)</b>		
<b>IF:</b> sufficient ambulance capacity is not available	<b>Then:</b> organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response	<b>Resulting in:</b> increasing numbers of patients not received an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death

	Consequence	Likelihood	Score	Risk Trend 
Inherent	5	5	25	
<b>Current</b>	<b>5</b>	<b>5</b>	<b>25</b>	
Target	5	2	10	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Ambulance Services Commissioner</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Emergency Ambulance Services Committee</li> <li>CTMUHB Audit and Risk Committee (for assurance)</li> </ul>
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Controls	Assurances reported to Board and committees
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP</li> <li>Performance monitoring on a daily basis and month to date position</li> <li>D&amp;C for NEPTS services completed</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Quality and Safety Report (and dashboard) presented at every EASC meeting</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Bi monthly EASC IQPD meetings with Welsh Government</li> </ul> <p><b>Commissioning Processes</b></p> <ul style="list-style-type: none"> <li>Commissioning updates provided to every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Within the EASC IMTP and IMTP tracker developed</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports, shared widely across the system</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Ambulance service indicator group</li> <li>EASC Action Plan and actions within the Integrated Commissioning Action Plans</li> <li>CASC liaison with Chief Operating Officers</li> <li>Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU)</li> <li>EASC receive a quality and safety report at each meeting (and Q&amp;S dashboard)</li> <li>New D&amp;C for EMS (starting summer 2023)</li> <li>ICAPS</li> </ul>

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

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

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

## English

Thank you for the correspondence providing evidence to satisfy the Welsh Language Commissioner that Cwm Taf Morgannwg University Health Board has carried out the enforcement action set as a result of investigation CS1081.

I note from your response that from now on the health board will be able to obtain a check report which will highlight which pages that were created automatically have not yet been translated into Welsh, so that you can then proceed to translate immediately.

I also understand that there is now a new feature within the Mura system which means that the act of creating an English web page within the system triggers the creation of a corresponding page on the Welsh site automatically; with a clear message appearing to administrators warning them that the page on the Welsh site needs to be populated with Welsh content (before the pages are published on the website).

Following detailed consideration of the evidence, the Commissioner does not wish to receive further evidence from you in relation to your implementation of the enforcement action set. I can therefore confirm that this investigation is now 'closed'.

With thanks for your cooperation during the investigation.

Greetings,  
Welsh Language Commissioner

## Welsh

Diolch am yr ohebiaeth yn darparu tystiolaeth ar gyfer bodloni Comisiynydd y Gymraeg bod Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg wedi cyflawni'r cam gorfodi a osodwyd yn sgil ymchwiliad **CS1081**.

Rwyf yn nodi o'ch ymateb y bydd y bwrdd iechyd o hyn ymlaen yn gallu cael adroddiad gwirio a fydd yn amlygu pa dudalennau a grëwyd yn awtomatig nad ydynt eto wedi eu cyfieithu i'r Gymraeg, fel y gallwch wedyn mynd ati i'w cyfieithu ar unwaith.

Rwyf hefyd yn deall bod yna nodwedd newydd o fewn y system Mura erbyn hyn sy'n golygu bod y weithred o greu tudalen we Saesneg o fewn y system yn sbarduno creu tudalen gyfatebol ar y safle Cymraeg yn awtomatig; gyda neges glir yn ymddangos i weinyddwyr yn eu rhybuddio bod angen poblogi'r dudalen ar y safle Cymraeg gyda chynnwys Cymraeg (cyn i'r tudalennau gael eu cyhoeddi ar y wefan).

Yn dilyn ystyriaeth fanwl o'r dystiolaeth, nid yw'r Comisiynydd yn dymuno derbyn tystiolaeth bellach gennyh chi mewn perthynas â'ch gweithrediad o'r cam gorfodi a osodwyd. Gallaf gadarnhau felly bod yr ymchwiliad yma nawr 'wedi cau'.

Gyda diolch i chi am eich cydweithrediad yn ystod yr ymchwiliad.

Cyfarchion,  
Comisiynydd y Gymraeg

Latest data loaded

**30 September 2023**



# Emergency Ambulance Services Committee

## Ambulance Data Portal | Performance Report

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# Performance Report | Summary and contents

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

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

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

## Data acquisition key



**Data acquisition:** EASC Ambulance Service Indicators



**Data acquisition:** WAST Qlik Sense



**Data acquisition:** WAST Data Academy SQL



**Data acquisition:** WAST Microsoft Excel

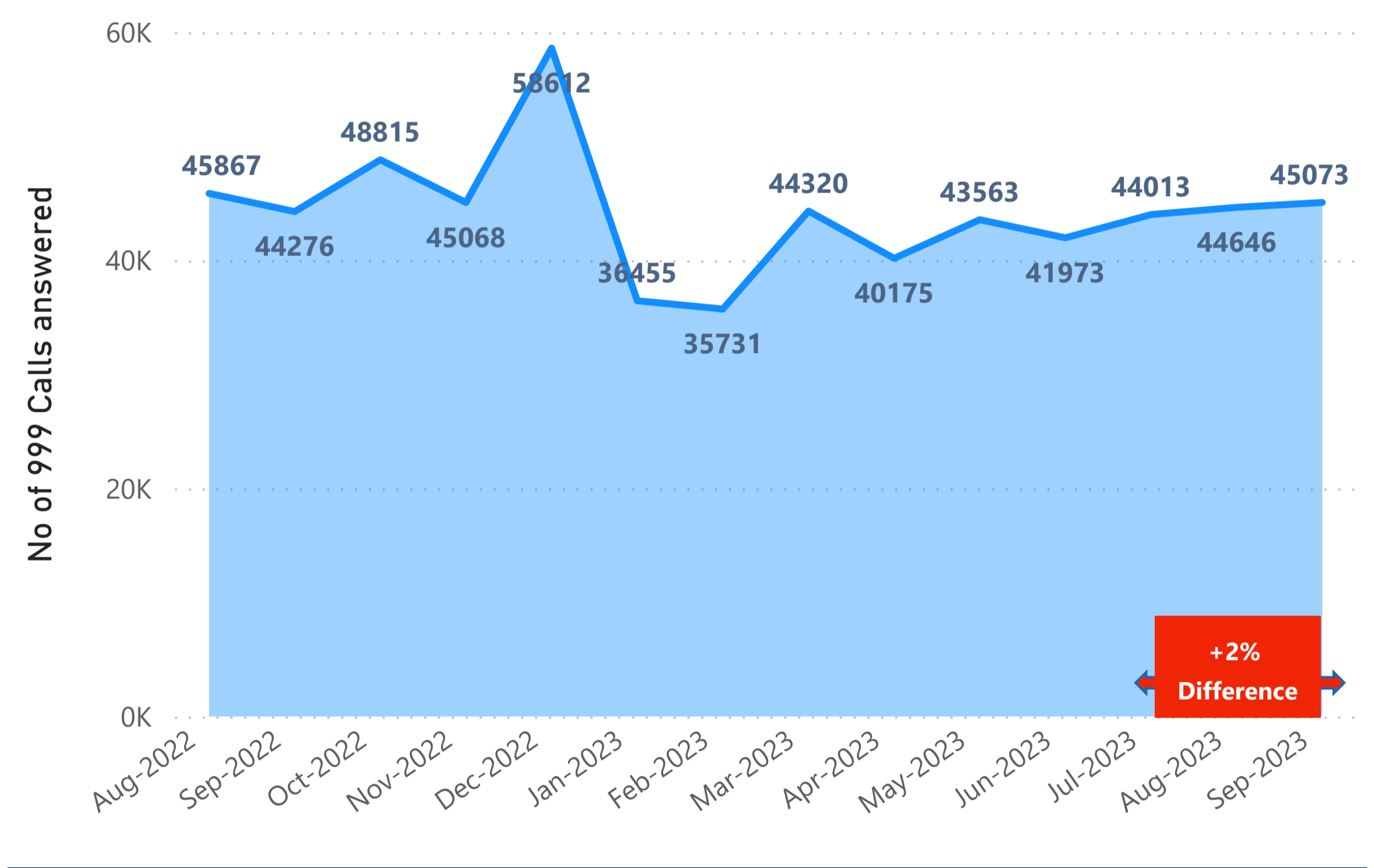
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# Performance Report | 999 calls demand

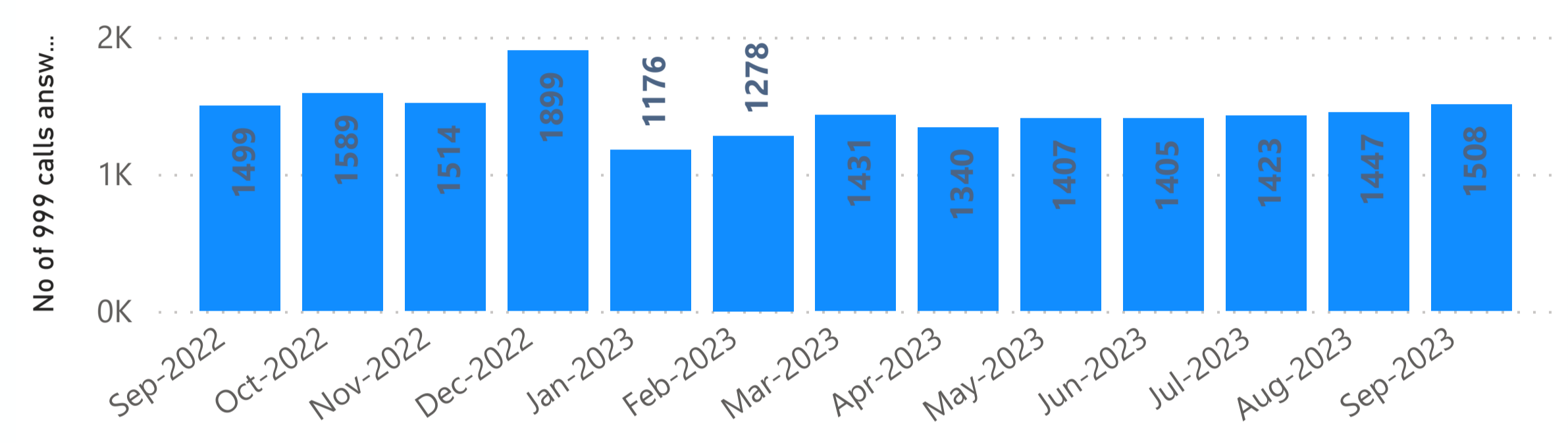
The number of 999 calls saw a 2.4% increase from July 2023 to September 2023. 999 calls and average number of 999 calls answered were 1.8% lower in September 2023 as compared with the same period the previous year. The daily average number of 999 calls answered has increased by 16 calls in September 2023 as compared to September 2022.

## 1.1 Monthly -Volume of 999 Calls Answered

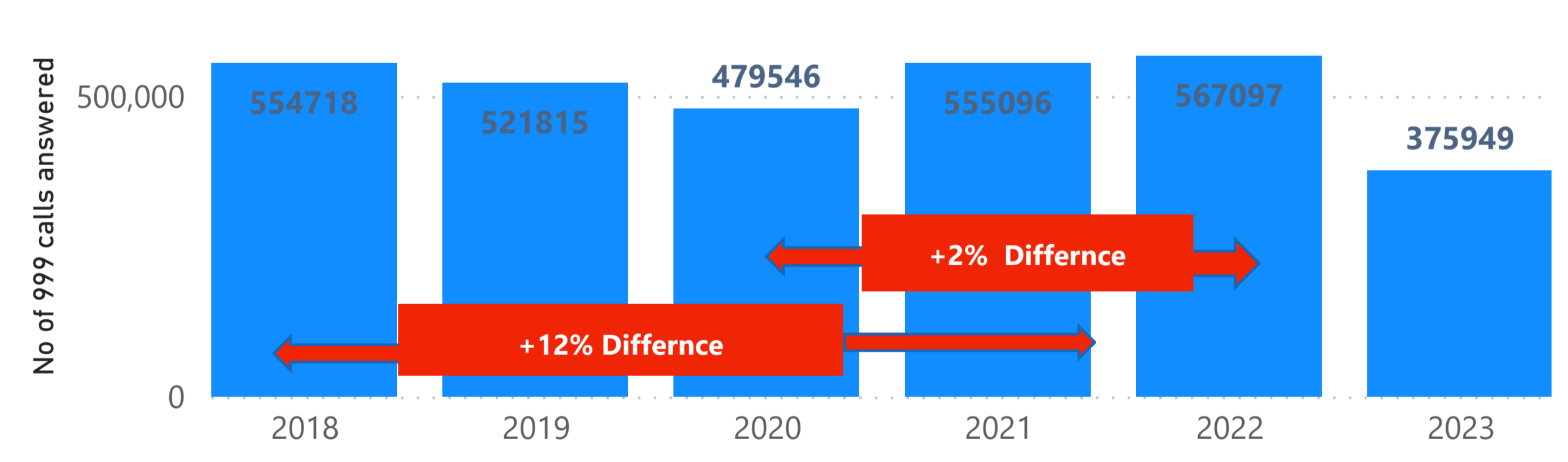


Source: Ops Directorate Telephony Qlikview

## 1.2 Daily Average - 999 Calls Answered



## 1.3 Annualised Data - Volume of Calls Answered



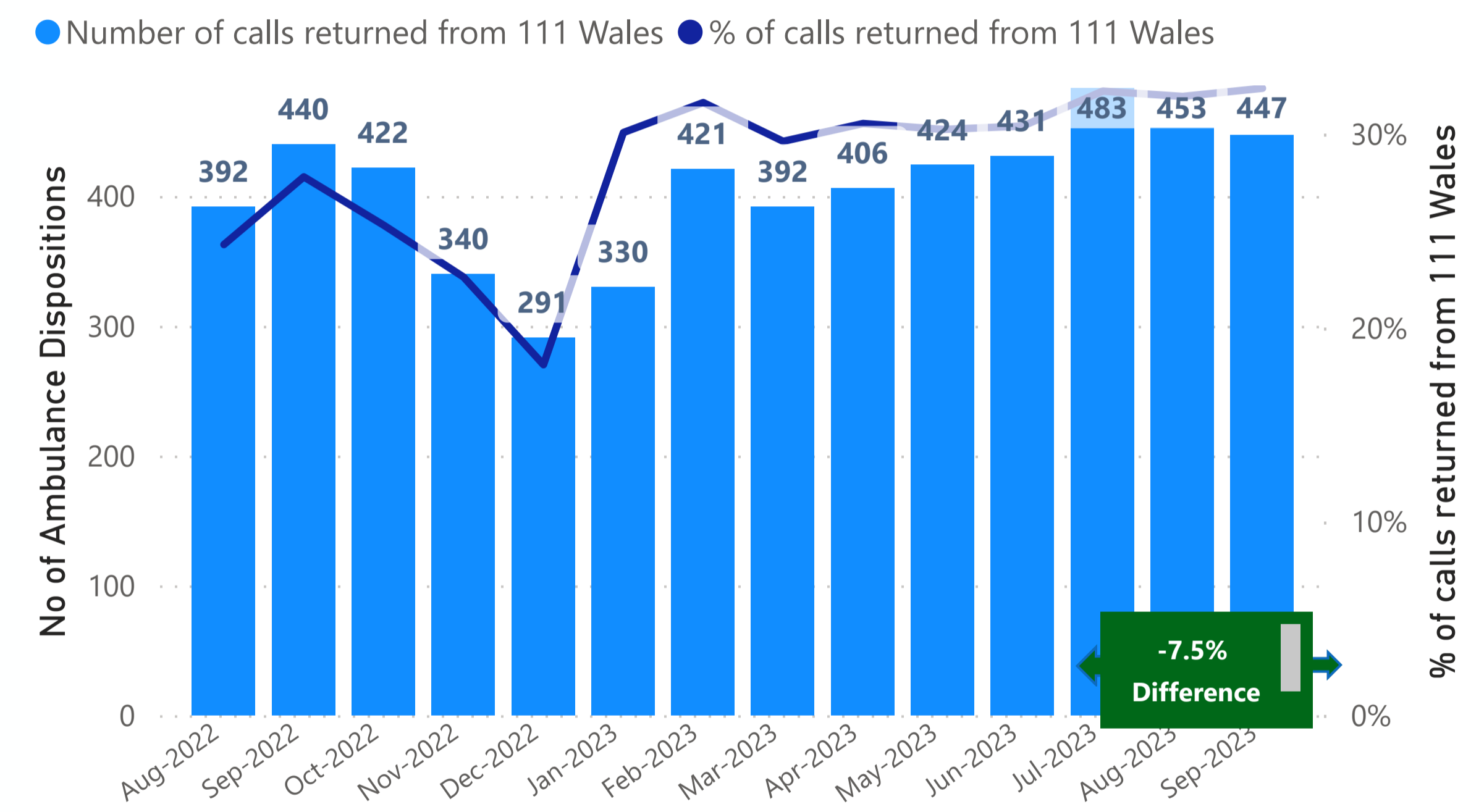
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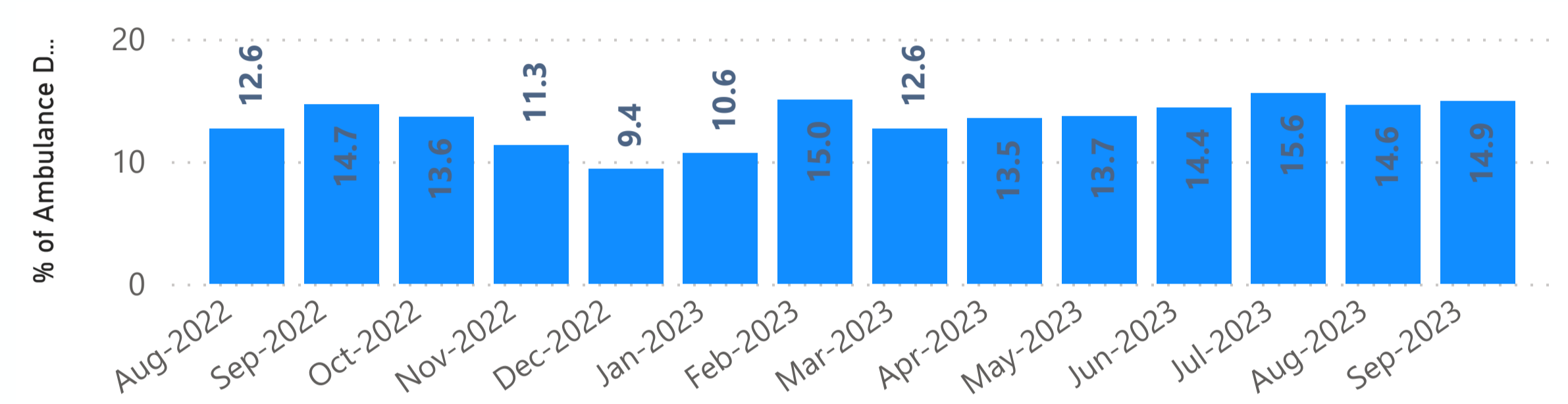
# Performance Report | 111 Wales to 999 Transfers

There was a 7.5% reduction in the number of calls returned from 111 Wales from July 2023 to September 2023. In September 2023, the number of calls returned was 1.6% higher and the % of calls were 4.5% higher than in September 2022.

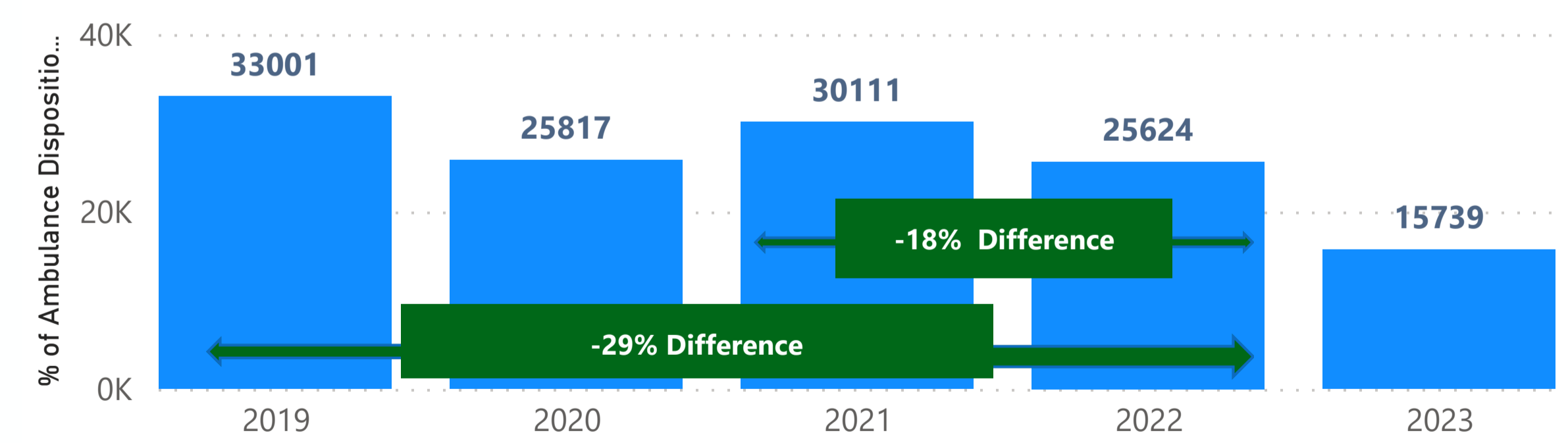
## 2.1 Monthly - Calls returned from 111 Wales



## 2.2 Daily Average - Calls Returned from 111 Wales



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



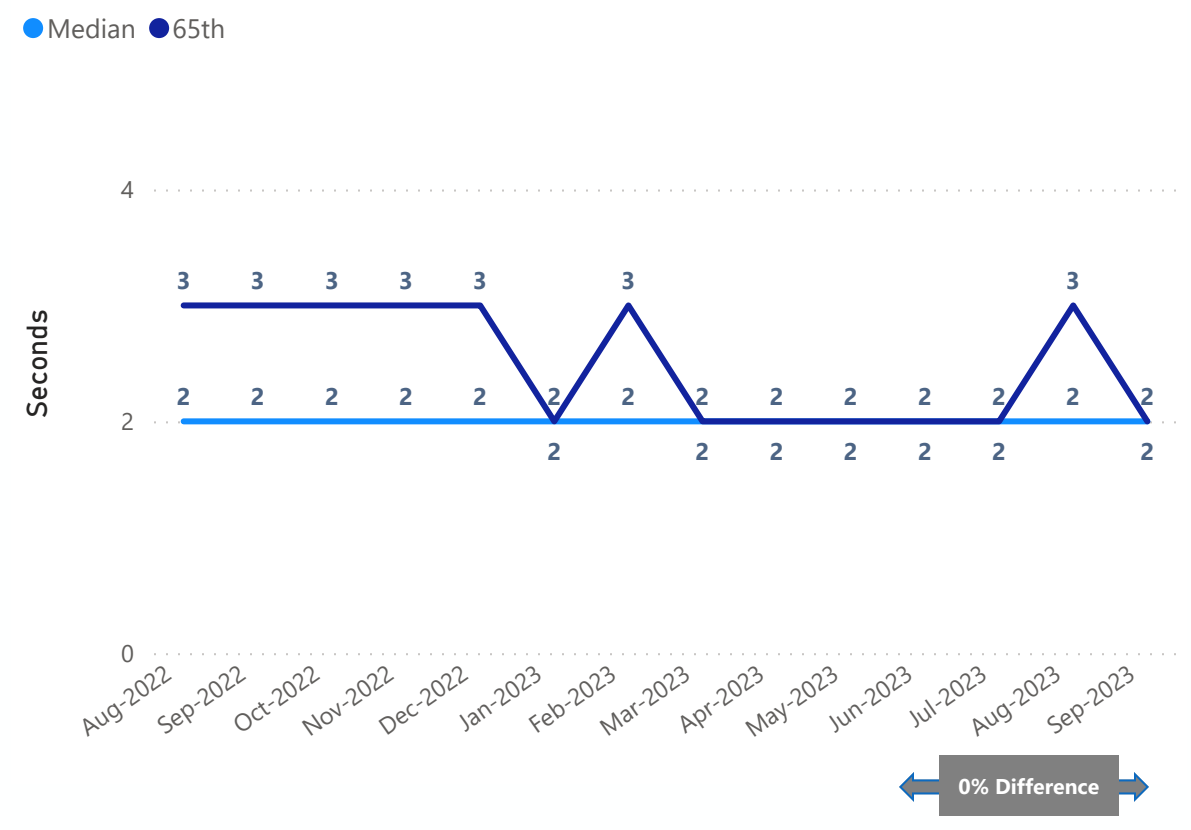
Source: AQ19ii Calls Returned from NHS Direct with an Outcome of "Ambulance Required"

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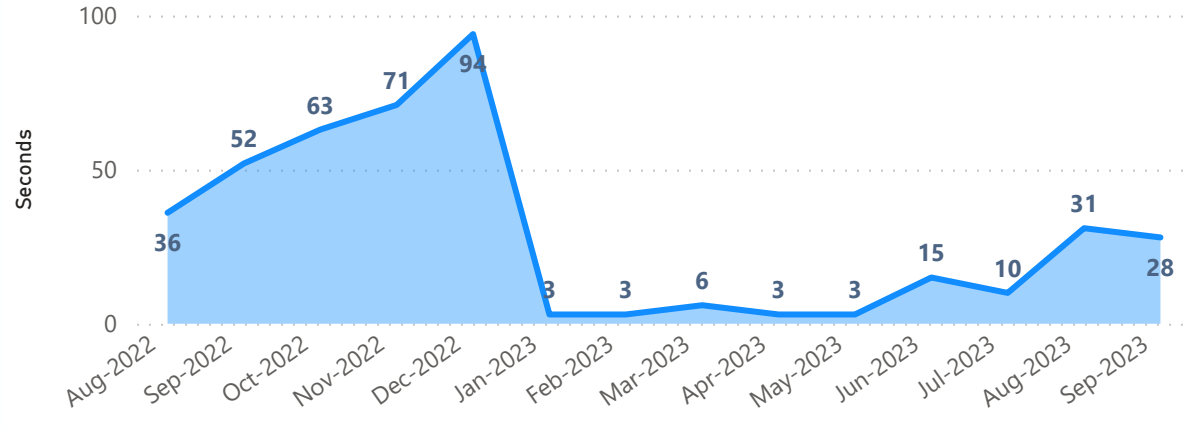
# Performance Report | 999 call answer times

999 call answer times have remained constant. The 95th percentile showed an increase up to December 2022 and then reduced from January 2023 to May 2023. Since May 2023, the 95th percentile increasing with August and September 2023 being at its highest since January 2023.

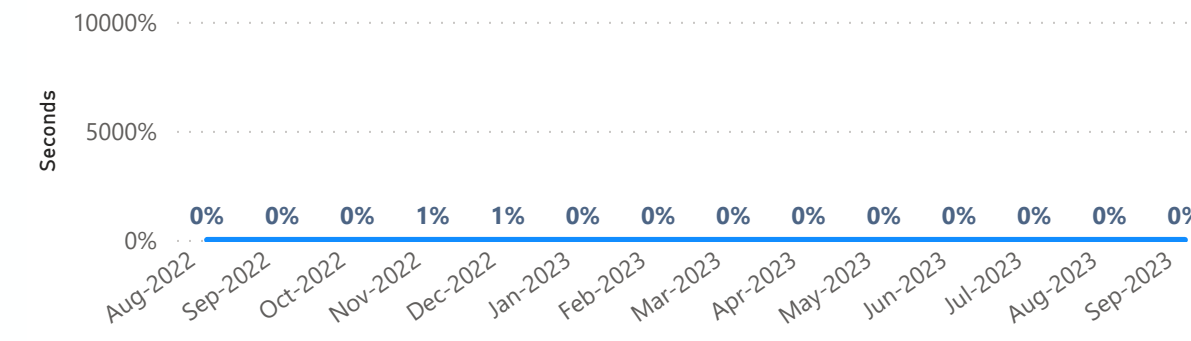
### 3.1 Median and 65th Percentile - 999 Calls: Time to Answer



### 3.2 95th Percentile



### 3.3 Call Abandonment



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

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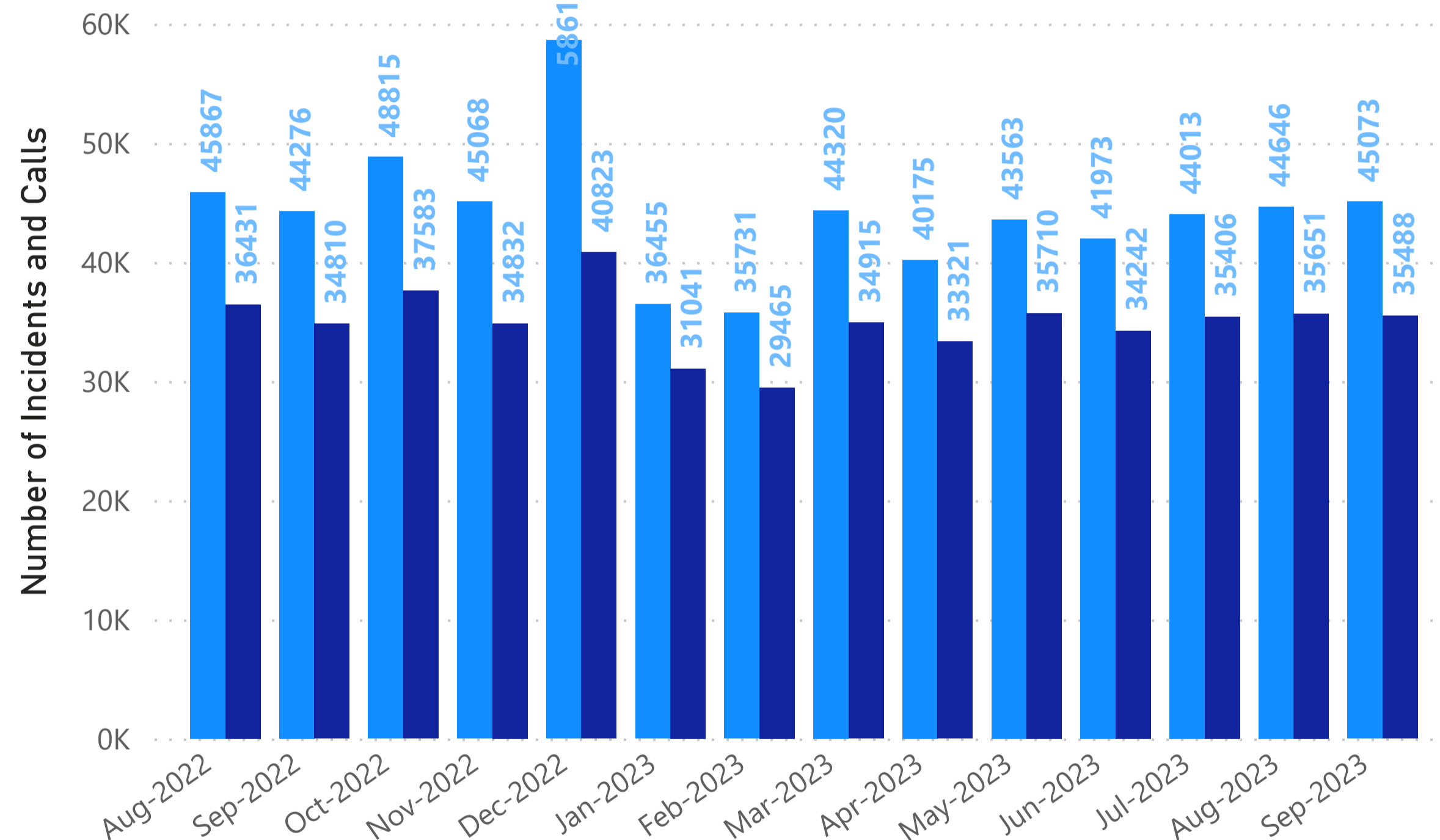


# Performance Report | All incidents

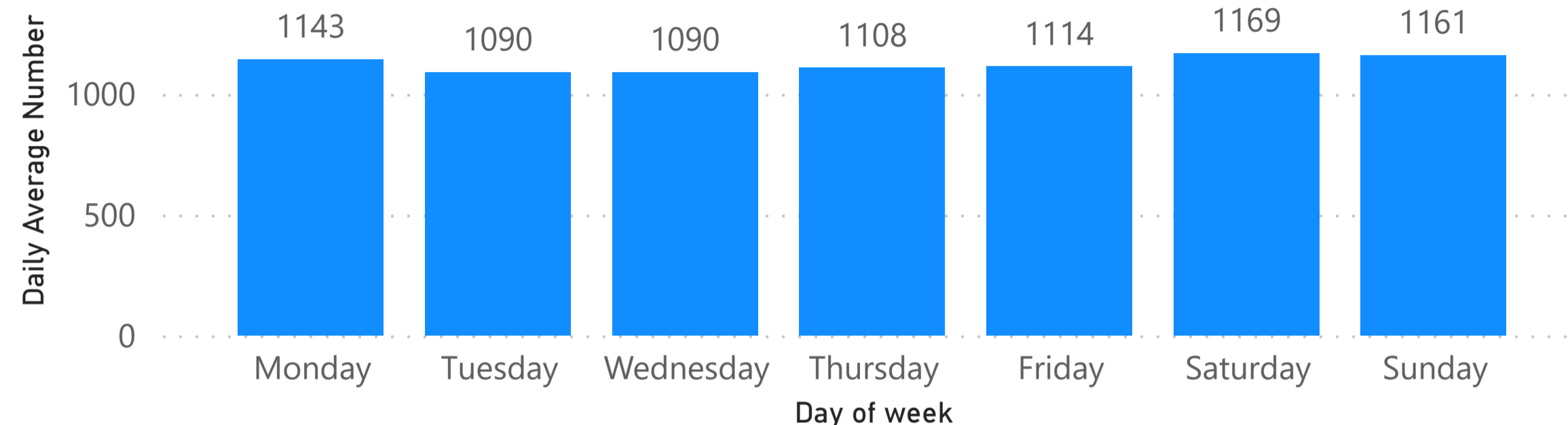
September 2023 saw a 1.8% increase in calls and a 1.9% increase in incidents compared to September 2022.

## 4.1 Monthly Volume of Incidents and Calls

● Total 999 Calls ● Total Incidents

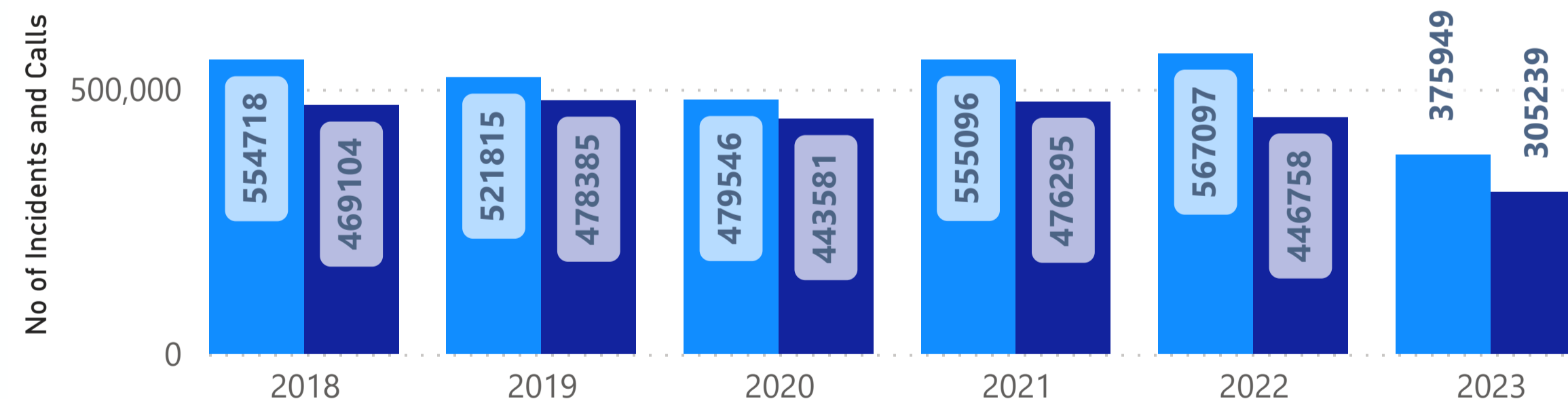


## 4.2 Average Daily Incidents - 2023



## 4.3 Annualised Data - Total Incidents and Calls

● Total 999 Calls ● Total Incidents



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

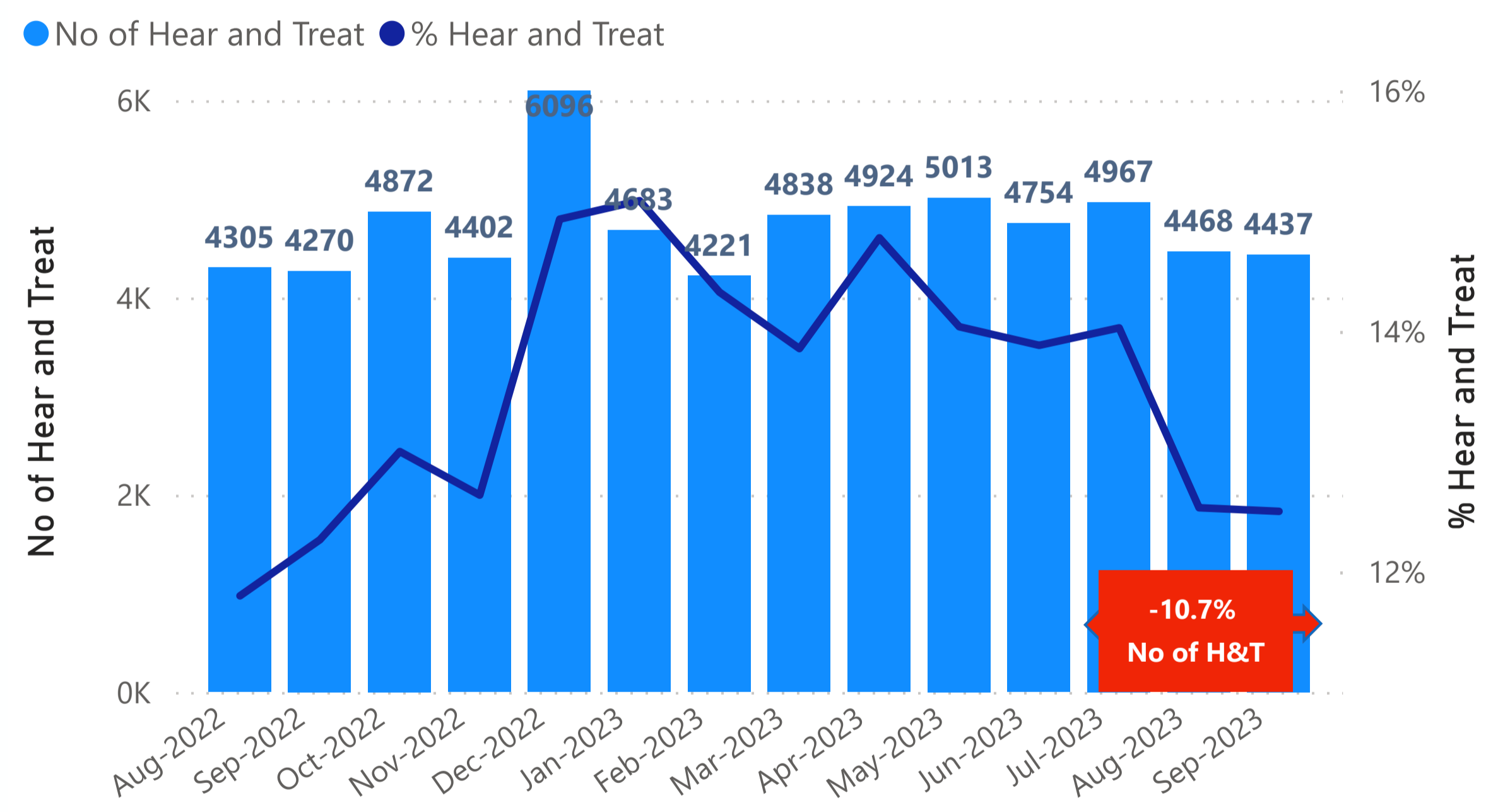
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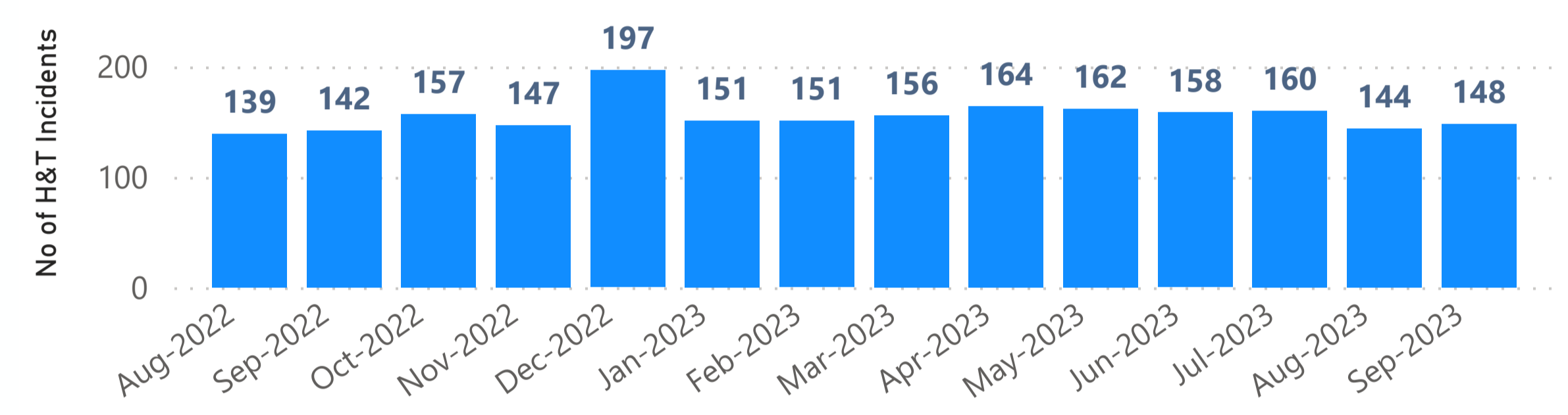
# Performance Report | Hear and Treat

The number of Hear and Treat Incidents has reduced by 10.7% from July 2023 to September 2023. The number of Hear and Treat incidents in September 2023 were 3.9% higher than the same period last year.

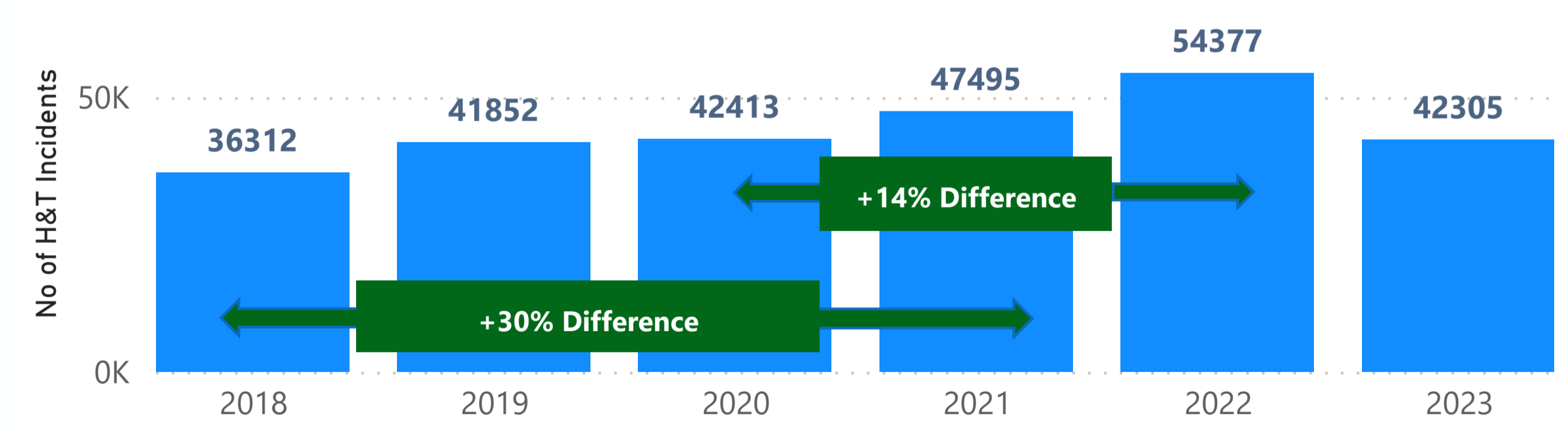
## 5.1 Monthly - Volume of Hear and Treat Incidents



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



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



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

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Emergency Ambulance  
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@NCCU\_CYMRU

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

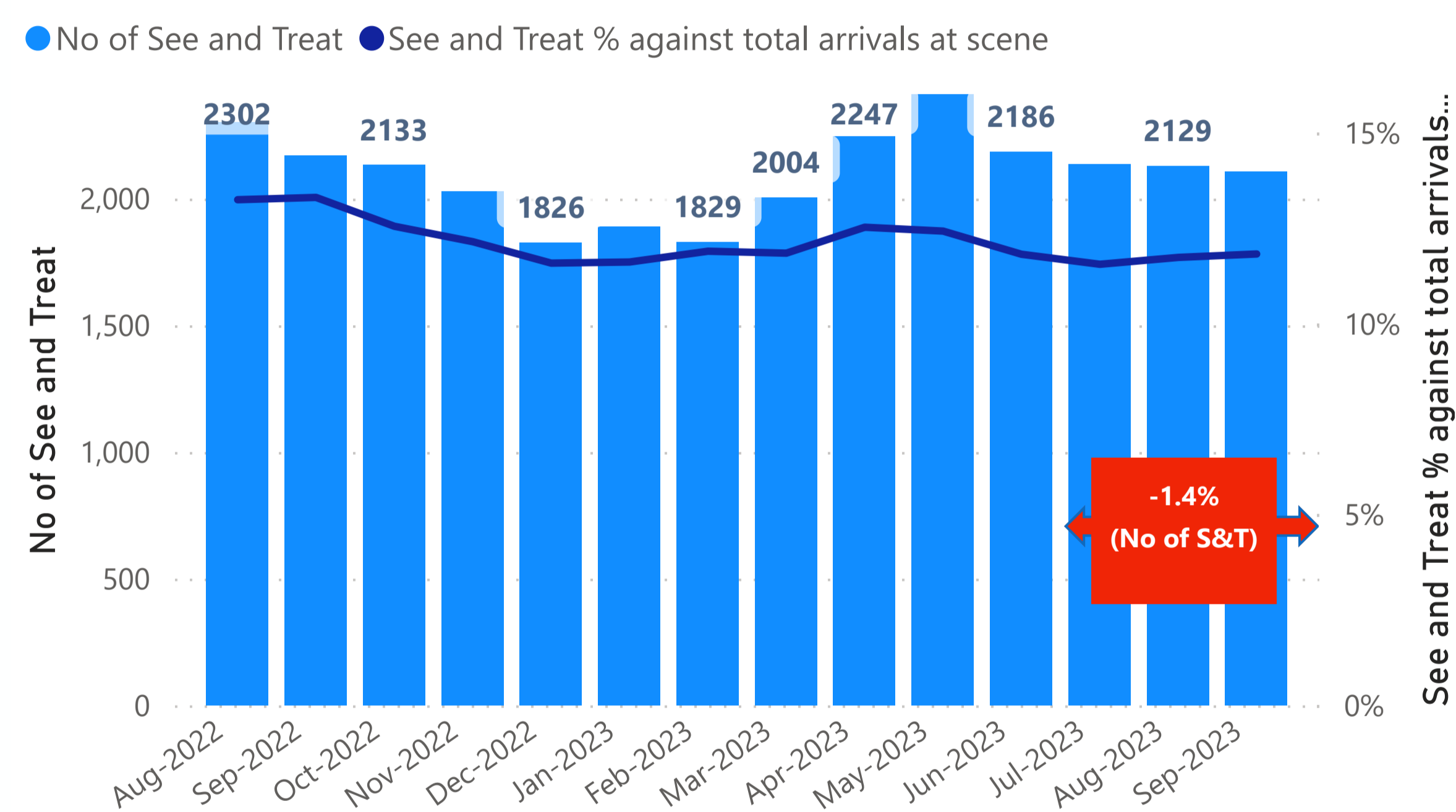




# Performance Report | See and Treat

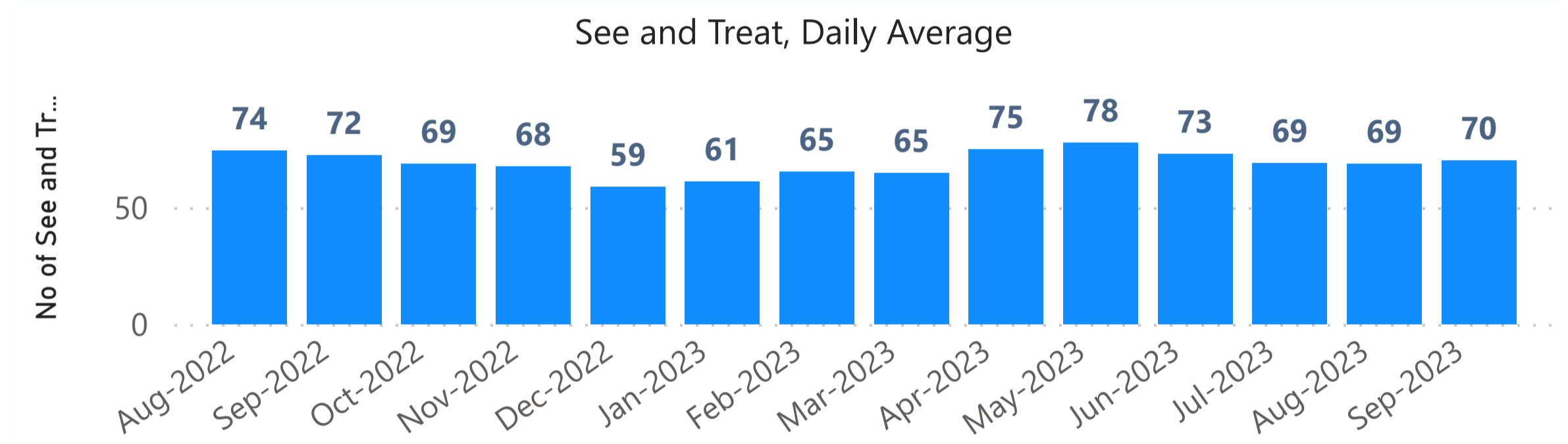
The number of See and Treat responses has reduced by 1.4% from July 2023 to September 2023. In September 2023 the number of See and Treat responses were 3% lower than September 2022. The daily average of See and Treat responses were 2 incidents lower for the same time period.

## 6.1 Monthly Volume of See and Treat Responses

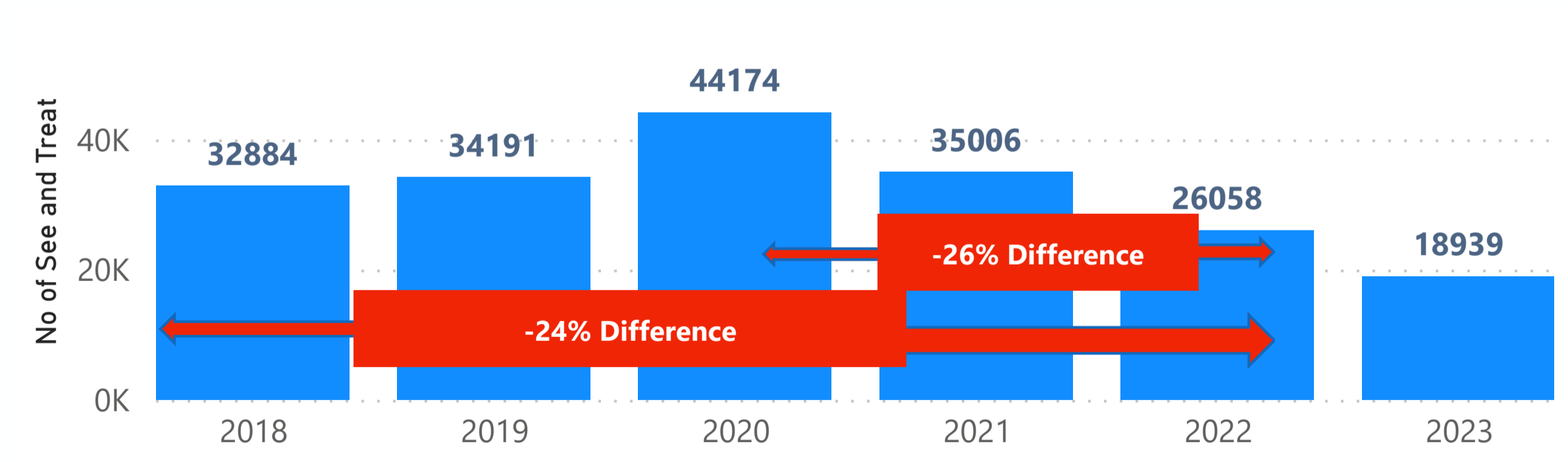


Source: AQI19i Total Number of Incidents where an Ambulance Resource Attended Scene

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



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



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[CTM\\_CASC\\_EASC@WALES.NHS.UK](mailto:CTM_CASC_EASC@WALES.NHS.UK)  
 @NCCU\_CYMRU

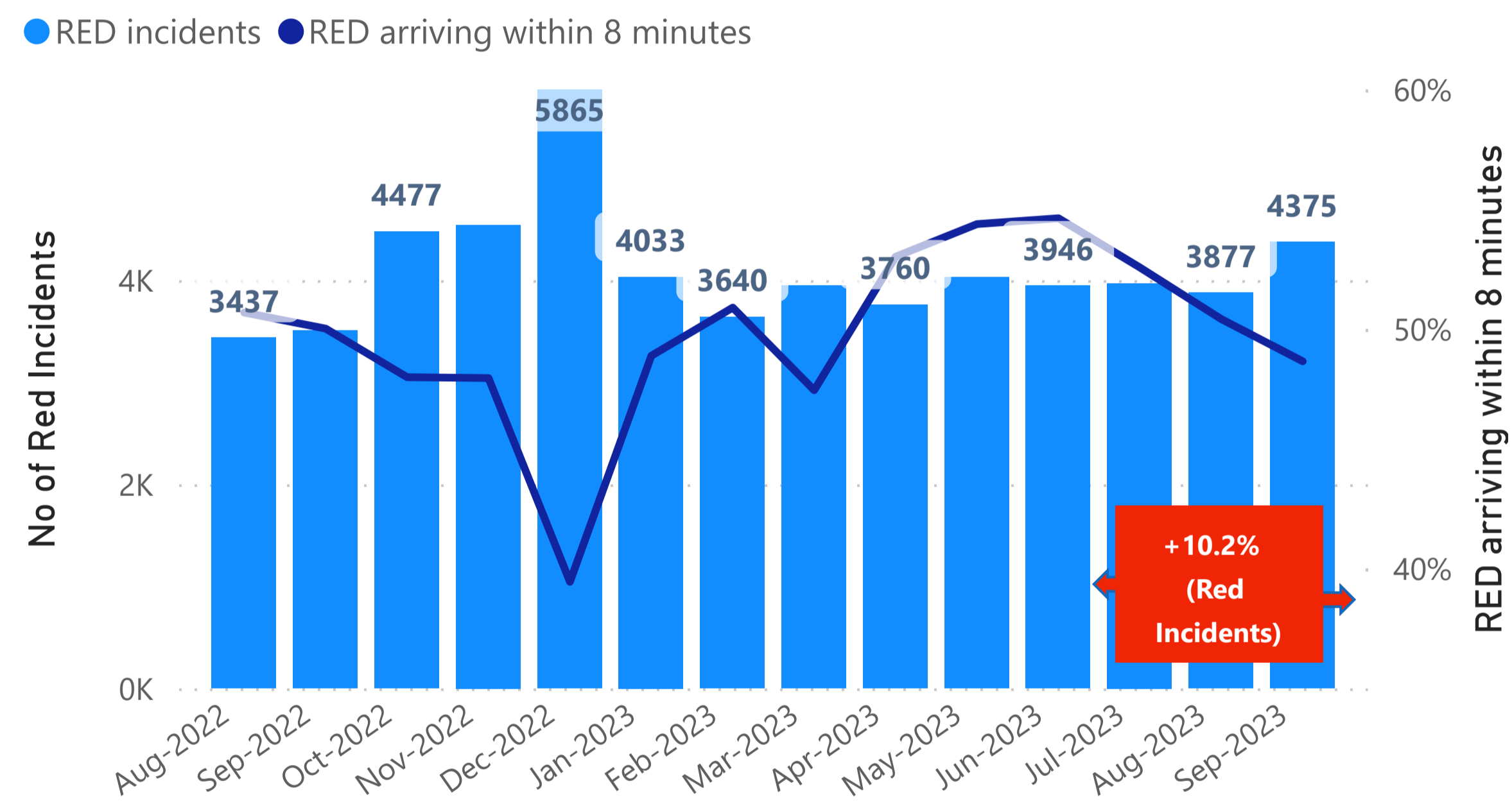
NB. Ambulance indicator and performance data is published on the penultimate Thursday of the month with the exception of February 2023 when it is the last Thursday. As such only those in the public domain are shown on this slide.



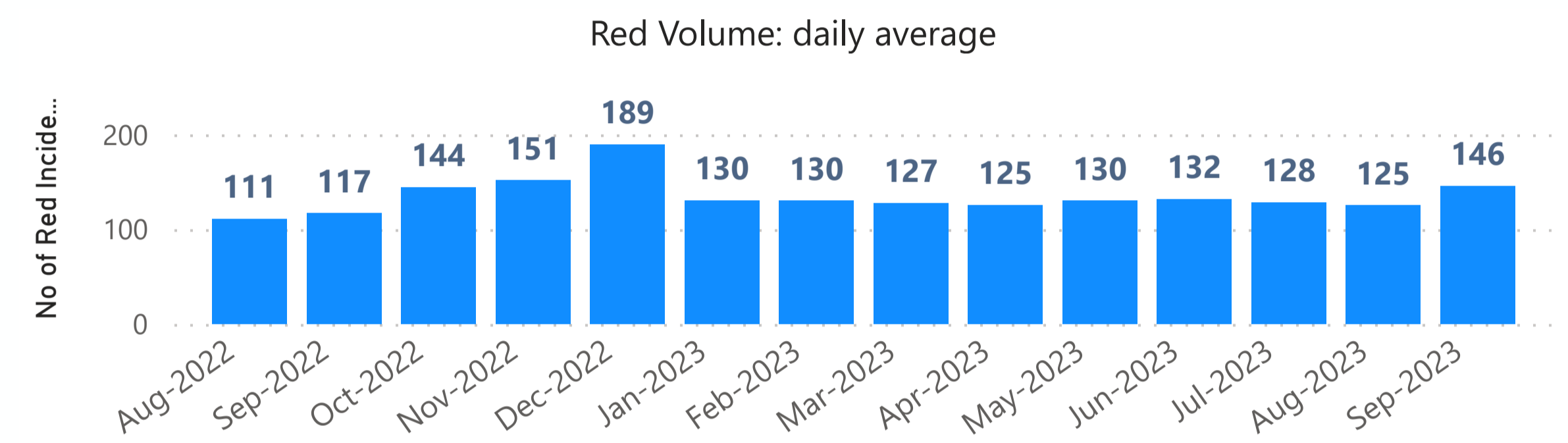
# Performance Report | RED incidents

There has been an increase in the number of red incidents for the period shown. The number of red incidents in September 2023 were 24.8% higher as compared to September 2022. The 8 min % performance has reduced since June 2023. The daily average in September 2023 were 29 incidents higher than September 2022.

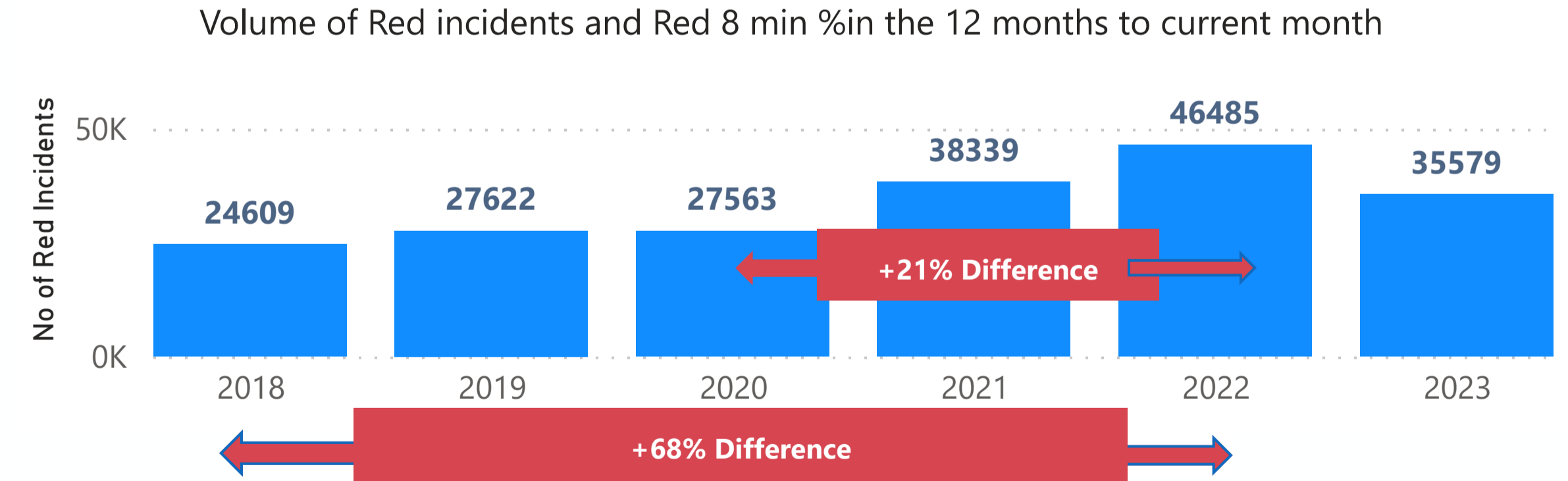
## 7.1 Monthly Volume of Red Incidents and Red % Performance



## 7.2 Daily Average - Red Volume



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



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

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

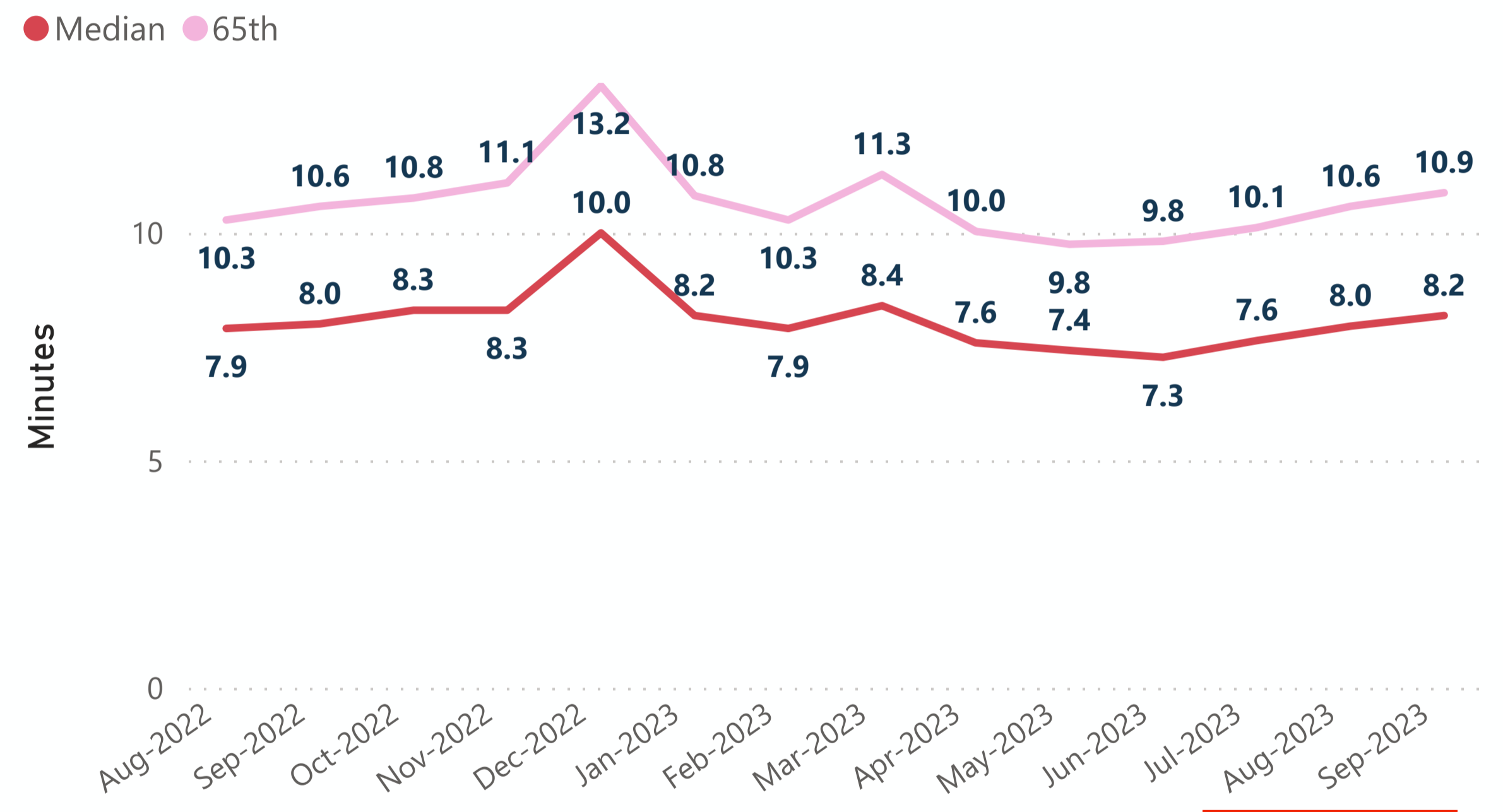
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DIGITAL SERVICES**  
National Collaborative Commissioning Unit



# Performance Report | RED incident response time

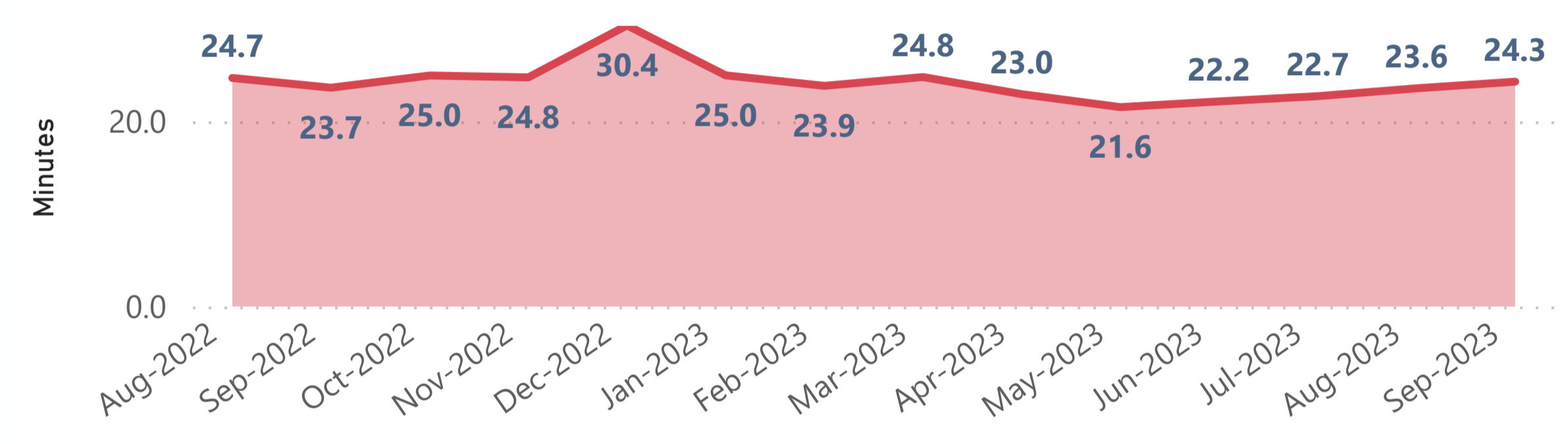
Red median and 65th percentile is consistent for the period reported. The 95th percentile was 0.6 minute less in September 2023 as compared to September 2022 and the longest red was 27 minutes less for the same period.

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

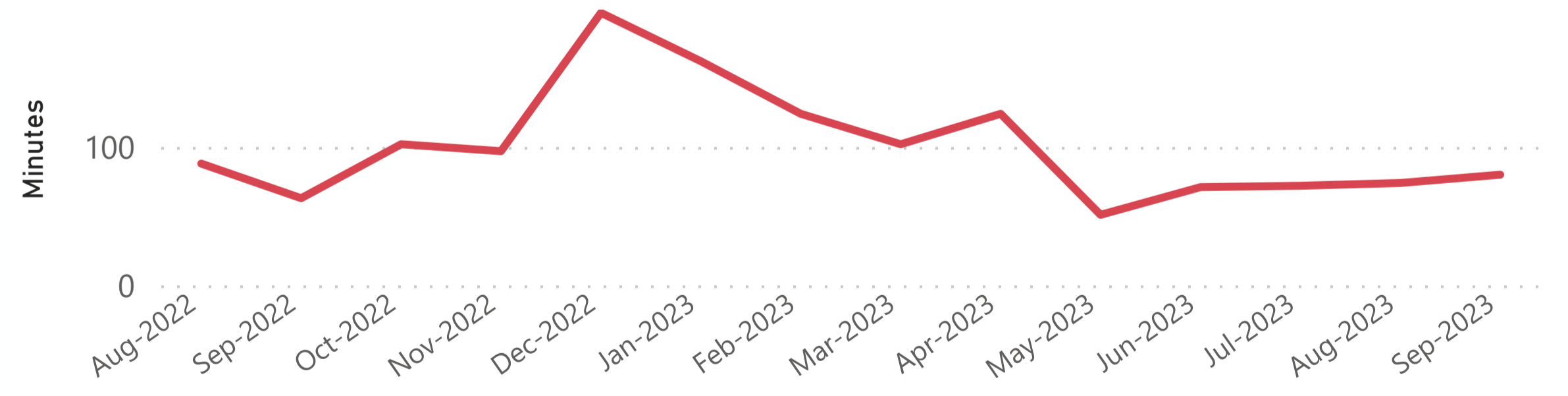


+7.9% Difference Median

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



## 8.3 Longest Red



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

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[@NCCU\\_CYMRU](https://twitter.com/NCCU_CYMRU)

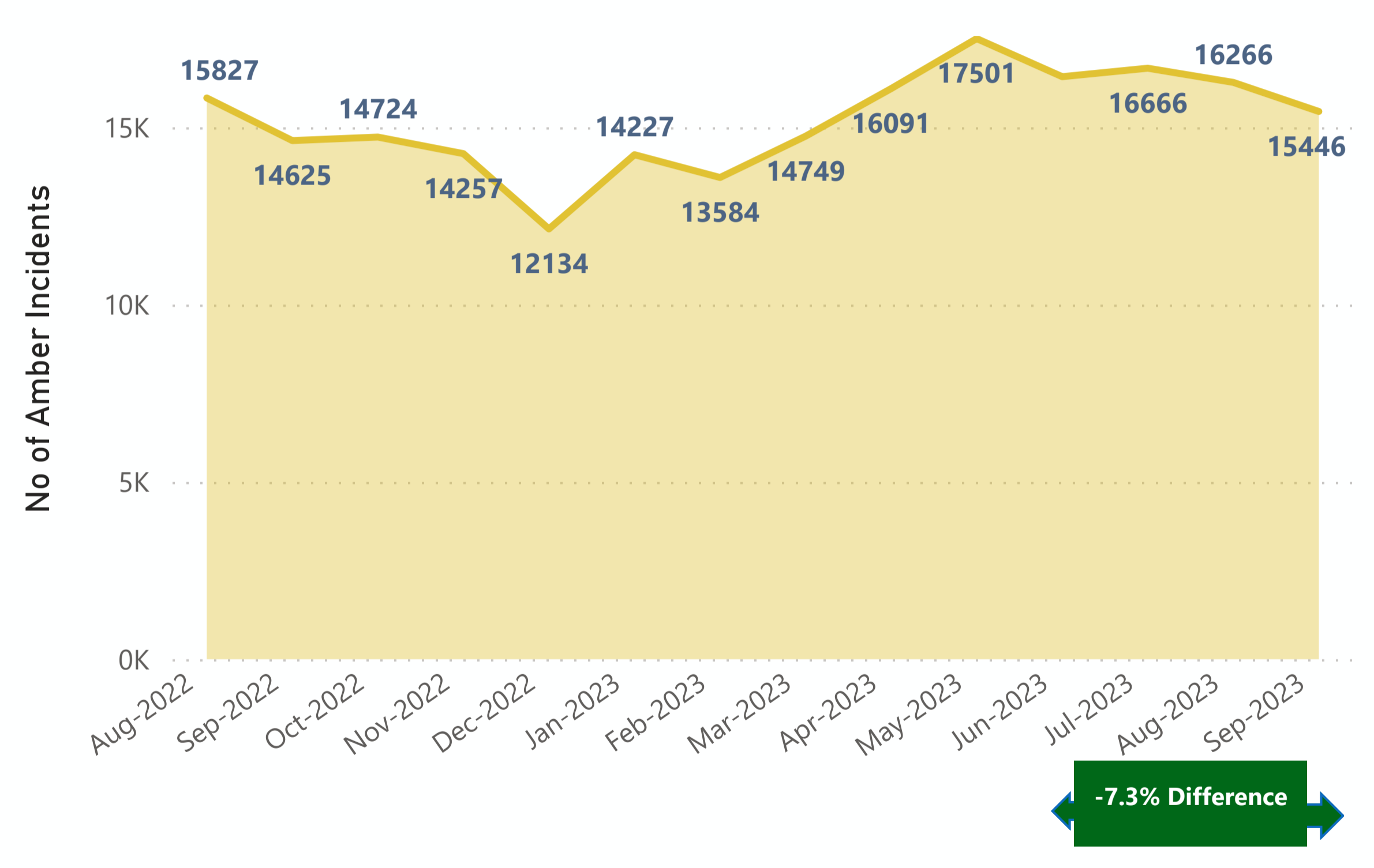
NB. Ambulance indicator and performance data is published on the penultimate Thursday of the month with the exception of February 2023 when it is the last Thursday. As such only those in the public domain are shown on this slide.



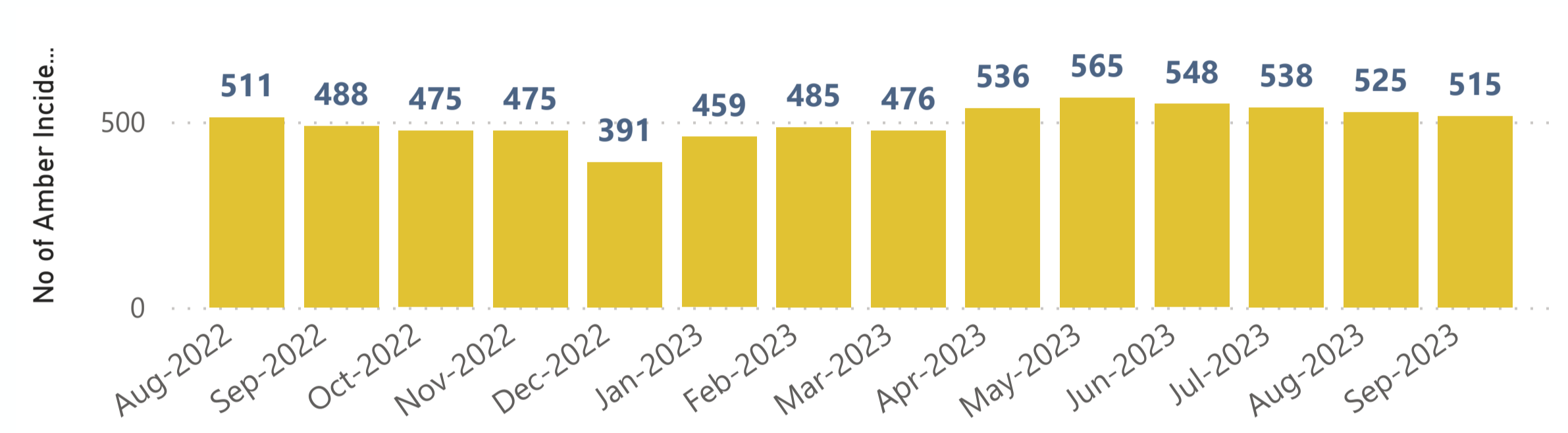
# Performance Report | AMBER incidents

There was a 7.3% reduction in the number of amber incidents from July to September 2023. The number of amber incidents in September 2023 were 5.6% higher than September 2022. The daily average were 27 amber incidents higher for the same period.

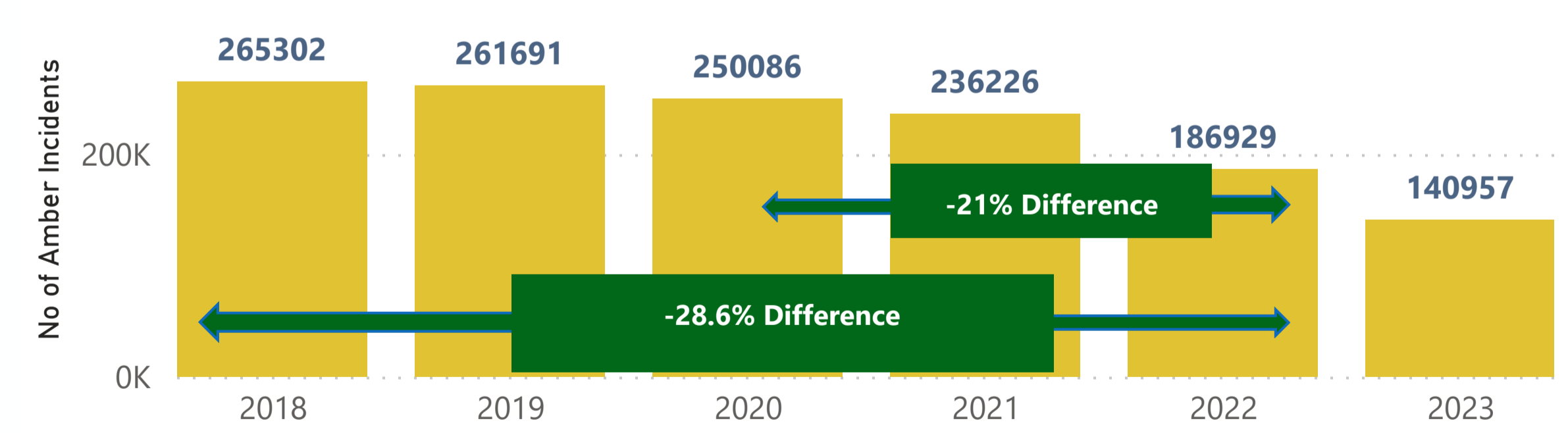
## 9.1 Monthly Volume of Amber Incidents



## 9.2 Daily Average - Number of Amber Incidents



## 9.3 Annualised Data - Number of Amber Incidents



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

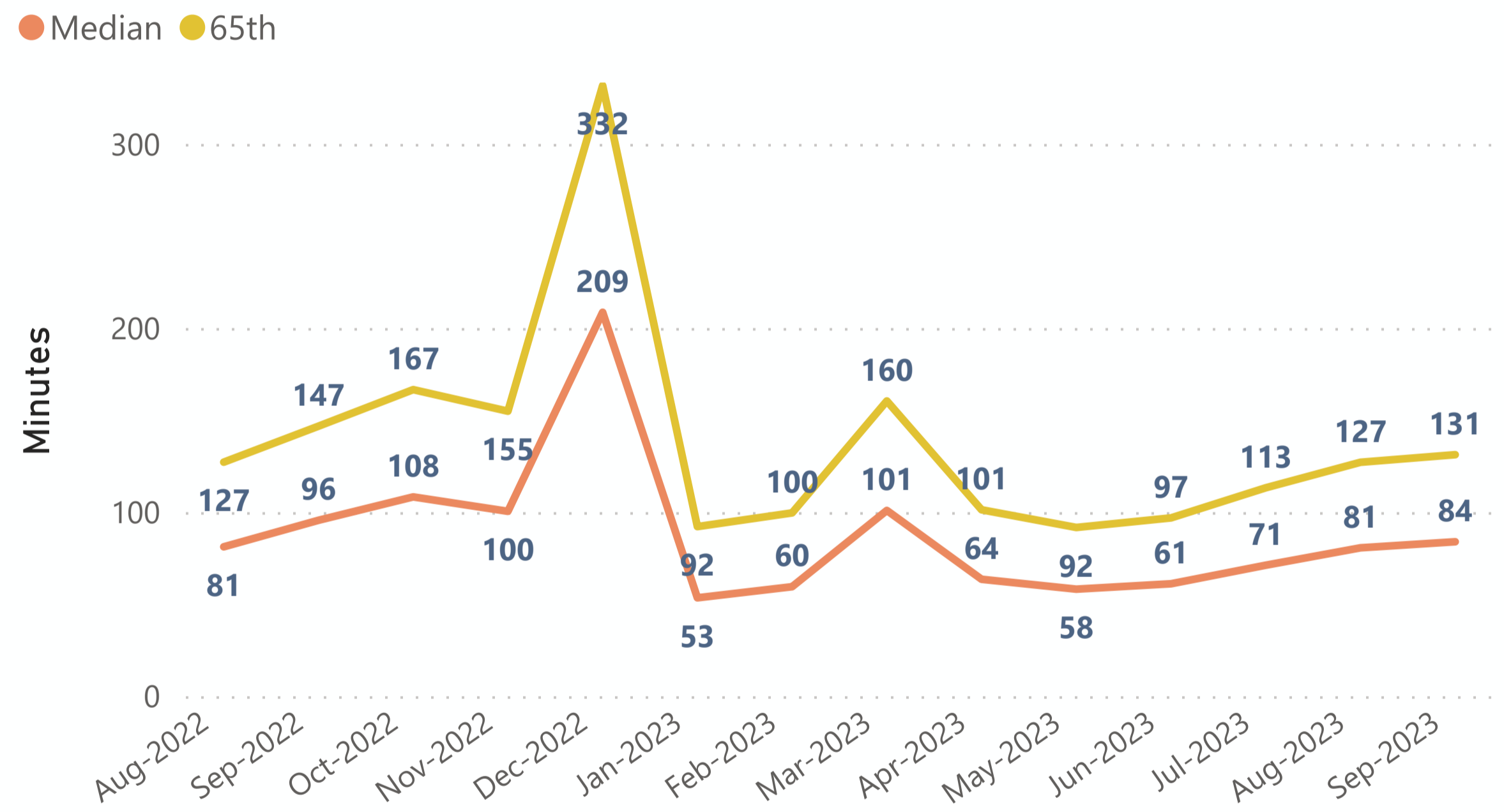
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# Performance Report | AMBER incident response times

There was a 18.3% increase in amber median from July 2023 to September 2023. The amber median and the 65th percentile in September 2023 were 14.3% and 12.2% respectively lower with September 2022. The 95th percentile was 44 minutes higher and the longest amber was 626 minutes higher for the same period.

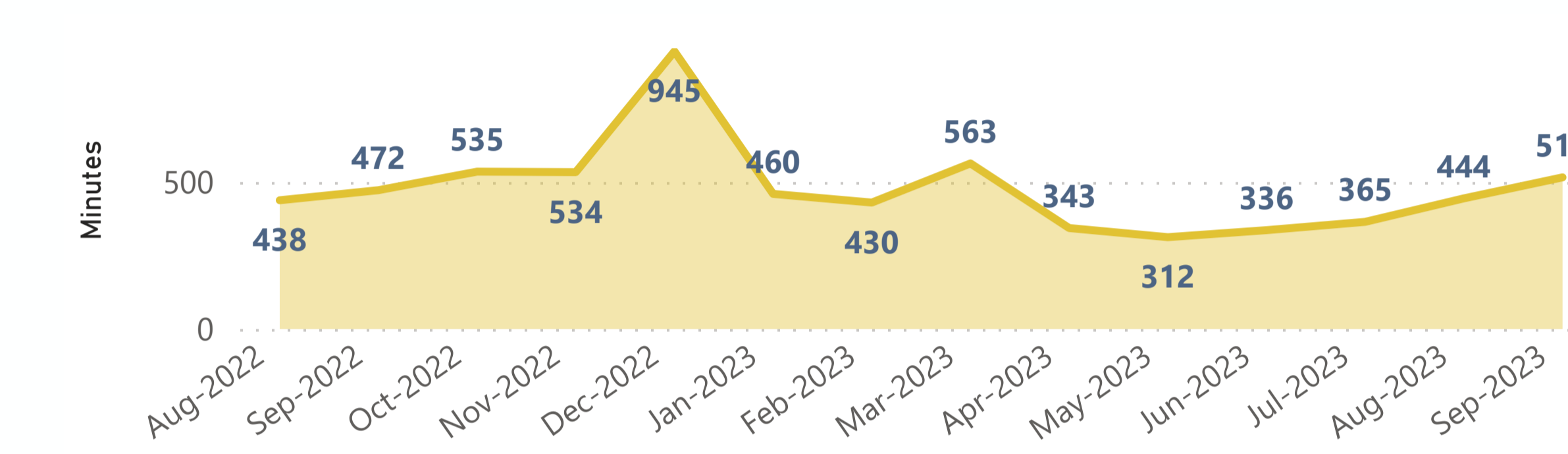
## 10.1 Median and 65th Percentile Amber Response Time (Minutes)



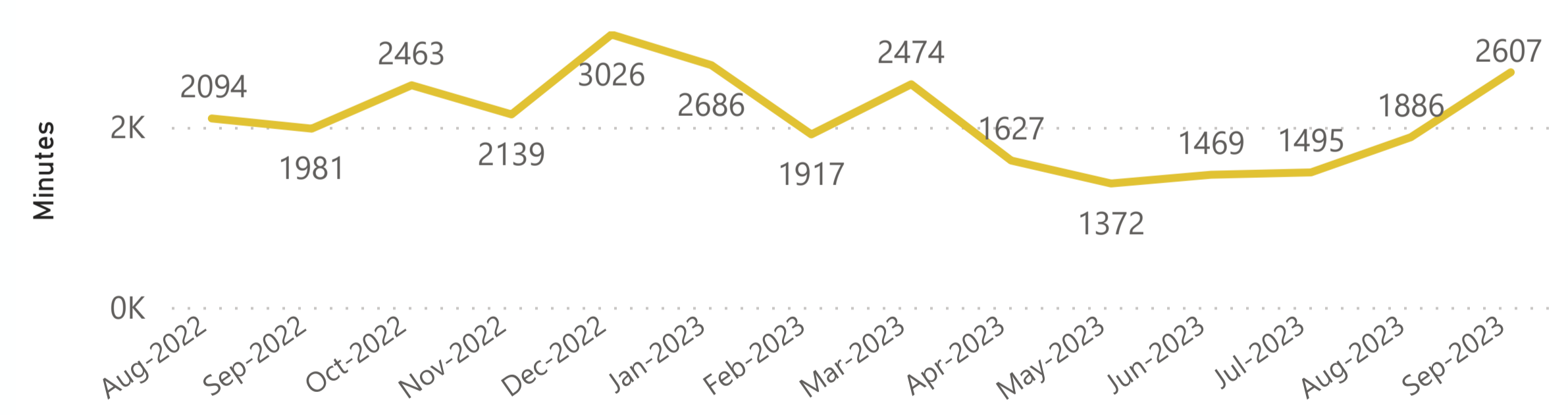
+18.3% (median)

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

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



## 10.3 Longest Amber (Minutes)



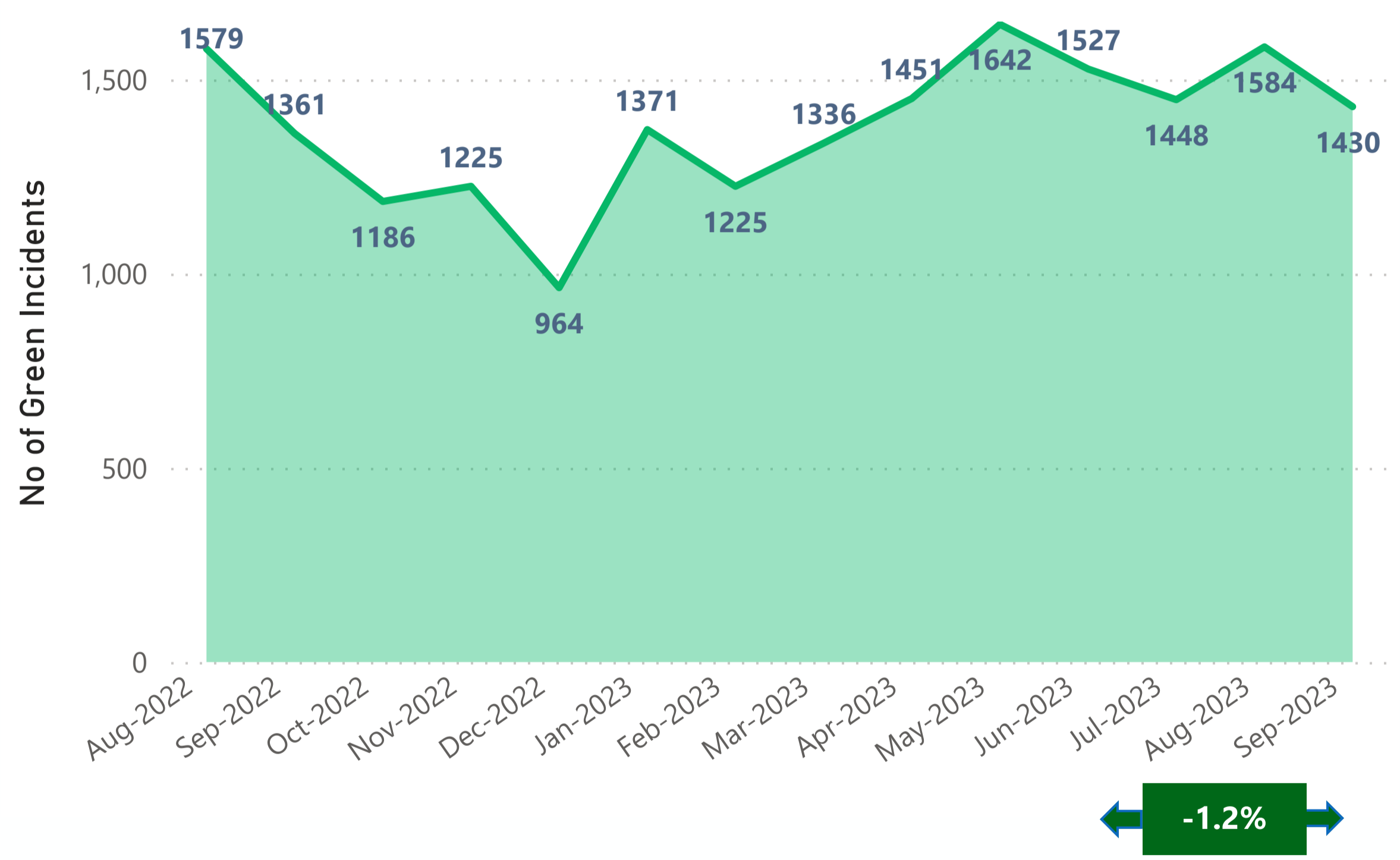
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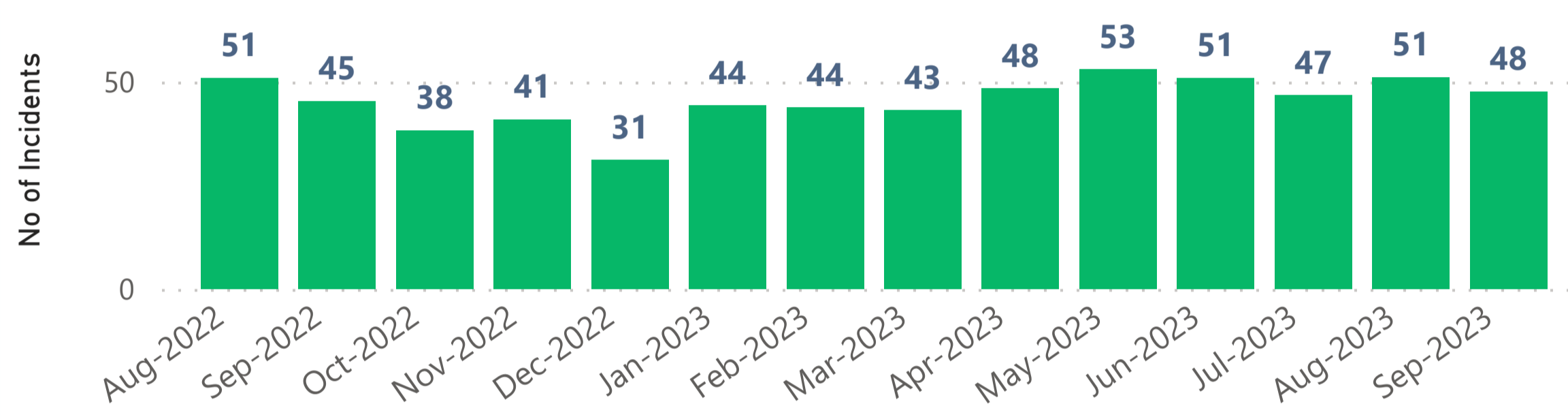
# Performance Report | GREEN incidents

The number of green incidents reduced by 1.2% from July 2023 to September 2023. The number of green incidents in September 2023 were 5.1% higher than in September 2022. The daily average were 3 incidents higher for the same date period.

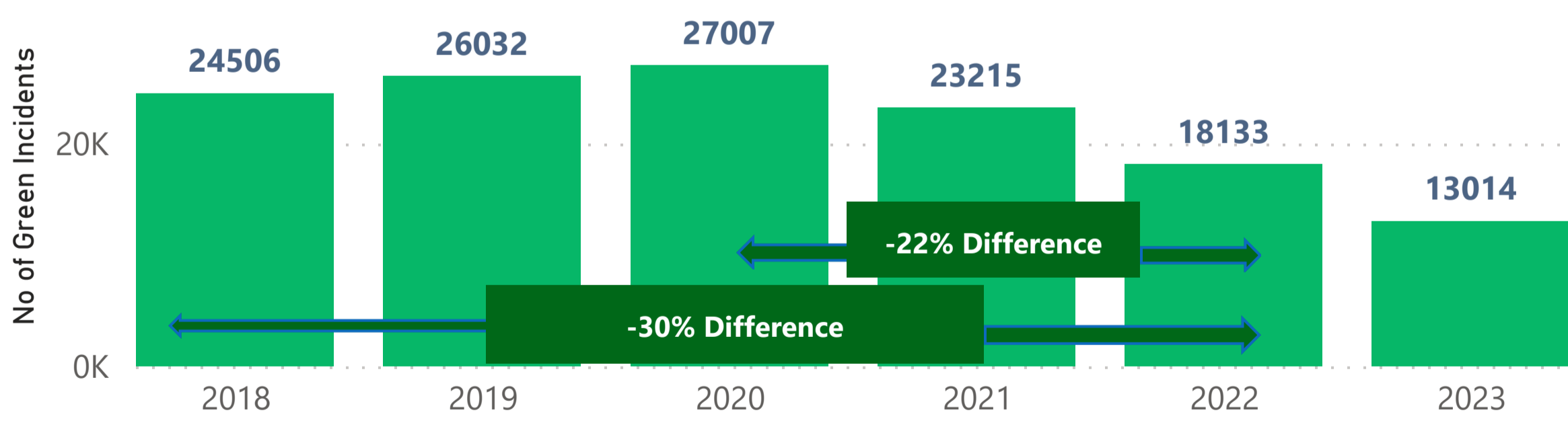
## 11.1 Monthly Volume of Green Incidents



## 11.2 Daily Average - Number of Green Incidents



## 11.3 Annualised Data - Number of Green Incidents



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

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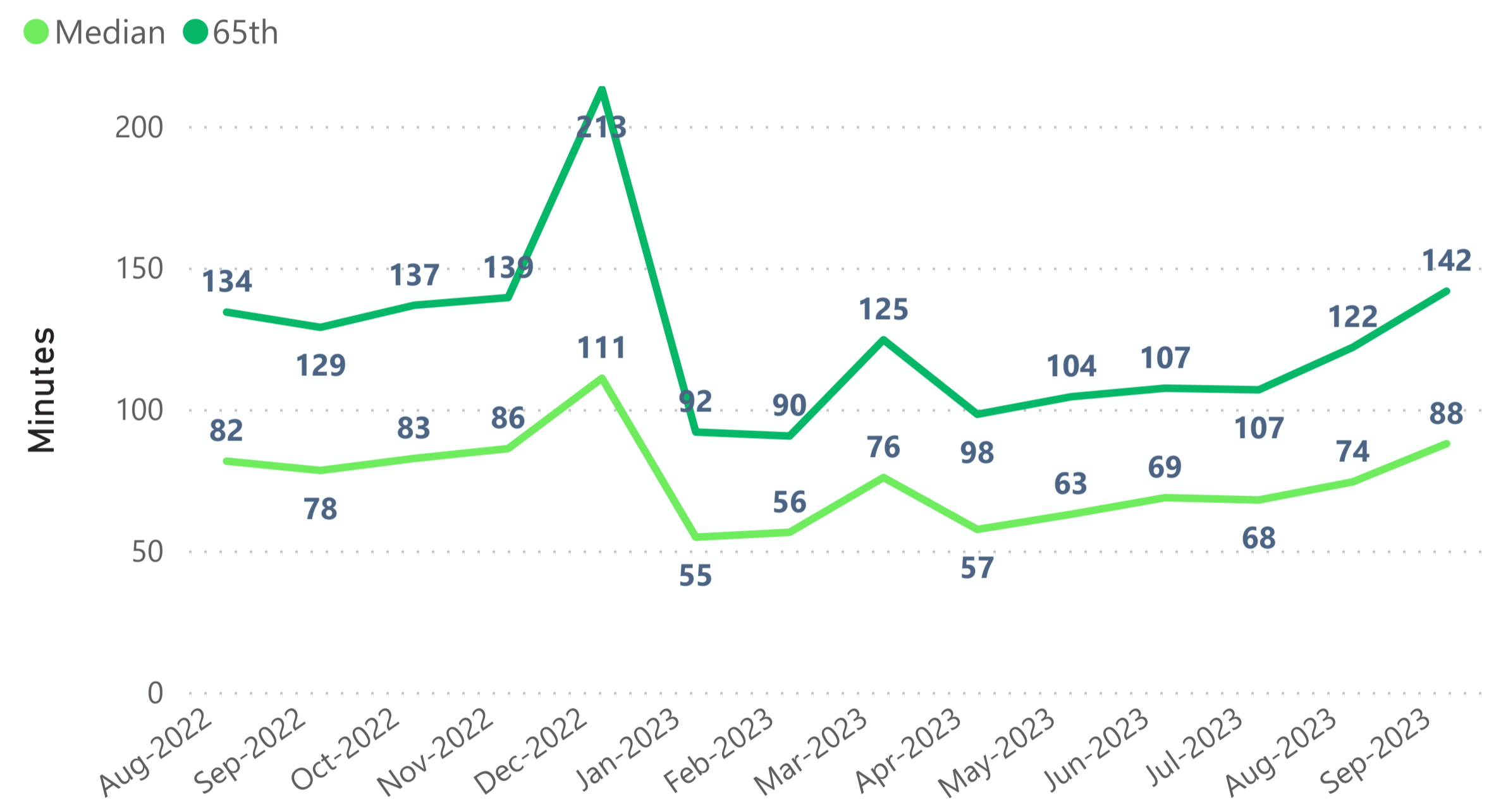




# Performance Report | GREEN incident response times

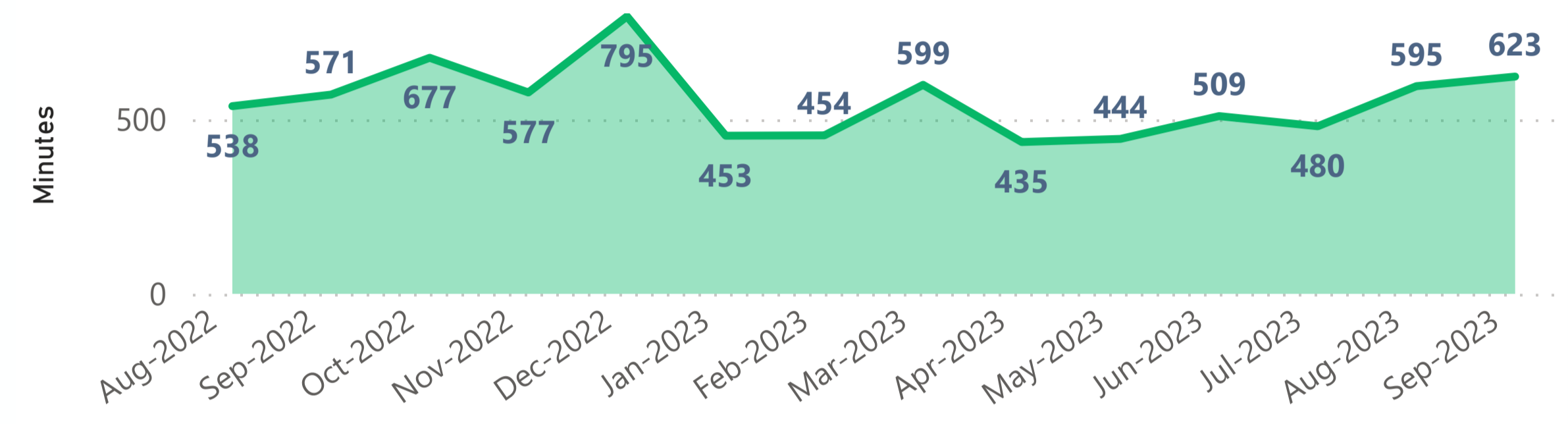
Green median and 65th percentile were the second highest for the time period shown. Green median in September 2023 was 10 minutes higher than September 2022. The green 65th percentile was 13 minutes higher and the green 95th percentile was 52 minutes higher for the same period.

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

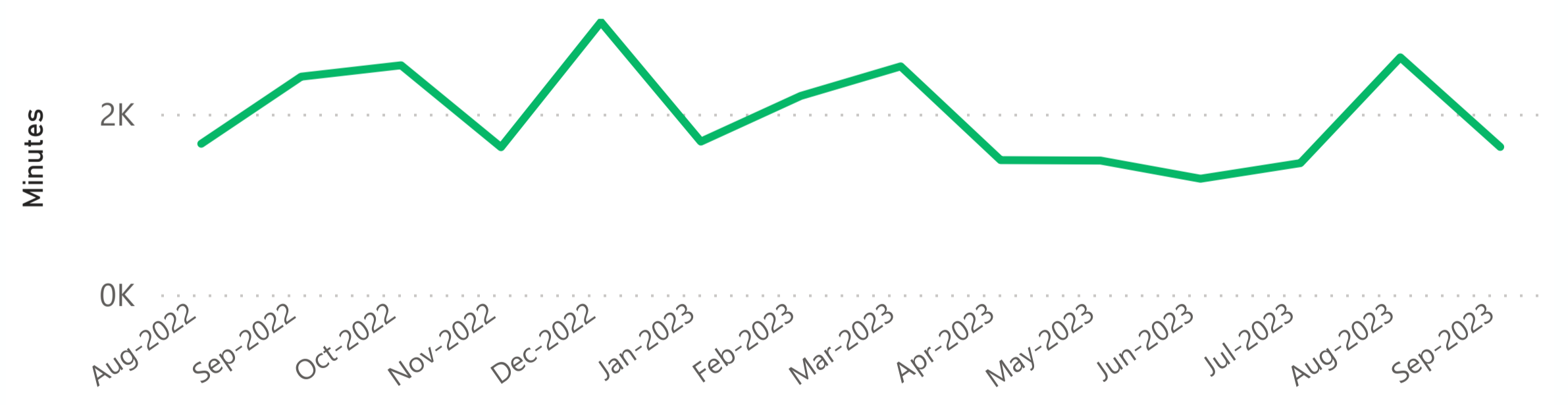


+29.4% (Median)

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



## 12.3 Longest Green



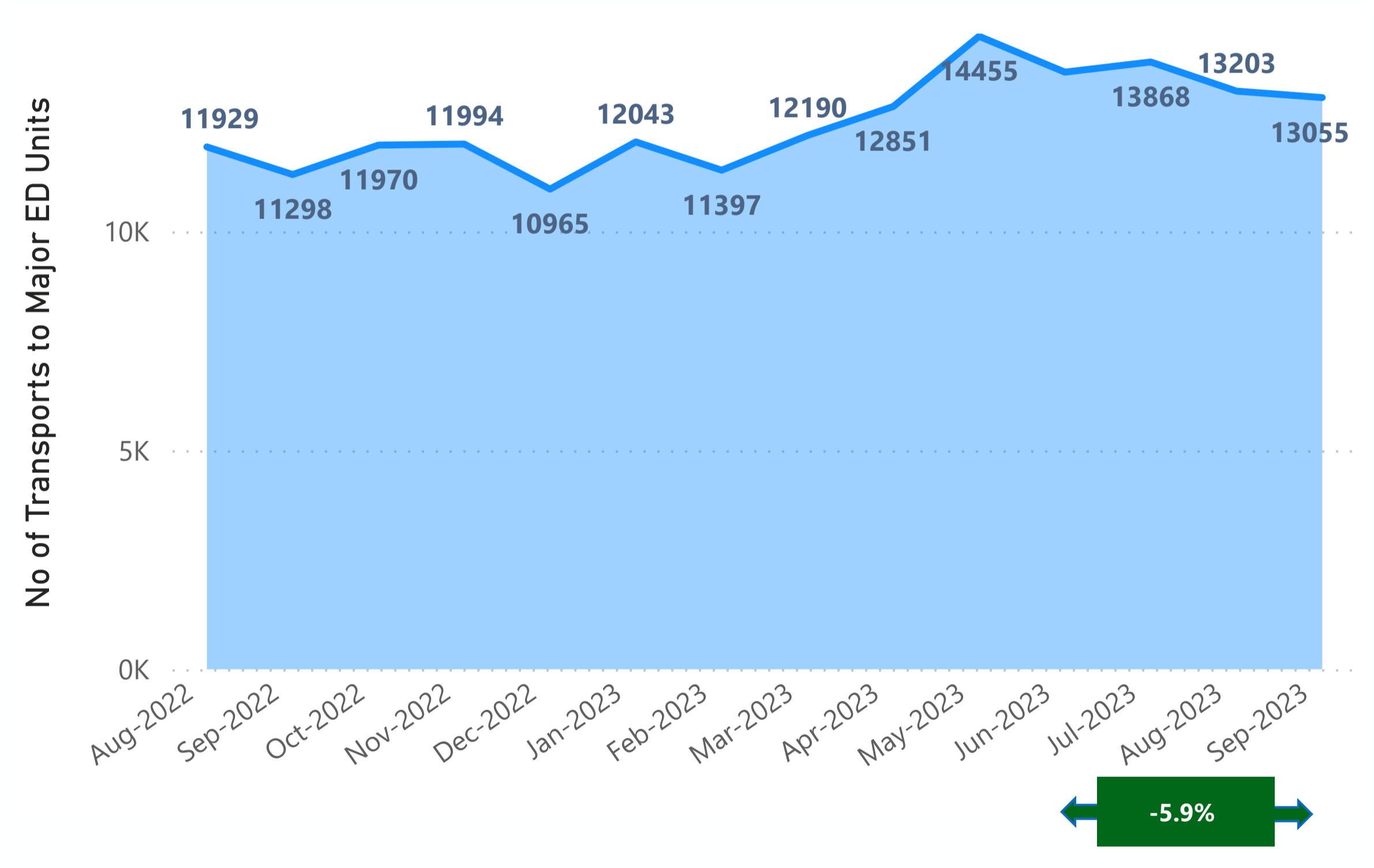
Source: AQI11 Green Category Median, 65th and 95th Response Minutes

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# Performance Report | Transported to Tier 1 site

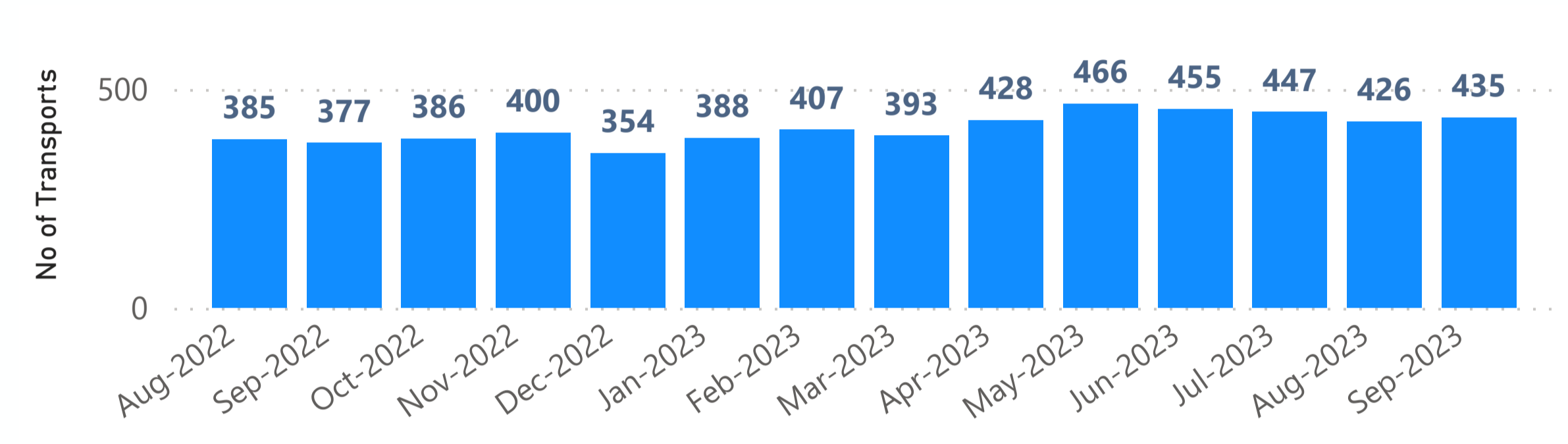
The number of incidents transported to Tier 1 sites have been increasing for the period shown (in 13.1), although since 2018, the total number of transfers has been reducing. In September 2023, the number of incidents transported to Tier 1 sites were 15.6% higher than September 2022. The daily number of incidents were 58 incidents higher for the same period.

## 13.1 Monthly Volume of Transport to Major ED Units

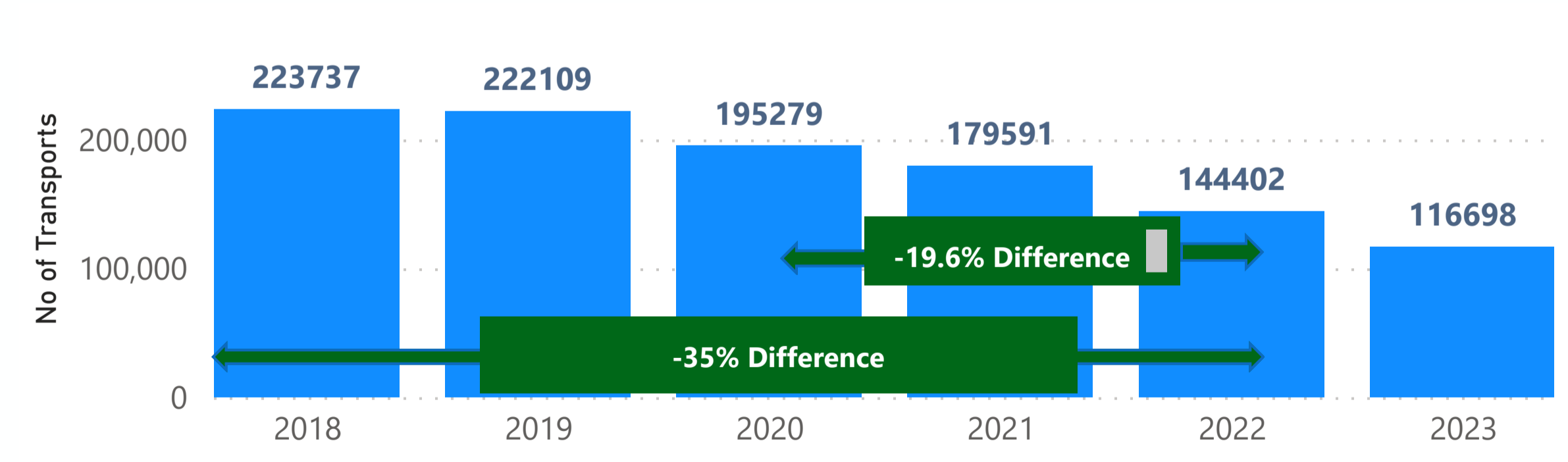


Source: AQI19ii Tier 1 Major A&E Units

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



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

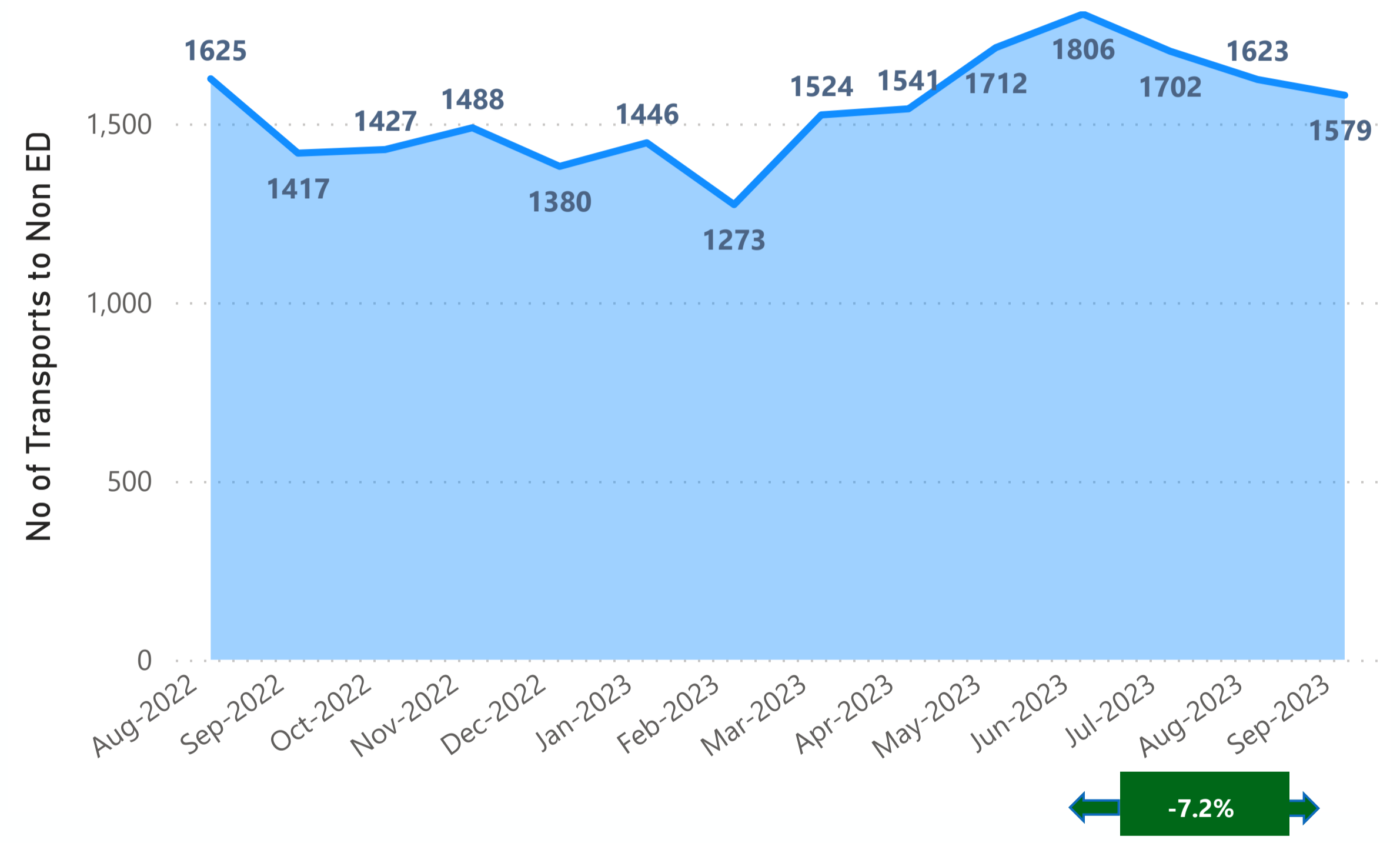


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# Performance Report | Transported to non-Tier 1 site

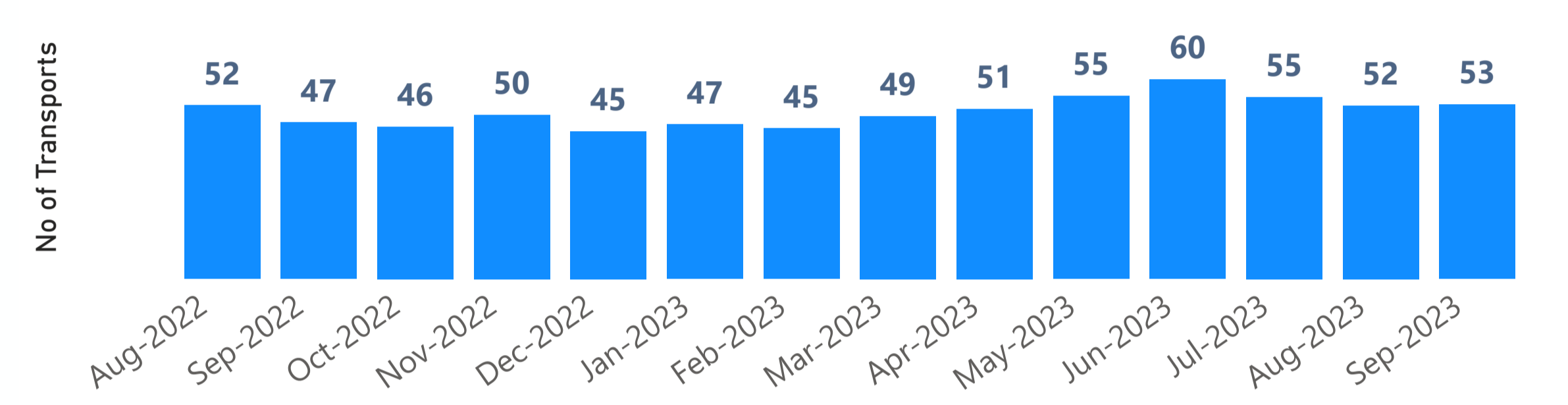
There has been a 7.2% reduction in the number of incidents transported to non Tier 1 sites from July 2023 to September 2023. The number of incidents transported to non tier 1 sites were 11.4% increase in September 2023 as compared to the same period the previous year. The daily average in September 2023 were 6 incidents higher than September 2022.

## 14.1 Monthly Volume of Transport to non Major ED

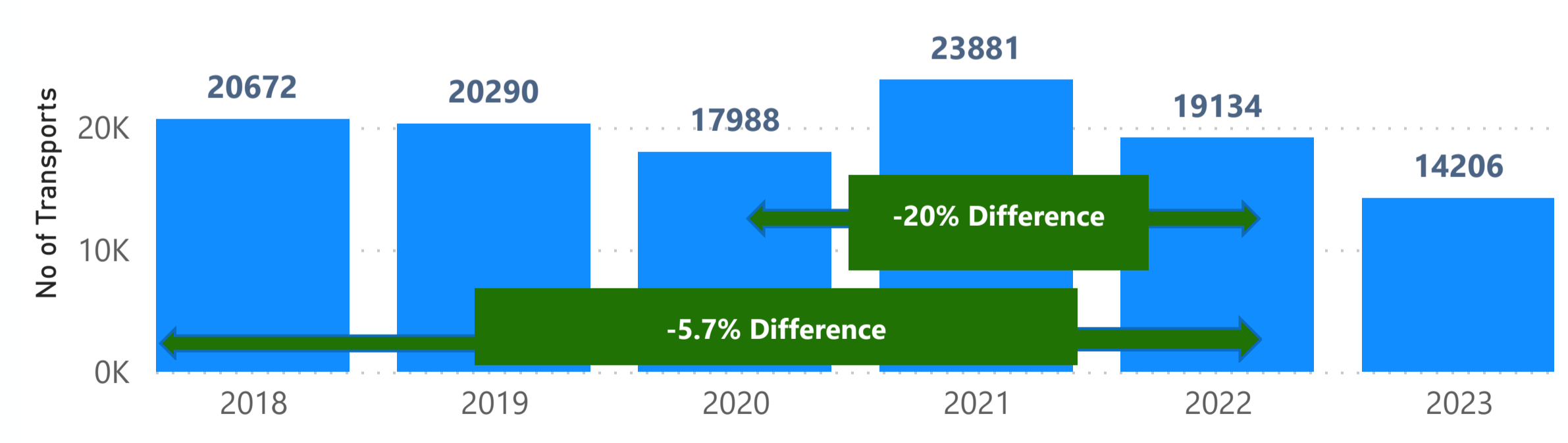


Source: AQI19ii Total number of patients conveyed to hospital by type / AQI19ii Tier 1 Major A&E Units

## 14.2 Daily Average - Transport to Non Major ED



## 14.3 Annualised Data - Transport to Non Major ED

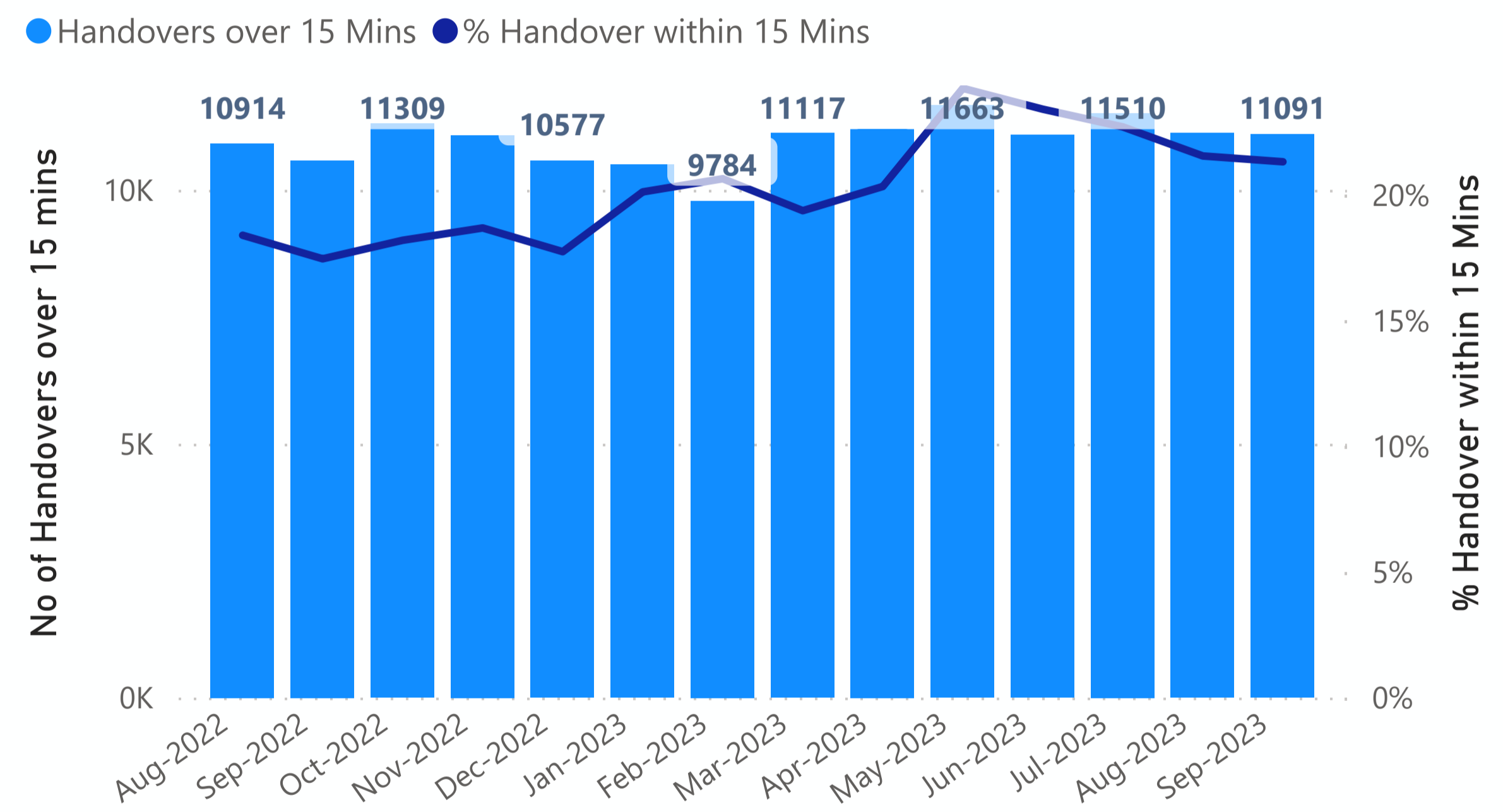


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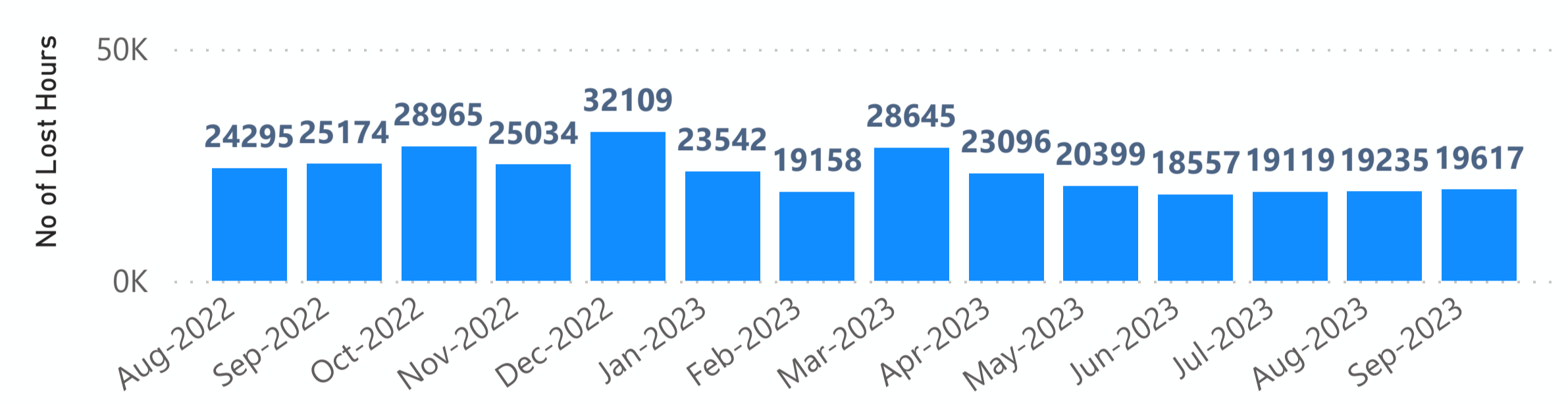
# Performance Report | Handover delays over 15-minutes

The number of handovers over 15 mins in September 2023 were 4.8% higher as compared to September 2022. The % of handovers within 15 minutes were 4% higher for the same period. The total lost hours have remained constant for the last 3 months. The total lost hours over 15 minutes in September 2023 were 22.1% than September 2022.

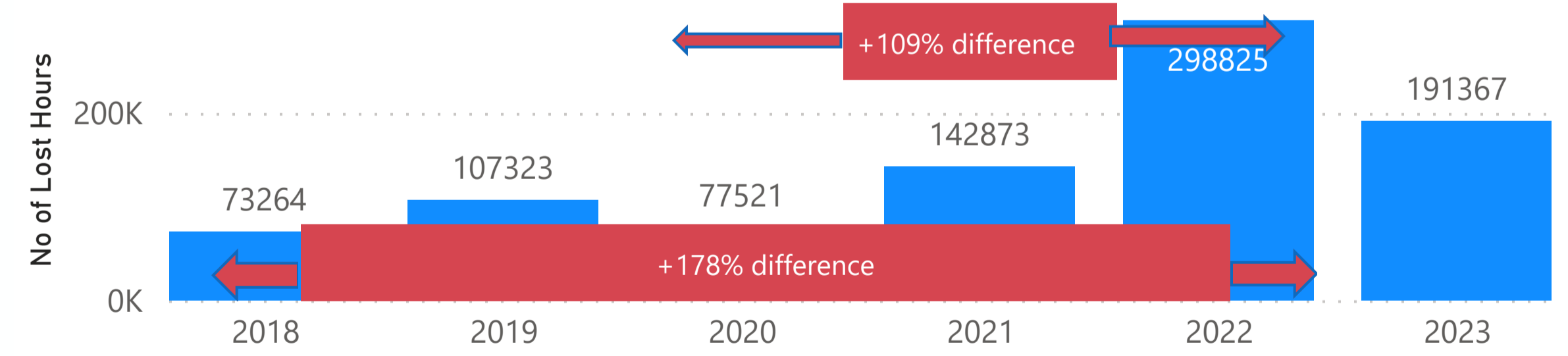
## 15.1 Volume of Handovers over 15 minutes



## 15.2 Hours lost for handovers over 15 minutes



## 15.3 Hours Lost for handovers over 15 minutes



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

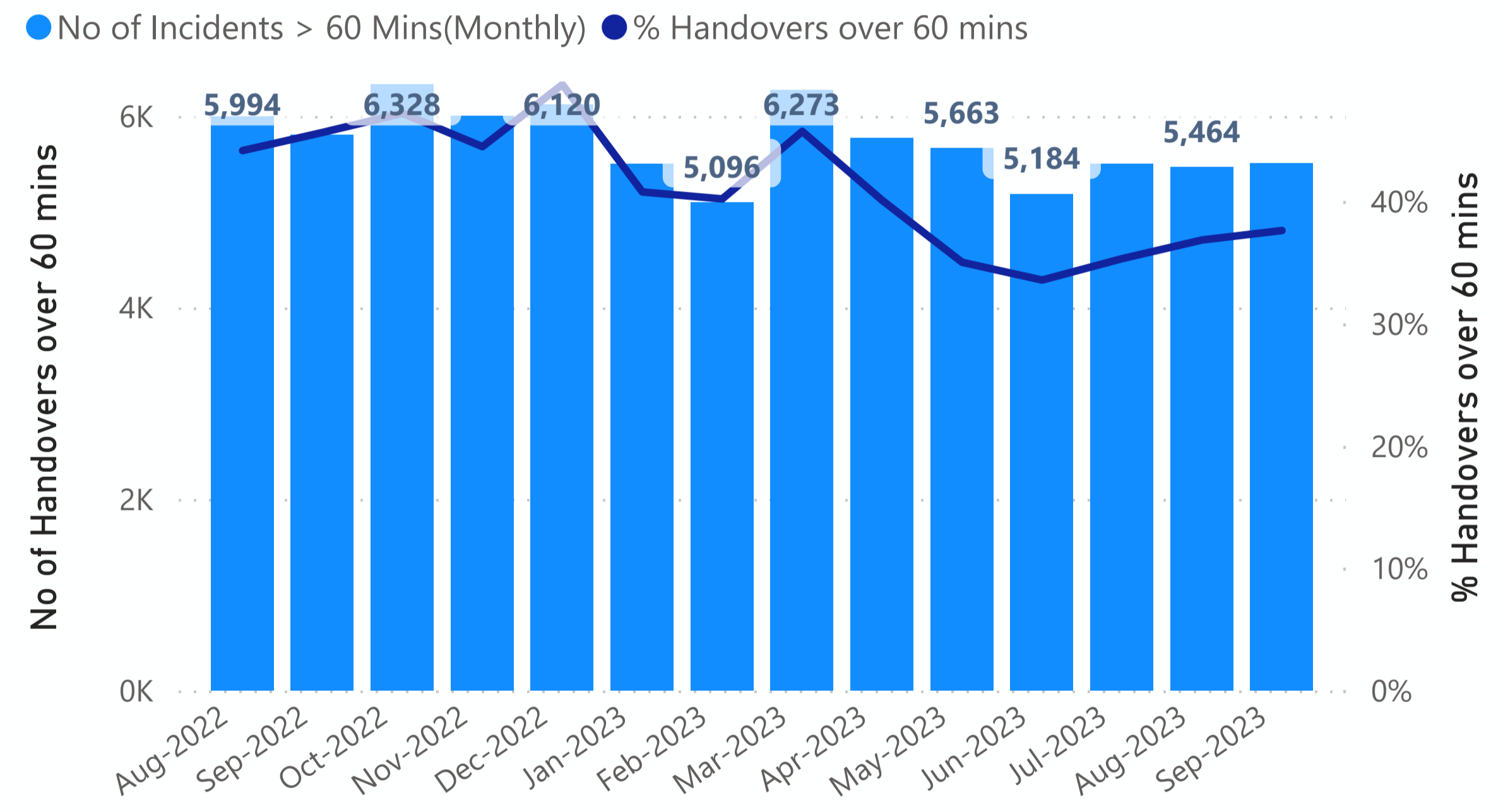
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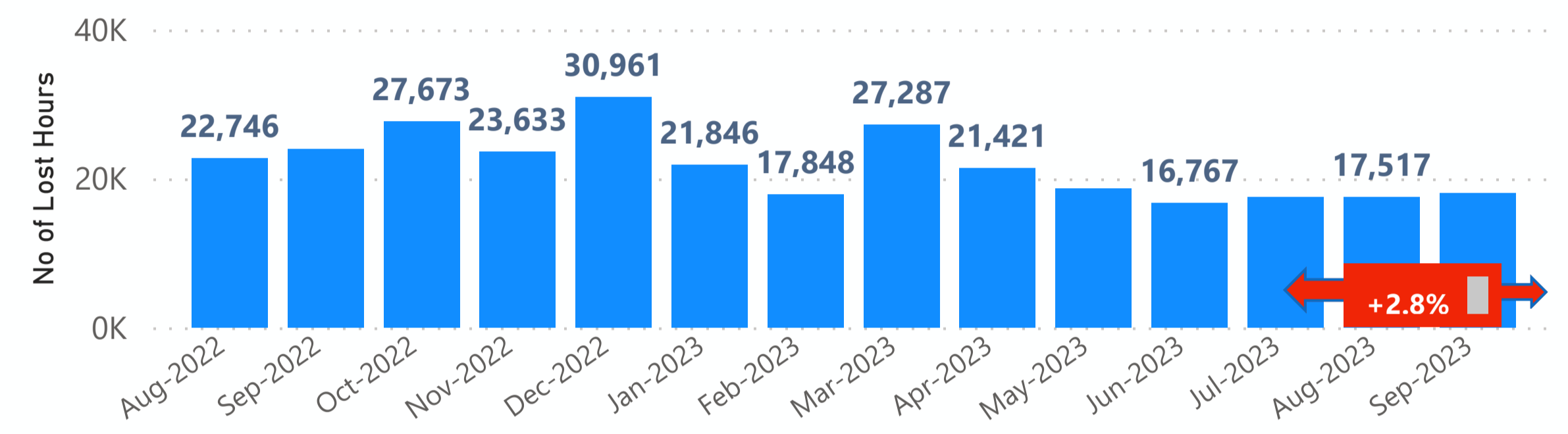
# Performance Report | Handover delays over 60-minutes

The number and % of handovers over 60 minutes have reduced throughout the period shown. The number and % of handovers over 60 minutes were 5.2% and 8% respectively lower in September 2023 as compared to September 2022. Total lost hours over 60 minutes were 24.8% lower for the same period.

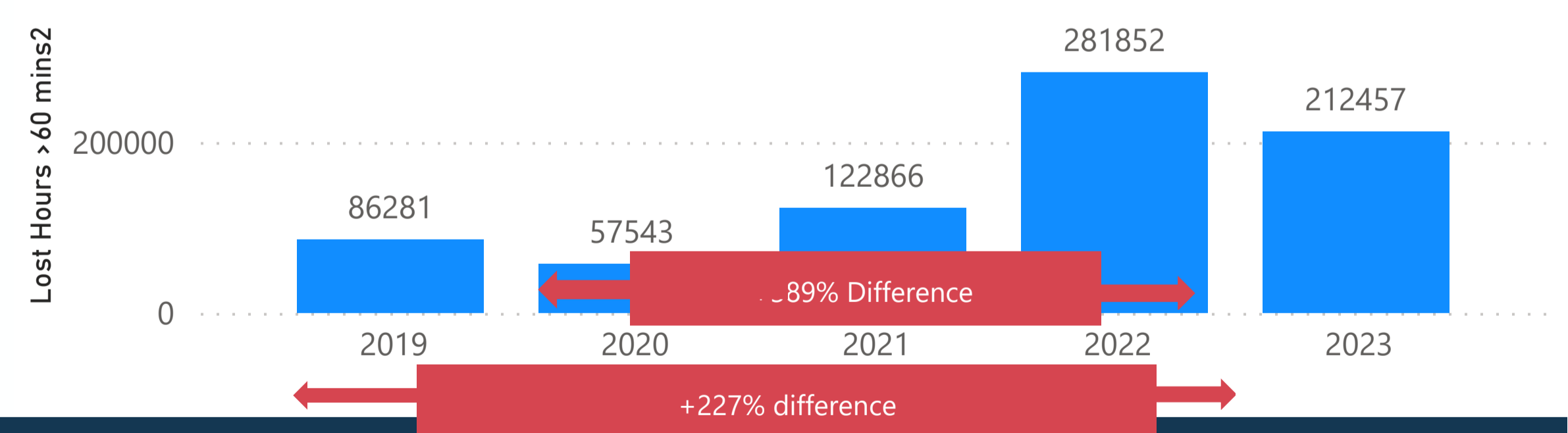
## 16.1 Number of Handovers over 60 minutes



## 16.2 Hours lost for handovers over 60 minutes



## 16.3 Hours Lost for handovers over 60 minutes



Source: Welsh Ambulance Services NHS Trust Data Academy SQL

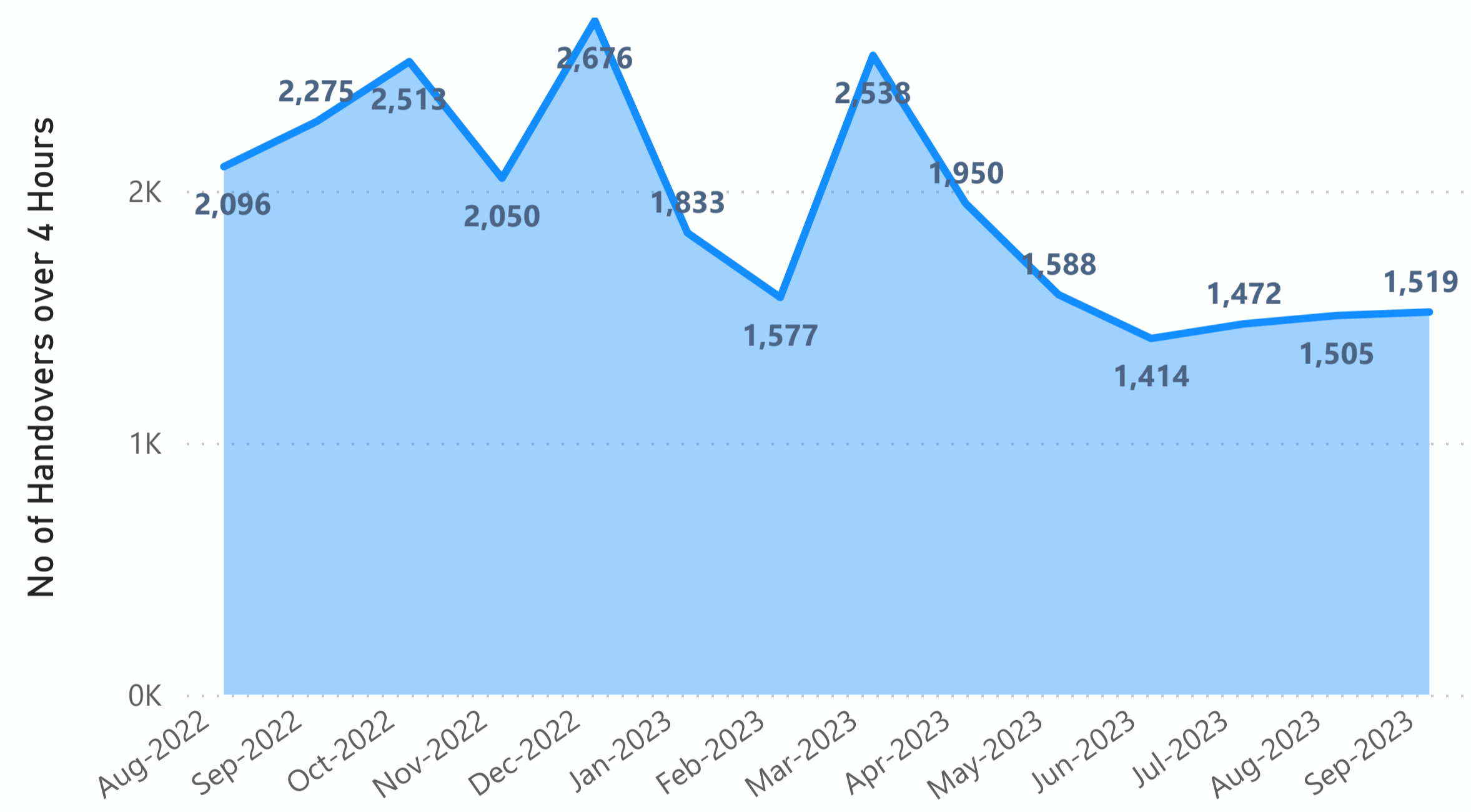
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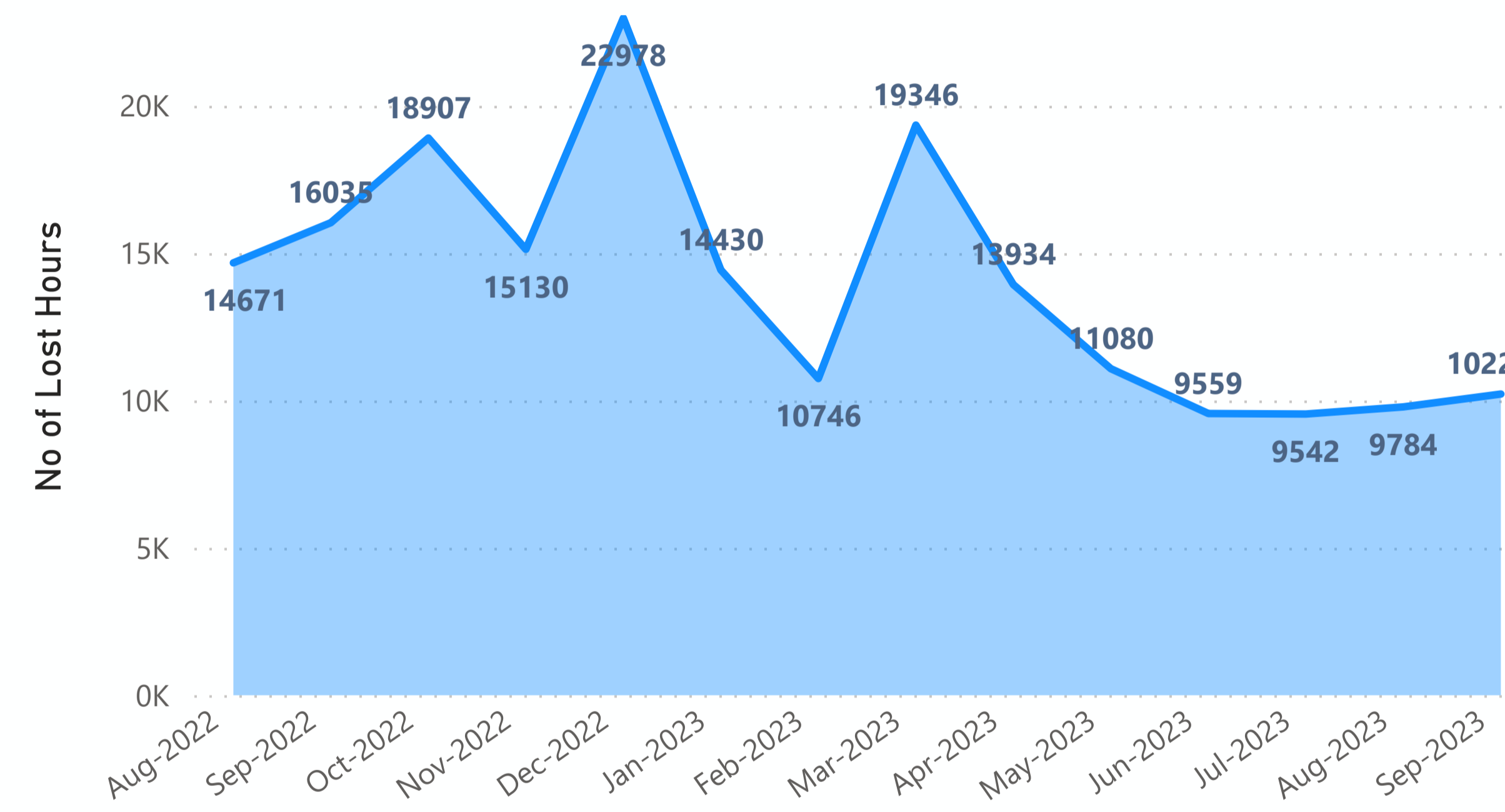
# Performance Report | Handover delays over 4-hours

There is a downward trend for handovers over 4 hours and total lost hours. The number of delays over 4 hours were 33% lower in September 2023 as compared with September 2022, and a 36% reduction in lost hours over 4 hours for the same period.

## 17.1 Number of Handovers over 4 Hours



## 17.2 Hours lost for handovers over 4 Hours



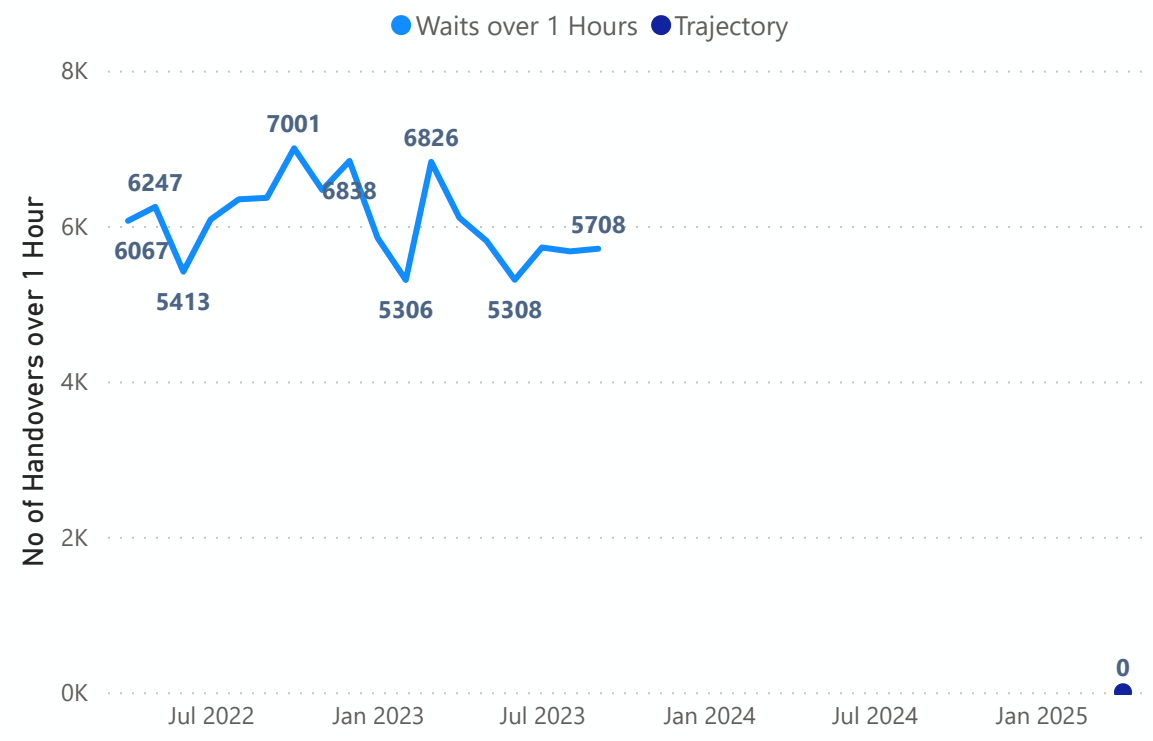
Source: Welsh Ambulance Services NHS Trust Data Academy SQL

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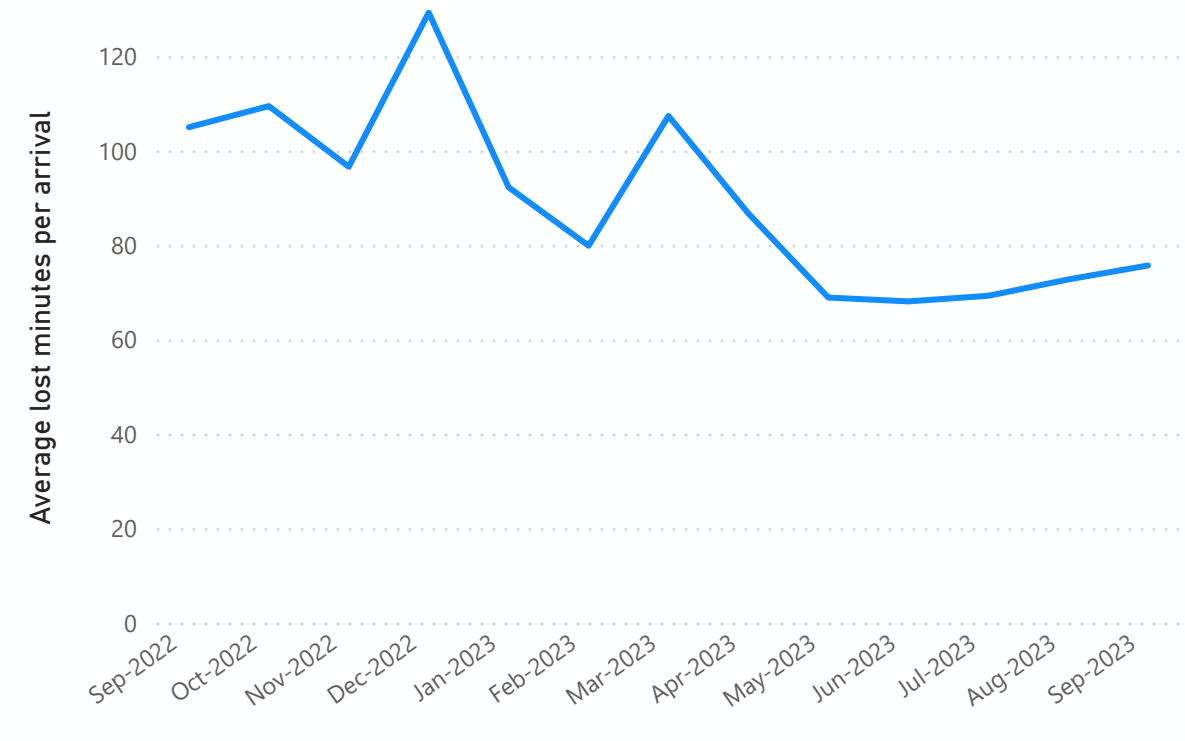
# Performance Report | Trajectory

The number of handovers over 1 hour were 10.3% lower in September 2023 compared to September 2022. Average lost minutes per arrival for September 2023 were 29 minutes lower as compared to September 2022.

## 18.1 1 Hour Trajectory



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



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

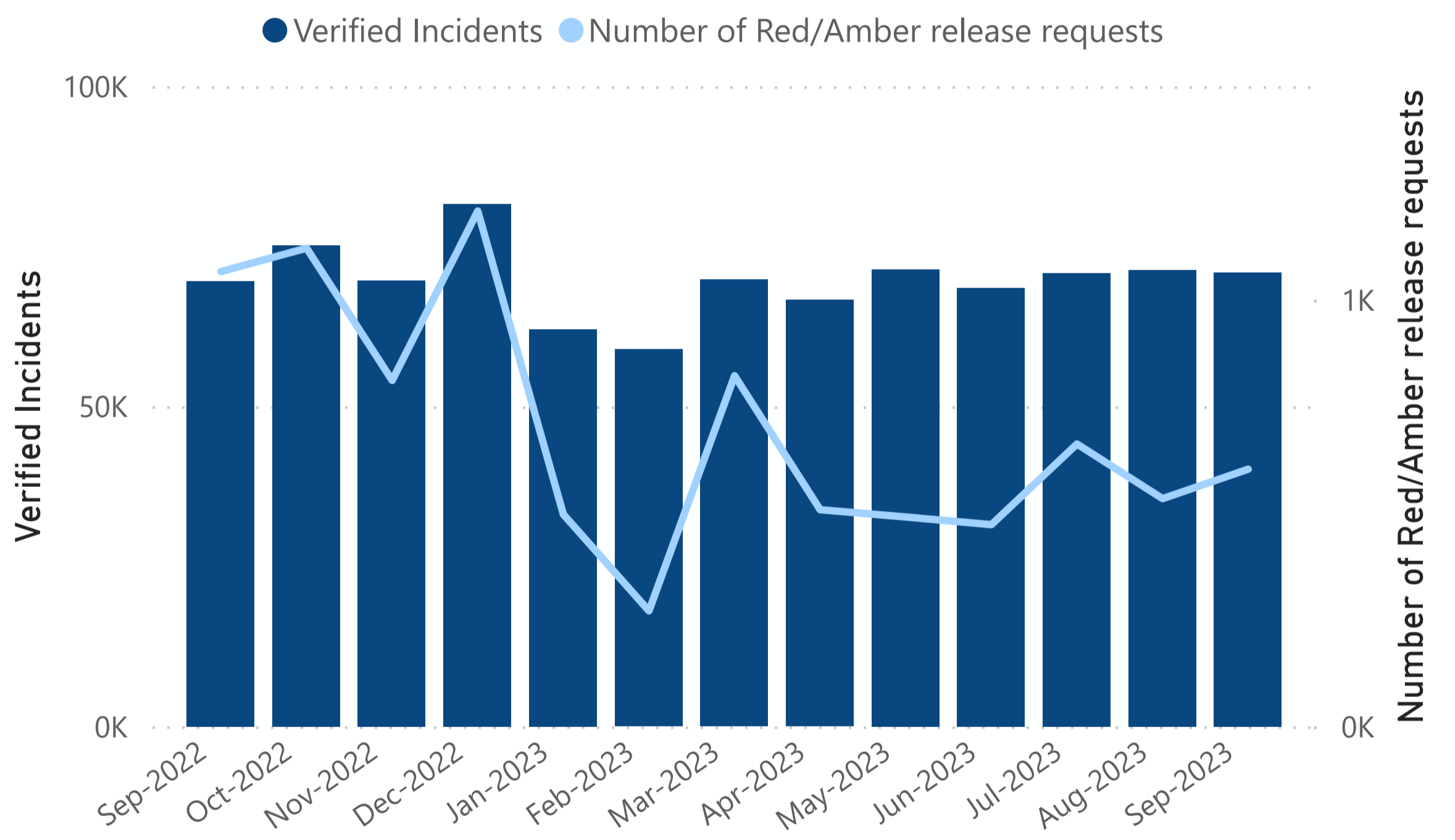
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# Performance Report | RED/AMBER release requests

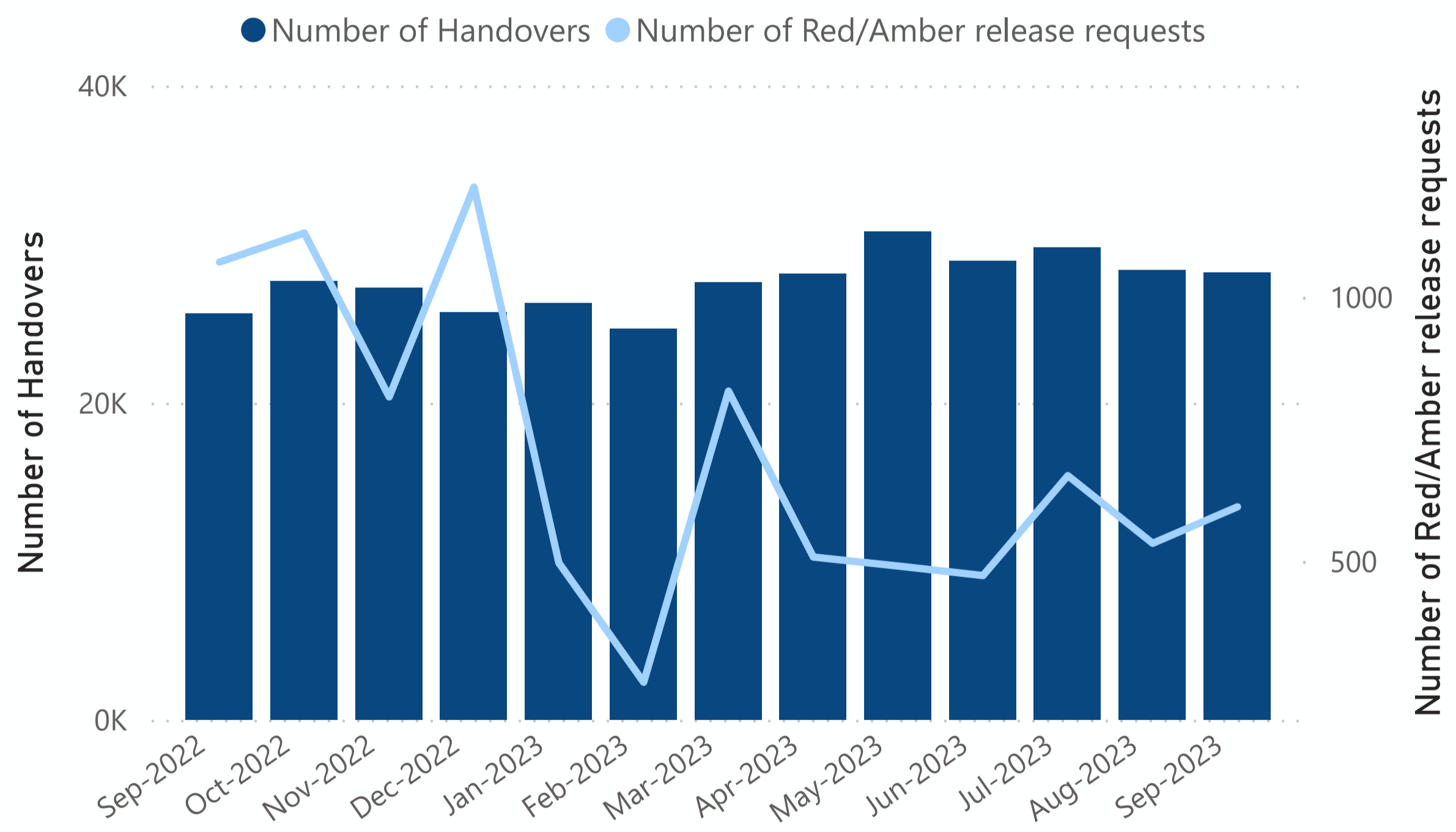


There is a downward trend in both verified incidents and release requests throughout the period. Release requests were 46.2% lower in September 2023 as compared to September 2022. The number of incidents were 1.9% higher and the number of patients handed over were 9.1% higher for September 2023 as compared to September 2022.

## 19.1 Red/Amber Release Request v Verified Incidents



## 19.2 Red/Amber Release Request v Total Handovers



Source: WAST Red/Amber 1 Immediate Release Weekly Update / AQI5 Total number of incidents

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

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# Performance Report | Unit Hour Production (UHP)

Lowest Recorded UHP

## 82.60%

All Wales Latest Month

Average Recorded UHP

## 88.66%

All Wales Latest Month

Highest Recorded UHP

## 97.40%

All Wales Latest Month

Lowest Recorded UHP

## 78.7%

N Wales Latest Month

Lowest Recorded UHP

## 76.3%

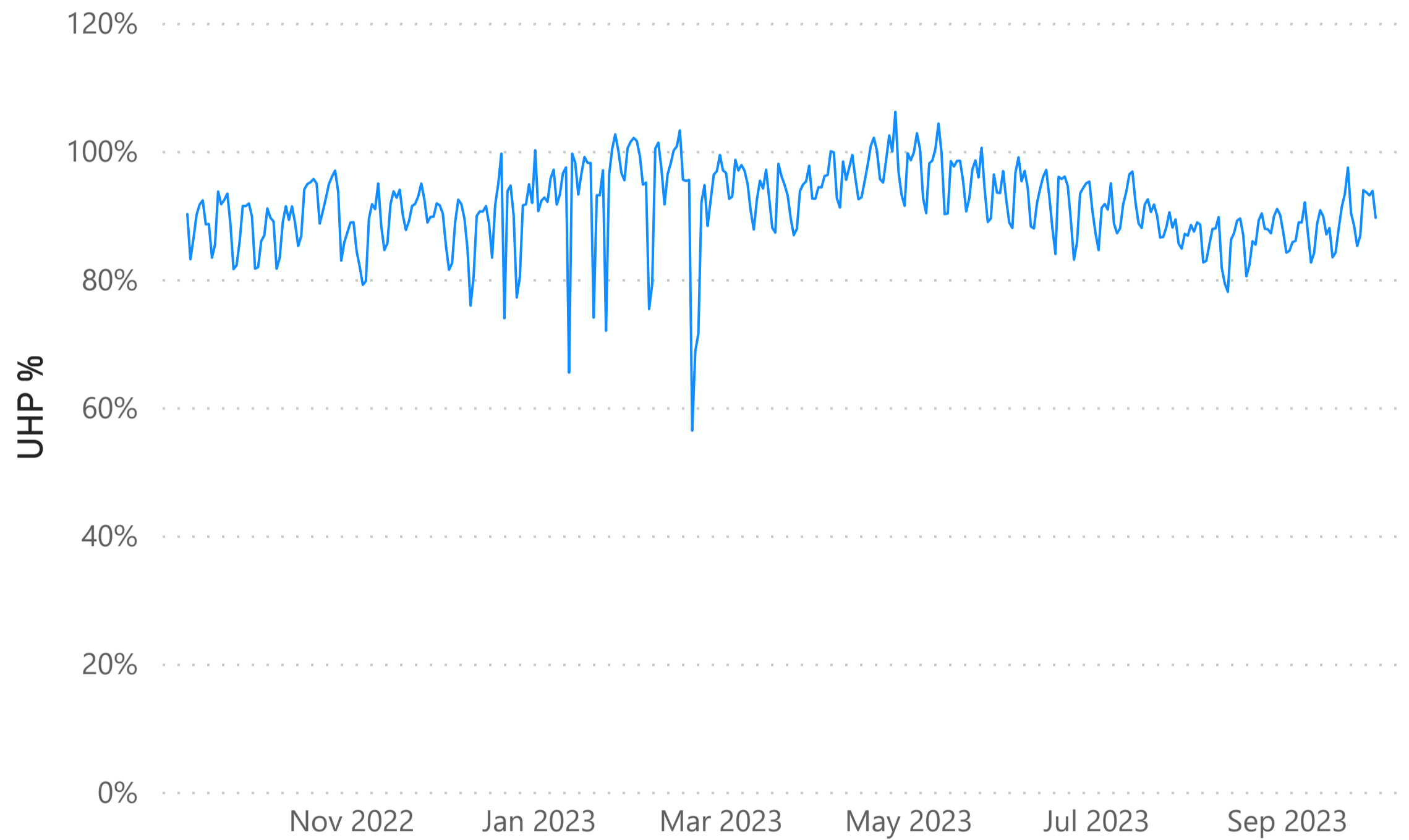
C&W Wales Latest Month

Lowest Recorded UHP

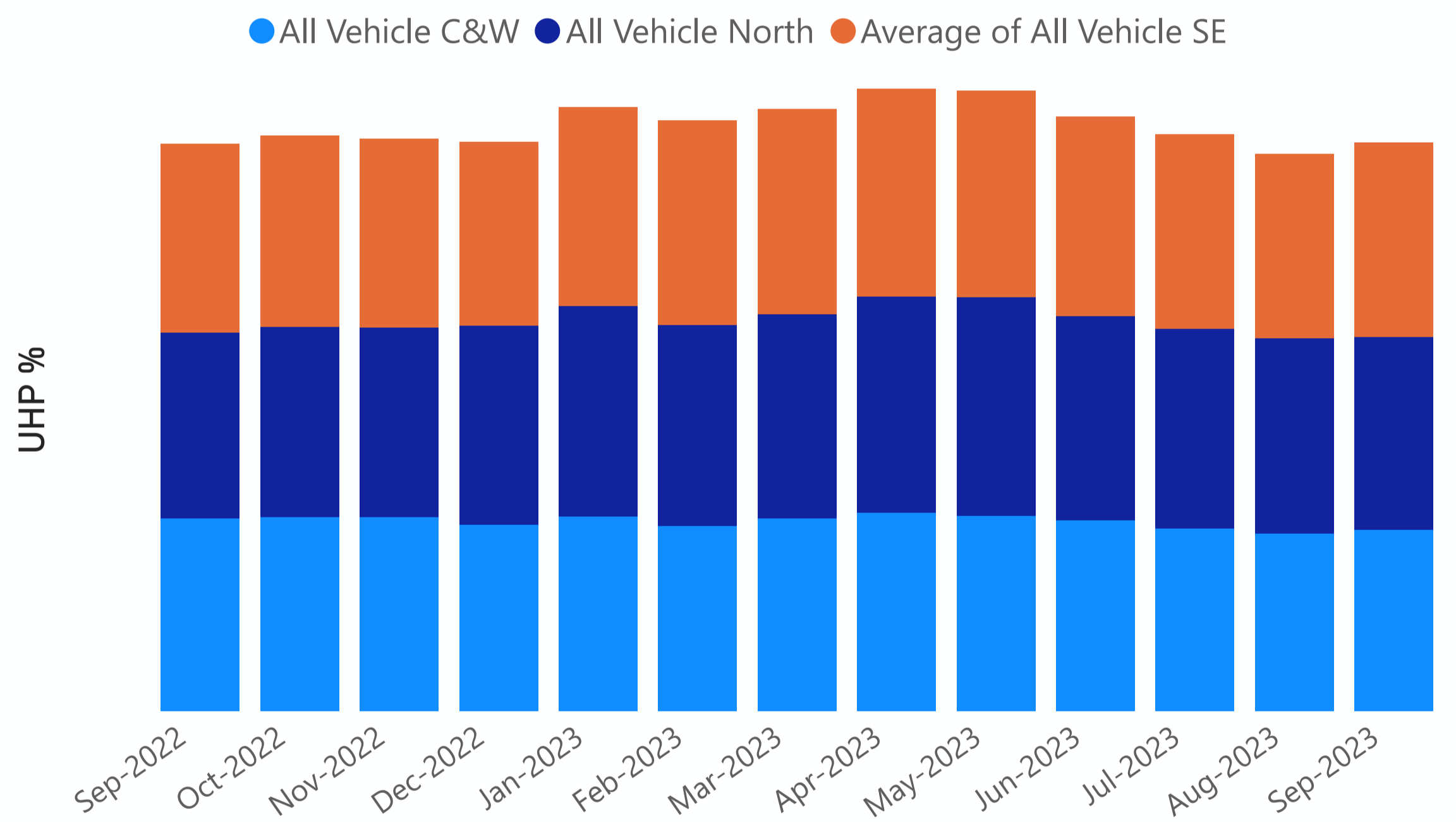
## 83.1%

SE Wales Latest Month

### 20.1 Daily UHP %



### 20.2 Monthly Average UHP % by Area



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

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Services Committee

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# Performance Report | Glossary of Terms

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

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<b>Report Title</b>	<b>Corporate Risk Assurance Framework (CRAF)</b>	<b>Agenda Item</b>	4.2
<b>Meeting Title</b>	<b>Audit &amp; Risk Committee</b>	<b>Meeting Date</b>	19/12/2023
<b>FOI Status</b>	Open/Public		
<b>Author (Job title)</b>	Head of Corporate Governance and Risk and Governance Officer		
<b>Executive Lead (Job title)</b>	Committee Secretary and Associate Director of Corporate Services		

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

Members are asked to:

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

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

## **1.0 SITUATION**

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

## **2.0 BACKGROUND**

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

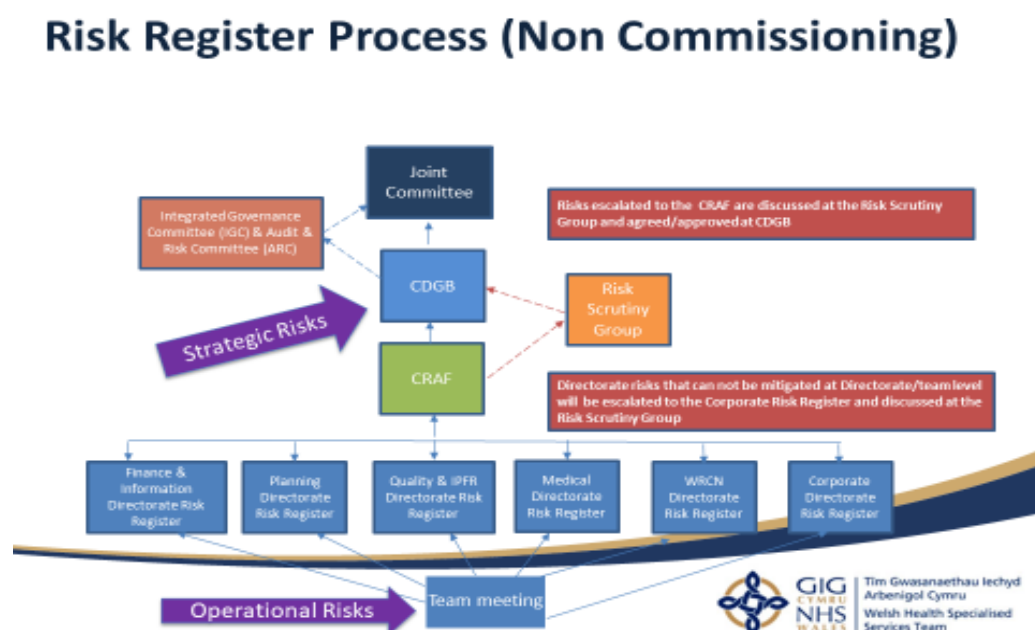
WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF)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

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

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

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

Figure 1 – WHSSC Risk Management Framework



### 3.0 ASSESSMENT

#### 3.1 Risk Summary – October 2023

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

As at 31 October 2023, there are **23** risks on the CRAF. A summary of these risks is outlined below.

#### 3.2 Commissioning Risks – October 2023

There are currently **19** commissioning risks open with a risk score of 15 and above, which are included on the CRAF.

Work continues with the commissioning teams to ensure the following:

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

A summary of the changes that have taken place in October 2023 are outlined in the table below:

Table 1 – Commissioning Risk Summary: October 2023

<b>Commissioning Risk Activity</b>	<b>Update as at October 2023</b>
<b>New Commissioning Risks</b>	No new commissioning risks
<b>Escalated Commissioning Risks</b>	1 risks was escalated. <ul style="list-style-type: none"> <li>• Risk 57 –Neurosurgery bed capacity Delays in surgery due to insufficient theatre beds - neurosurgery.</li> </ul>
<b>De-escalated Commissioning Risks</b>	No risks were de-escalated.
<b>Closed Risks</b>	No risks were closed.

### 3.3 Organisational Directorate Risks – October 2023

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

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

Table 2 – Organisational Risk Summary: October 2023

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

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

## 4.0 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 October 2023.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance
<b>Link to Integrated Commissioning Plan</b>	Implementation of agreed ICP
<b>Health and Care Standards</b>	Safe Care Effective Care Governance, Leadership and Accountability
<b>Principles of Prudent Healthcare</b>	Only do what is needed Reduce inappropriate variation Choose an item.
<b>Institute for HealthCare Improvement Quadruple Aim</b>	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in WHSSC.
<b>Finance/Resource Implications</b>	The risks outlined within this report have resource implications, which are being addressed by each respective Executive Director lead and taken into consideration as part of the WHSSC Integrated Commissioning Plan (ICP) processes.
<b>Population Health</b>	There are no immediate adverse population health implications.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc.)</b>	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.
<b>Long Term Implications (incl. WBFG Act 2015)</b>	The robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC consider the long-term impact of decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	CDGB 6 November 2023
<b>Appendices</b>	Appendix 1 – Corporate Risk Assurance Framework (CRAF) October 2023



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

**October 2023**

**1. Dashboard of Risk**

Impact	5			<p><b>42</b> Referrals for adults with an eating disorder/disordered eating</p> <p><b>49</b> Calea technical issue</p> <p><b>47</b> IF - Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board</p>	<p><b>54</b> NWAS</p>	
	4				<p><b>06</b> Paediatric patients waiting for surgery</p> <p><b>28</b> Workforce and Capacity</p> <p><b>35</b> Bed Capacity Mental Health Patients</p> <p><b>38</b> No neonatal cot availability in South Wales due to staffing shortages</p> <p><b>40</b> Limited outpatient dialysis capacity in Swansea</p> <p><b>44</b> Paediatric cardiac surgery</p> <p><b>50</b> Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</p> <p><b>51</b> Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need</p> <p><b>52</b> Additional Dialysis Sessions</p> <p><b>53</b> C&amp;VUHB Neurosciences Staffing issues/level</p> <p><b>55</b> CVUHB Neo-natal workforce</p> <p><b>56</b> CVUHB Neo-natal infection control</p> <p><b>57</b> Delays in surgery due to insufficient theatre beds Neurosurgery</p>	<p><b>29</b> WHSSC IPFR Governance</p> <p><b>34</b> Lack of paediatric intensive care beds</p> <p><b>26</b> Neuropsychiatry patients waiting times</p> <p><b>48</b> Wales Fertility Institute</p>
	3					<p><b>03</b> Plastic Surgery Delays</p> <p><b>46</b> North Wales Outreach Plastic Surgery Clinic Management Arrangements</p>
	2					
	1					
		1	2	3	4	5
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	<b>Plastic Surgery Delays</b> There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	15	15	6	Risk score remains the same ↔	23/10/23	24/11/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> SBUHB	C3 x L5	C3 x L5	C2 x L3					
6 P/21/10 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Paediatric patients waiting for surgery</b> There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	16	16	4	Risk score remains the same ↔	18/10/23	15/11/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> CVUHB	C4 x C4	C4 x C4	C2 x C2					
26 NCC046 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Neuropsychiatry patients waiting times</b> There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	20	20	4	Risk score remains the same ↔	23/10/2023 Cancelled	27/11/2023	Joint Committee	Director of Mental Health
		<b>Provider/s:</b> CVUHB	C4 x L5	C4 x L5	C4 x L1					
28 CS3 Corporate Services	Workforce and Capacity	<b>Workforce and Capacity</b> There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work	20	16	9	Risk score remains the same ↔	28/10/2023	27/11/2023	Joint Committee	Committee Secretary
		<b>Provider/s:</b> N/A	C5 x L4	C4 x L4	C3 x L3					
29 CS8 Corporate Services / Quality and IPFR	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>WHSSC IPFR ToR and Governance</b> There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.	16	20	4	Risk score remains the same ↔	28/10/2023	27/11/2023	Joint Committee	Director of Nursing/ Committee Secretary
		<b>Provider/s:</b> N/A	C4 x L4	C4 x L5	C2 x L2					
34 P/21/02 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Lack of Paediatric Intensive Care Beds</b> <i>There is a risk</i> that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required <i>due to</i> constraints within the service. <i>There is a consequence</i> that paediatric patients requiring intensive care will be cared for in, inappropriate	12	20	4	Risk score remains the same ↔	18/10/23	15/11/23	Joint Committee	Director of Planning

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
	Population Health	areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.								
		<b>Provider/s:</b> CVUHB	C3 x L4	C4 x L5	C2 x L2					
35 MH/21/06 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Bed Capacity Mental Health Patients</b> <b>There is a risk</b> that mental health patients will be unable to gain a placement <b>due to</b> the lack of available UK beds, which as <b>a consequence</b> may result in inappropriate placement	9	16	6	Risk score remains the same ↔	23/10/2023 Cancelled	27/11/2023	Joint Committee	Director of Mental Health
		<b>Provider/s:</b> SBUHB, BCUHB, NHS England, Independent Sector	C3 x L3	C4 x L4	C3 x L2					
38 P/21/16 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Neonatal Cots</b> <b>There is a risk</b> that there will not be a Neonatal cot available across the south Wales region <b>due to</b> significant neonatal nursing shortages. <b>There is a consequence</b> that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot	16	16	4	Risk score remains the same ↔	18/10/23	15/11/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> CVUHB	C4 x L4	C4 x L4	C2 x L2					
40 WKN 08 Welsh Kidney Network	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Limited outpatient dialysis capacity in Swansea</b> <b>There is a risk</b> that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. <b>As a consequence</b> there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.	12	16	2	Risk score remains the same ↔	28/10/2023	TBC	Joint Committee	Programme Director
		<b>Provider/s:</b> SBUHB	C3 x L4	C4 x L4	C2 x L1					
42 MH/21/15 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Referrals for adults with an eating disorder/disordered eating</b> <b>There is a risk</b> that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. <b>The consequence</b> is that additional placements may be needed, and admissions delayed <b>due to</b> the absence of ED beds in Wales.	15	15	8	Risk score remains the same ↔	23/10/2023 Cancelled	27/11/2023	Joint Committee	Director of Mental Health
		<b>Provider/s:</b> Independent Sector	C5 x L3	C5 x L3	C4 x L2					
44 P/21/19 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Paediatric cardiac surgery</b> <b>There is a risk</b> that paediatric cardiac surgery patients referred to Bristol Children's Hospital, will have longer waits than is clinically appropriate <b>due to</b> lack of availability of a PIC bed within the Bristol Hospital. <b>There is a consequence</b> that the condition of the patient could deteriorate whilst waiting.	16	16	4	Risk score remains the same ↔	18/10/23	15/11/23	Joint Committee	Director of Planning
	:	<b>Provider/s:</b> University Hospital Bristol	C4 x L4	C4 x L4	C2 x L2					
46 CB06 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>North Wales Outreach Plastic Surgery Clinic Management Arrangements</b> There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes.	9	15	4	Risk score remains the same ↔	23/10/23	24/11/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> St Helens and Knowsley NHS Trust & BCUHB	C3 x L3	C3 x L5	C2 x L2					

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
47 IF14 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>CVUHB delivery of IF service</b> <i>There is a risk</i> that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales	20	15	6	Risk score remains the same ↔	16/10/23	27/12/23 Cancelled  Next Review 24/01/24	Joint Committee	Director of Planning & Performance
		Provider: University Hospital of Wales	C5 x L4	C5 x L3	C3 x L3					
48 P/21/20 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Wales Fertility Institute</b> <i>There is a risk</i> the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service <i>due to</i> 7 major concerns identified during a relicensing inspection by HFEA in January 2023. <i>There is a consequence</i> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.	16	20	4	Risk score remains the same ↔	18/10/23	15/11/23	Joint Committee	Director of Planning & Performance
		Provider: SBUHB	C4 x L4	C4 x L5	C2 x L2					
49 IF02 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Calea technical issue</b> <i>There is a risk</i> that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm	8	15	6	Risk score remains the same ↔	16/10/23	27/12/23 Cancelled  Next Review 24/01/24	Joint Committee	Director of Planning & Performance
		Provider: Calea	C4 x L2	C5 x L3	C3 x L2					
50 NCC060 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician</b> There is a risk that patients with Parkinson's disease, tremor and dystonia who have undergone Deep Brain Stimulation at North Bristol NHS Trust do not receive the correct ongoing treatment including medication due to significant delays in communication with the gatekeeper and referring clinicians.	16	16	4	Risk score remains the same ↔	17/10/23	12/12/23	Joint Committee	Director of Planning & Performance
		Provider: North Bristol NHS Trust	C4 x L4	C4 x L4	C2 x L2					
51 NCC061 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need</b> There is a risk that patients with Parkinson's disease, tremor and dystonia who could benefit from Deep Brain Stimulation aren't being referred for assessment and treatment due to a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians.	16	16	4	Risk score remains the same ↔	17/10/23	12/12/23	Joint Committee	Director of Planning & Performance
		Provider: North Bristol NHS Trust	C4 x L4	C4 x L4	C2 x L2					
52 WKN12 Welsh Kidney Network	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Renal Dialysis capacity at BCU: There is a risk</b> that due to the current physical environment of the unit at YGC that additional dialysis sessions will not be able to be accommodated. Mold satellite unit was commissioned to act as the contingency for growth for Wrexham for the next 10 years as well as being able to accept patients from the east of the YGC catchment. BCU has already has to utilise additional capacity at Mold (May/June 23). The financial model at BCUHB creates issues with utilising resources across BCUHB. <b>As a consequence</b> patients may not be able to dialyse in the unit closest to home.	25	16	2	Risk score remains the same ↔	28/10/2023	TBC	Joint Committee	Programme Director & Performance
		Provider: BCUHB	C4 x L4	C4 x L4	C3 x L2					

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
53 NCC062 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>CVUHB Neurosciences Staffing issues/level</b> There is a risk that patients requiring admission to the Inpatient Neuro-rehabilitation Unit (C&VUHB) are unable to access specialist rehabilitation due to considerable staffing pressures as the service has a number of current vacancies which the service are unable to recruit to the posts. The gap in the number of posts that has been commissioned is not meeting the national standards.	16	16	2	Risk score remains the same ↔	17/10/23	12/12/23	Joint Committee	Director of Planning & Performance
		<b>Provider/s:</b> CVUHB	C4 x L4	C4 x L4	C2 x L2					
54 MH/21/16 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>NWAS</b> There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (NWAS)	20	20	8	New Risk added in Sept	23/10/2023 Cancelled	27/11/2023	Joint Committee	Director of Mental Health
		<b>Provider/s:</b> BCUHB	C4 x L5	C4 x L5	C4 x L2					
55 P/21/22 Women & Children	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	<b>CVUHB PICU – workforce</b> There is a risk that neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for, due to the impact of the available workforce within UHW, to support the current intensive care demand. There is a consequence that a neonate may be cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available.	16	16	4	Risk score remains the same ↔	18/10/23	15/11/23	Joint Committee	Director of Planning & Performance
		<b>Provider/s:</b> CVUHB	C4 x L4	C4 x L4	C2 x L2					
56 P/21/23 Women & Children	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	<b>CVUHB PICU – infection control</b> There is a risk that neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of exposure to IP&C issues, whilst safer practice monitoring is being embedded. This is following a recent MRSA outbreak and identification of other organisms within the clinical area. There is a consequence of increased neonatal morbidity, if processes to address these issues are not effectively implemented.	16	16	4	Risk score remains the same ↔	18/10/23	15/11/23	Joint Committee	Director of Planning & Performance
		<b>Provider/s:</b> CVUHB	C4 x L4	C4 x L4	C2 x L2					
57 NCC049 Neurosciences	Impact on the safety of Patient / Staff /Public Safety (Physical/Psychological harm) Population health	<b>Delays in surgery due to insufficient theatre beds</b> <b>There is a risk</b> that patients in south Wales will have their surgery delayed <b>due to</b> insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population <b>with a consequence</b> of deteriorating condition and disease progression. Theatre and bed capacity was reinstated from Sept 2022 close to pre-COVID levels, the service will move towards having a footprint pre-COVID levels. From April 2023, the service will be putting in place measures to deliver 36 week RTT ( ie to pre- covid levels)– pre assessment clinics which are already in place and the additional evening theatre sessions. Neurosurgery bed capacity is still not to pre covid levels and the Neuro CT team will continue to discuss the position at Neuroscience Performance Meetings.	16	16	4	Risk score has increased and added to CRAF ↑	17/10/23	12/12/23	Joint Committee	Director of Planning
		<b>Provider/s:</b> CVUHB	C4 x L4	C4 x L4	C4 x L1					

3 Risk Schedules – Risk on a Page

<b>Risk Ref: 3 Plastic Surgery Delays (CB03)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																						
<b>Risk:</b> There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting >104 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.		<b>Date Added to Register:</b> 26/02/21 (first identified 17/03/14)	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																					
<b>Risk Rating</b> (impact x likelihood)		<b>Risk Rating</b>																						
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		<b>Groups discussed risk during period</b> Commissioning Team 12/12/22 Commissioning Team 30/01/23 Commissioning Team 02/03/23 Commissioning Team 27/03/23 Commissioning Team 17/04/23 Commissioning Team 18/05/23 Commissioning Team 30/06/23 Commissioning Team 28/07/23 Commissioning Team 18/08/23 Commissioning Team 29/09/23 Commissioning Team 23/10/23																						
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Recovery plan requested from SBUHB</li> <li>Continue to monitor progress against the recovery plan</li> <li>Request waiting list data</li> <li>This risk is included within the C&amp;B register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures)</li> <li>Work to change the commissioning model has progressed and approved by Joint Committee</li> <li>The outcome from these workshops i.e. a recommendation that WHSSC establish a project to re-align commissioning responsibilities between WHSSC and Health Boards was approved by Joint Committee in January 2023.</li> <li>A Project initiation Document (PID) is due to go to MG in April 2023 outlining timescales for this project.</li> <li>Monthly escalation level 2 meetings are in place. At the meeting on 28<sup>th</sup> July, a delivery plan was not provided as core theatre sessions were still being balanced internally with other specialties in the prioritisation of capacity. However an action plan for additional activity was presented which included 3 sessions of theatre time per week for hand surgery in the day surgery unit at Singleton starting in Sept 2023. It was subsequently confirmed in a letter to Sian Lewis that SBUHB will not be able to clear the 104 week waiting list within the WG target.</li> <li>Data received from the service which suggests a significant improvement in performance. To be cross-validated with DHCW data. Current delivery plan will still mean there will be &gt;200 breaches of those waiting &gt;104 weeks.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB. <b>Next meeting arranged for Dec 22</b></td> <td>LA-Senior Planner</td> <td>monthly</td> </tr> <tr> <td>To report on progress against the recovery plan at the Cancer &amp; 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). 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<b>Additional comments:</b> 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. May 23 – Further detail on the delivery plan not yet received therefore escalation level not yet reviewed. The PID for the Realignment of Plastic Surgery Commissioning project was approved at MG in April. June 23 – Escalation increased to level 2 (lack of assurance that the delivery plan will achieve WG targets). Monthly performance meetings are in place. A quality visit is planned in August. Oct 23: Cross validation completed. WHSSC’s head of information satisfied with reconciliation of DHCW and SBUHB data. Escalation meeting on 23.10.23: SBU is currently achieving the trajectory set out in the delivery plan for treating patients waiting > 104 wks. The action plan for additional activity is being achieved. WHSSC-SBUHB SLA meeting on 24.10.23: SBU confirmed there will be breaches of 104 weeks at March 2024 as forecast in the delivery plan and that plastics is in the 1% tolerance agreed by SBU with Welsh Government																								

<b>Risk Ref: 6 - Paediatric patients waiting for surgery (P/21/10)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																																				
<b>Risk:</b> There is a risk that paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.		<b>Date Added to Register:</b> 24/02/21 <b>Provider/s:</b> CVUHB	<b>Date last reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																																			
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider</li> <li>This risk is included within the W&amp;C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures).</li> <li>Plan in place for a number of children to be outsourced to NHS England and the Private Sector.</li> <li>Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing.</li> <li>Monthly escalation meetings have been established – first meeting scheduled 26/04.</li> <li>Action plan received against escalation objectives</li> <li>Continue with outsourcing to NHS England and the Private Sector.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: <ul style="list-style-type: none"> <li>Staffing establishment</li> <li>Bed and theatre capacity</li> <li>Assurance on clinical management of patients on WL</li> <li>Recovery trajectory</li> </ul> </td> <td>W&amp;C Planner</td> <td>Quarterly</td> </tr> <tr> <td>Requested information on long waiting patients from provider to support potential outsourcing arrangements.</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Meetings being scheduled with NHS England providers to discuss outsourcing capacity</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested plan from C&amp;V to manage long waiting patients, with clear trajectories and timeframes.</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Requested revised recovery plan further to Joint Committee</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Discussing with local Health Boards scope for mutual aid.</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Place service in escalation Level 3</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Performance Management arrangements to be re-instigated</td> <td>Director of Planning</td> <td>Monthly</td> </tr> <tr> <td>Requested revised trajectories that reach contract baseline as a minimum</td> <td>Director of Planning</td> <td>Complete</td> </tr> <tr> <td>Performance reporting to JC &amp; MG via performance report</td> <td>Director of Planning</td> <td>Monthly</td> </tr> <tr> <td>Triple Escalation meeting to discuss detail and progress against action plan</td> <td>Director of Planning</td> <td>30/11/23</td> </tr> <tr> <td>Executive to Executive meeting scheduled with C&amp;VUHB</td> <td>Director of Planning</td> <td>23/10/23</td> </tr> </tbody> </table>		Action	Lead	Date	Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: <ul style="list-style-type: none"> <li>Staffing establishment</li> <li>Bed and theatre capacity</li> <li>Assurance on clinical management of patients on WL</li> <li>Recovery trajectory</li> </ul>	W&C Planner	Quarterly	Requested information on long waiting patients from provider to support potential outsourcing arrangements.	W&C Planner	Complete	Meetings being scheduled with NHS England providers to discuss outsourcing capacity	W&C Planner	Complete	Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.	W&C Planner	Complete	Requested revised recovery plan further to Joint Committee	W&C Planner	Complete	Discussing with local Health Boards scope for mutual aid.	W&C Planner	Complete	Place service in escalation Level 3	W&C Planner	Complete	Performance Management arrangements to be re-instigated	Director of Planning	Monthly	Requested revised trajectories that reach contract baseline as a minimum	Director of Planning	Complete	Performance reporting to JC & MG via performance report	Director of Planning	Monthly	Triple Escalation meeting to discuss detail and progress against action plan	Director of Planning	30/11/23	Executive to Executive meeting scheduled with C&VUHB	Director of Planning	23/10/23												
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<b>Additional comments:</b> July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place provider confirmed 109 patients waiting between 52 and 104 weeks and 25 patients waiting over 105 weeks. Therefore, risk cannot be reduced. Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged																																																						

<b>Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Mental Health <b>Assuring Committee:</b> Joint Committee																																																																																		
<b>Risk:</b> There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support <i>due to</i> staffing issues. <i>The consequence patients will have</i> long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.		<b>Date Added to Register:</b> 12/02/2020 <b>Moved to MH&amp; VG register July 2021</b>	<b>Date last reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																																																																	
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<b>Additional comments:</b> 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. April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22 <sup>nd</sup> August 23 – Risk score increased due to delays of funding release for Neuro to be revised following discussions around risk assessment verses financial plans September 23 - Risk remains the same – Risk discussed at Commissioning Team 25/9/23 and agreed this risk remains high due to the impact of the Neuropsychiatry CIAG scheme being paused, and the impact on the service as a result. Lack of funding and investment in the service is impacting particularly on staffing with staff turnover and vacancies increasing with the possibility that the current service may have to close due to these staffing issues. October – Meeting was cancelled - Risk remains the same.																																																																																				

<b>Risk Ref: 28 Workforce and Capacity (CS3 / CD01)</b> <b>Risk Domain: Workforce and Capacity</b>		<b>Director Lead: Committee Secretary</b> <b>Assuring Committee: CDGB</b>																																																																												
<b>Risk:</b> There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work.		<b>Date Added to Register: 16.09.21</b>	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																																																											
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>In the long term a workforce strategy will be considered to assist with succession planning and the long term planning risk concerning workforce capacity.</li> <li>An executive OD session held in November 2022 focussed on current and future workforce and organisational development requirements. A short term workforce plan was developed to assist with the immediate issue of resourcing the increasing workforce demand. This is currently being monitored by the CDGB and is being discussed at OD sessions.</li> <li>A number of key strategic pieces of work and a general increase in the number of services has resulted in another significant increase in workloads across the organisation. The number of posts being recruited to has increased significantly over the last few months.</li> <li>There is a lack of depth in workforce resource and cross cover as teams are small and this poses a risk to staff as workloads are increasing. In order to mitigate this in the short terms, workloads should be monitored and work should be prioritised.</li> <li>Some vacancies have arisen within the Finance department and there is a need to review the finance structure to ensure sufficient resource.</li> <li>There continues to be workforce pressures within the WKN due to some staff absences. Work has increased due to Value in Healthcare Programme.</li> <li>WHSSC has been asked to commission new services including Sacral Nerve Stimulation for faecal incontinence in South Wales and Neurophysiology. The workload will be absorbed into existing WHSSC team capacity. A review of the longer terms workload impact will inform the 2024-25 ICP.</li> <li>A review of National Commissioning has now reported and this may have an impact on staffing and resourcing across the organisation going forward. <b>The review recommendations are in the implementation stage.</b></li> <li><b>The recruitment freeze is delaying the recruitment into some posts and this will have an impact on capacity and workloads. E.g. Network Manager resigned, job advertised then pulled by CTM as a consequence of the current embargo on administrative posts.</b></li> <li><b>A joint WHSSC/EASC vacancy panel has been set up and will meet to consider any recruitment requests.</b></li> <li><b>A number of the finance posts have been successfully recruited to and starts dates have been agreed</b></li> <li><b>WKN – temporary solution to the Network Manager role with Assistant Director of Planning providing some support.</b></li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity. <b>COMPLETED</b></td> <td>JE</td> <td>7 September 2021</td> </tr> <tr> <td>Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts. <b>COMPLETED</b></td> <td>JE</td> <td>Oct 2021</td> </tr> <tr> <td>Corporate services team are working with CTMUHB to identify short terms admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams. <b>COMPLETED and since then WHSSC has recruited via the bank and agency to assist with short term recruitment issues.</b></td> <td>JE</td> <td>Oct 2021</td> </tr> <tr> <td>An uplift to the DRC was approved by JC to allow for an additional Corporate resource. 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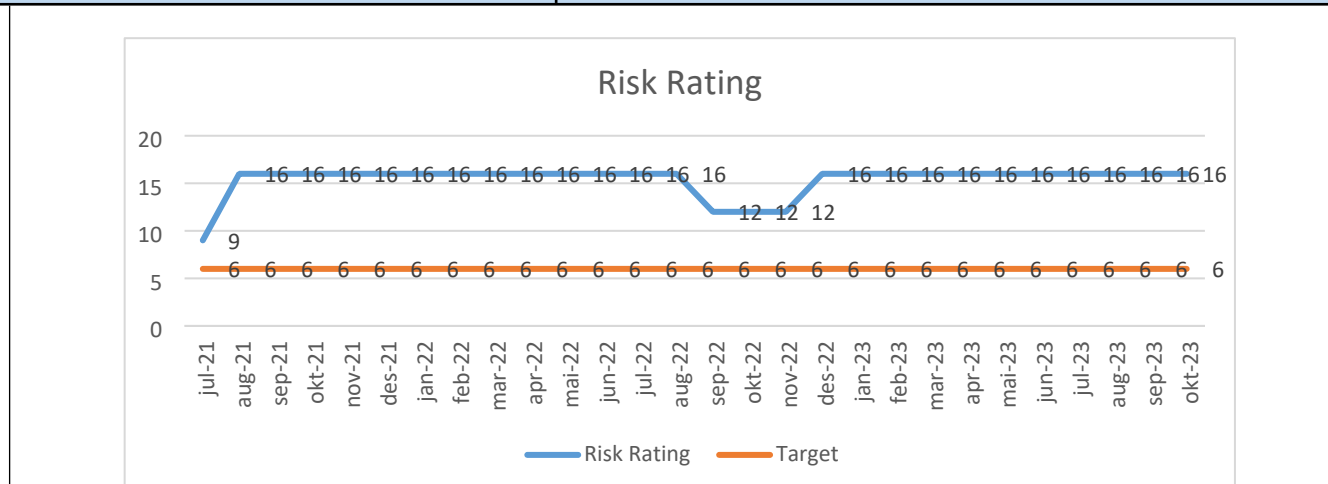
<b>Risk Ref: 29 – WHSSC IPFR ToR &amp; Governance (CS8)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Nursing/Committee Secretary <b>Assuring Committee:</b> Joint Committee																																																																																					
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A response from WG was received on 28 July 2022 confirming agreement for WHSSC to proceed with a review of the WHSSC ToR and a “limited” review of the All Wales IPFR policy. The Joint Committee approved the approach on 6 September 2022.</li> <li>The NHS Wales Board Secretaries Group have been informed of the risk concerning the IPFR panel, and a private briefing session was arranged for them on IPFR governance for 10 June 2022.</li> <li>A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023. This was subsequently extended again to 31 September 2023.</li> <li>The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022.</li> <li>An IPFR stakeholder engagement event to review the WHSSC IPFR panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022.</li> <li>The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March 2023</li> <li>The updated All Wales IPFR Policy was not discussed at the July 2023 JC meeting as issues were raised immediately before the meeting regarding the approval process. Since then it has been agreed that a Task and Finish Group will be formed to finalise the work on the IPFR policy.</li> <li>A paper on the recruitment process for a new Chair was approved in an Extraordinary JC meeting on 1 August 2023. The IPFR Chair position was advertised and interviews were held on 10<sup>th</sup> October 2023. A candidate was appointed and began in post on 1<sup>st</sup> November 2023.</li> <li>The IPFR Task &amp; Finish group met to discuss the ToR and agreement was reached on the outstanding issues. 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<b>Risk:</b> There is a risk that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.		<b>Date Added to Register:</b> 24/02/21  <b>Provider/s:</b> C&VUHB	<b>Date last reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																																			
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demand</li> <li>Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider</li> <li>Completed winter surge plan for 2021/22 which sets out clear escalation management across the South West of England region</li> <li>Received Health Board surge plan for 2022/ 23</li> <li>Reviewed information on adverse incidents have occurred as a consequence of bed availability</li> <li>Discussed Collaborative working between Adult Critical Care and Paediatric Critical Care</li> <li>Health board escalated to level 2 in line with WHSSC escalation framework</li> <li>Health board escalated to level 3 in line with WHSSC escalation framework</li> <li>Offer of increase investment sent to the provider to provide financial support over the winter period</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: <ul style="list-style-type: none"> <li>Refusal rates against SLA</li> <li>Staffing establishment</li> <li>Implementation of investment</li> <li>Commissioned bed availability</li> </ul> </td> <td>W&amp;C Planner</td> <td>Quarterly</td> </tr> <tr> <td>Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.</td> <td>W&amp;C</td> <td>Quarterly</td> </tr> <tr> <td>Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.</td> <td>W&amp;C planner</td> <td>Complete</td> </tr> <tr> <td>Requested action plan against the escalation objectives</td> <td>W&amp;C planner</td> <td>Complete</td> </tr> <tr> <td>Development of plan to formally commission High Dependency to stabilise the overall unit</td> <td>W&amp;C planner</td> <td>31/03/24</td> </tr> <tr> <td>Triple Escalation meeting to discuss detail and progress against action plan</td> <td>W&amp;C planner</td> <td>30/11/23</td> </tr> <tr> <td>Executive to Executive meeting scheduled with C&amp;VUHB</td> <td>Director of Planning</td> <td>23/10/23</td> </tr> </tbody> </table>		Action	Lead	Date	Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including: <ul style="list-style-type: none"> <li>Refusal rates against SLA</li> <li>Staffing establishment</li> <li>Implementation of investment</li> <li>Commissioned bed availability</li> </ul>	W&C Planner	Quarterly	Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.	W&C	Quarterly	Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.	W&C planner	Complete	Requested action plan against the escalation objectives	W&C planner	Complete	Development of plan to formally commission High Dependency to stabilise the overall unit	W&C planner	31/03/24	Triple Escalation meeting to discuss detail and progress against action plan	W&C planner	30/11/23	Executive to Executive meeting scheduled with C&VUHB	Director of Planning	23/10/23																											
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<b>Additional comments:</b> June 22 – Quarterly Assurance meeting has not taken place since last update (May 22) July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place 18 <sup>th</sup> July 2022 we were notified a number of refusals in quarter 1 as a result of staff shortages Dec 22 – As service has been in a period of surge throughout December the risk score has increased. July 23 - W&C Commissioning team reviewed the risk which remains unchanged. Aug 23 – W&C commissioning Team reviewed the risk which remains unchanged Sept 23 - W&C commissioning Team reviewed the risk which remains unchanged. Service escalation increased to Level 3 due to limited progress on the action plan objectives, the daily dashboard returns deviate from nursing standards and the high refusal rates when they are not at capacity due to work force issues. Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged																																																						

<b>Risk Ref: 35 Bed Capacity Mental Health Patients (MH/21/06)</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>	<b>Director Lead:</b> Director of Mental Health <b>Assuring Committee:</b> Joint Committee
<b>Risk: There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement</b>	<b>Date Added to Register:</b> 24/02/21
	<b>Provider/s:</b> SBUHB, BCUHB, NHS England, Independent Sector
<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023	

Risk Rating  
(impact x likelihood)

Initial	3x3	9
<b>Current</b>	<b>4x4</b>	<b>16</b>
Target	3x2	6



**Groups discussed risk during period**

- Commissioning Team 24/10/22
- Commissioning Team 19/12/22
- Commissioning Team 23/01/23
- Commissioning Team 27/02/23 – Cancelled
- Commissioning Team 27/03/23
- Commissioning Team 24/04/23
- Commissioning Team 22/05/23
- Commissioning Team 26/06/23
- Commissioning Team 27/07/23
- Commissioning Team 29/08/23
- Commissioning Team 25/09/23
- Commissioning Team 23/10/23 - Cancelled

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

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

**What actions should we take:**

Action	Lead	Date
Secure work stream is being considered under the mental health strategy.	Senior Planning Manager	Completed
Secure Services considered in its entirety under the MH strategy	Senior Planning Manager	April 24
Review demand and capacity report when received.	Director of Mental Health/ Senior Planning Manager	October 2023

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

<b>Risk Ref: 38 – Neo neonatal cot availability in South Wales due to staffing shortages ( P/21/16)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee																			
<b>Risk:</b> There is a risk that there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. <b>There is a consequence</b> that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot.		<b>Date Added to Register:</b> 26/07/2022  <b>Provider/s:</b> ABUHB, CTMUHB, CVUHB, HDUHB, SBUHB	<b>Date last reviewed by:</b> Joint Committee – 18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee – 24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																		
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC are attending (the scheduled) SITREP meeting(s), hosted by the Maternity and Neonatal Network where the neonatal unit and maternity position is discussed. The daily SITREP meetings continue to take place, these meetings still show significant fragility within the system, and despite the cot work progressing there will be a lead in time before this will help.</li> <li>Notified Welsh Government and (WHSSC/Health Board) Directors of Nursing of current risk.</li> <li>Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates and staffing numbers.</li> <li>New cot day tariff implemented, overall investment of over £5m for the South &amp; West Wales</li> <li>Letter issued to chief nursing officer and national clinical director highlighting system concern</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position:               <ul style="list-style-type: none"> <li>Refusal rates and reasons for declined admissions</li> <li>Staffing establishment</li> <li>Adverse incidents / near misses as a consequence of closing cots and / or working over capacity</li> </ul> </li> </ul> </td> <td>Planning Manager</td> <td>Quarterly</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.</li> </ul> </td> <td>Head of Quality WHSSC</td> <td>Completed</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>WHSSC to arrange a workforce workshop</li> <li>Meetings with each provider to discuss implementation of cot re-configuration</li> </ul> </td> <td>Planning Manager</td> <td>31/08/23</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Follow up meeting to discuss progress and next steps</li> </ul> </td> <td>Associate Medical Director</td> <td>           AB UHB - 25/10/23            C&amp;V UHB - 25/10/23            CTM UHB - TBC            HD UHB – 28/09/23            SB UHB - 08/09/23         </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Next steps of the new neonatal cot configuration - All Health Boards</li> </ul> </td> <td>Associate Medical Director</td> <td>06/12/23</td> </tr> </tbody> </table>		Action	Lead	Date	<ul style="list-style-type: none"> <li>Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position:               <ul style="list-style-type: none"> <li>Refusal rates and reasons for declined admissions</li> <li>Staffing establishment</li> <li>Adverse incidents / near misses as a consequence of closing cots and / or working over capacity</li> </ul> </li> </ul>	Planning Manager	Quarterly	<ul style="list-style-type: none"> <li>The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.</li> </ul>	Head of Quality WHSSC	Completed	<ul style="list-style-type: none"> <li>WHSSC to arrange a workforce workshop</li> <li>Meetings with each provider to discuss implementation of cot re-configuration</li> </ul>	Planning Manager	31/08/23	<ul style="list-style-type: none"> <li>Follow up meeting to discuss progress and next steps</li> </ul>	Associate Medical Director	AB UHB - 25/10/23 C&V UHB - 25/10/23 CTM UHB - TBC HD UHB – 28/09/23 SB UHB - 08/09/23	<ul style="list-style-type: none"> <li>Next steps of the new neonatal cot configuration - All Health Boards</li> </ul>	Associate Medical Director	06/12/23
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<b>Risk Ref: 40 Limited outpatient dialysis capacity in Swansea (WKN 08)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Programme Director, WKN <b>Assuring Committee:</b> WKN Board																																																																															
<b>Risk:</b> There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence, there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.		<b>Date Added to Register:</b> 14/12/22 <b>Provider/s</b> SBUHB	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																																																														
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility.</li> <li>Active home haemodialysis programme to ease the pressure until expansion of existing resource is established.</li> <li>Procurement process for retender of existing units and establishment of two new units commenced Jan 2021.</li> <li>The funding release was agreed by the JC in January 2023 but there are awaiting WG sign-off. Any delays in the process has a knock on effect to the operational date of the two new builds.</li> <li>Procurement supported by WG. Contract awarded</li> <li>Implementation programme commenced</li> <li>New units in place</li> <li>NB risk score will not reach target until new units are in place and therefore additional capacity is available Risk will need to be tolerated until then.</li> <li>WKN has provided funding for a Project Manager role in SBU to support the implementation of the project/programme</li> <li><b>Funding release to assist with new equipment, consumables as per the new contract</b></li> </ul>		<b>What actions should we take:</b> <table border="1" style="width: 100%;"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Completion of procurement process. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.</td> <td>SBUHB SRO/WKN Manager</td> <td>Complete Contract awarded</td> </tr> <tr> <td>Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.</td> <td>SBUHB SRO/WKN Manager</td> <td>Contract awarded Implementation Programme started 12 month programme September 2023</td> </tr> <tr> <td>Increase opportunity for home dialysis.</td> <td>Home Dialysis Clinical Lead/WKN Manager.</td> <td>Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 December 2022</td> </tr> <tr> <td>Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.</td> <td>WKN Manager/WKN Finance Manager/ WHHSC Director</td> <td>Complete</td> </tr> <tr> <td>Implementation Programme for new dialysis units in place</td> <td>WKN Deputy Manager</td> <td>Complete</td> </tr> <tr> <td>New units in place</td> <td>WKN</td> <td><b>September 2024</b></td> </tr> </tbody> </table>		Action	Lead	Date	Completion of procurement process. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.	SBUHB SRO/WKN Manager	Complete Contract awarded	Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.	SBUHB SRO/WKN Manager	Contract awarded Implementation Programme started 12 month programme September 2023	Increase opportunity for home dialysis.	Home Dialysis Clinical Lead/WKN Manager.	Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 December 2022	Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.	WKN Manager/WKN Finance Manager/ WHHSC Director	Complete	Implementation Programme for new dialysis units in place	WKN Deputy Manager	Complete	New units in place	WKN	<b>September 2024</b>																																																									
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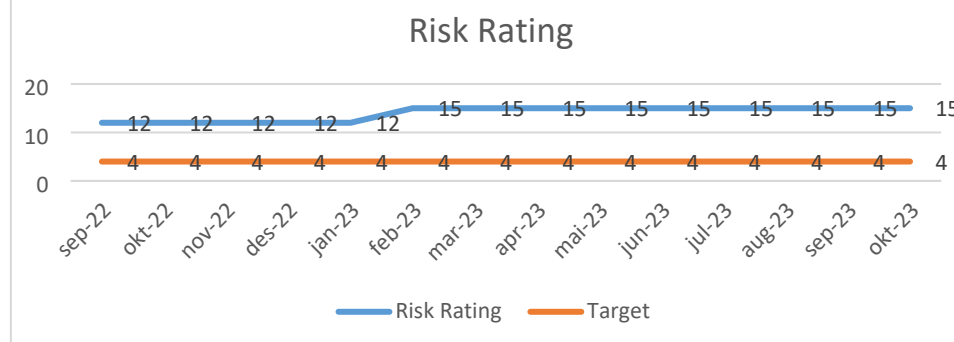
<b>Risk Ref: 42 Referrals for adults with an eating disorder/disordered eating (MH/21/15)</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>		<b>Director Lead:</b> Director of Mental Health <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																																							
<b>Risk: There is a risk</b> that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. <b>The consequence</b> is that additional placements may be needed, and admissions delayed <b>due to</b> the absence of ED beds in Wales.		<b>Date Added to Register:</b> 28/09/22 <b>Provider/s:</b> Independent Sector	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																																						
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Interim Contract in place</li> <li>WHSSC are pursuing two avenues in order to secure an Inpatient Eating Disorders Service in Wales, one involving an independent provider being placed on the National Collaborative Commissioning Unit (NCCU) Framework and the second via a tendering process currently being developed and supported by Legal Advisors.</li> <li>Discussions ongoing with potential unit within Wales outcome anticipated in October this risk will be reviewed at that time.</li> <li>Discussions with Cheshire &amp; Wirral Partnership for North-Wales patients are in progress.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Secure alternative contract following notice given for NHS England contract</td> <td>Senior Planner/Shane Mills</td> <td>Complete</td> </tr> <tr> <td>Medium Term solution to be discussed and implemented - A paper is being presented to the March JC 2023.</td> <td>Senior Planner / Shane Mills</td> <td>April 23</td> </tr> <tr> <td>Tender process is under development.</td> <td>DOM/H</td> <td>October 2023</td> </tr> <tr> <td>Discussions ongoing with potential unit within Wales and Cheshire and Wirral Partnership for North Wales.</td> <td>DOM/H</td> <td>October 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Secure alternative contract following notice given for NHS England contract	Senior Planner/Shane Mills	Complete	Medium Term solution to be discussed and implemented - A paper is being presented to the March JC 2023.	Senior Planner / Shane Mills	April 23	Tender process is under development.	DOM/H	October 2023	Discussions ongoing with potential unit within Wales and Cheshire and Wirral Partnership for North Wales.	DOM/H	October 2023																																							
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<b>Additional comments:</b> Sept 22 – Risk added December 22 – Risk score agreed and added January 22 – This risk relates to the current interim situation for the commissioning of Adult ED beds whilst a medium term solution is being sought through the appointment of a tender to provide ED Adult services for the next 2-3 years from April 23. The longer term options will be considered via the MH Strategy. March 23 – Risk score remains the same April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22 <sup>nd</sup> July 23 – Risk remains the same August 23 – Discussions ongoing with potential unit within Wales outcome anticipated in October this risk will be reviewed at that time September 23 – Remains the same as above and potential discussions with Cheshire & Wirral Partnership for North Wales patients this risk will be reviewed in October October – meeting was cancelled – risk remains the same																																																									

<b>Risk Ref: 44 Paediatric cardiac surgery (P/21/19)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																											
<b>Risk:</b> <i>There is a risk</i> that paediatric cardiac surgery patients will have longer waits than is clinically appropriate <i>due to</i> lack of availability of a PIC bed. <i>There is a consequence</i> that the condition of the patient could deteriorate whilst waiting.		<b>Date Added to Register:</b> 24/01/23 <b>Provider/s:</b> University Hospital Bristol	<b>Date Last Reviewed by:</b> Joint Committee – 18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee – 24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																										
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Fortnightly report requested from Bristol Children’s Hospital requesting detail on patient waits, steps taken to reschedule and management plan.</li> <li>Meeting with clinical team in Bristol took place to understand the mitigations, agreed trajectories will be provided</li> <li>Health board escalated to level 3 in line with WHSSC escalation framework</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Arrange meeting with Bristol Children’s Hospital</td> <td>W&amp;C Planner</td> <td>Complete</td> </tr> <tr> <td>Trajectories for patients breaching waiting list standards to be shared with WHSSC.</td> <td>W&amp;C Planner</td> <td>31/05/23</td> </tr> <tr> <td>Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.</td> <td>W&amp;C Planner</td> <td>Fortnightly</td> </tr> <tr> <td>Formally write to Bristol Childrens to seek formal assurance on planned trajectories</td> <td>W&amp;C Planner</td> <td>complete</td> </tr> <tr> <td>Meeting scheduled with Bristol Childrens’ Hospital to discuss outsourcing</td> <td>W&amp;C Planner</td> <td>complete</td> </tr> <tr> <td>Requested action plan from provider to address escalation objectives</td> <td>W&amp;C Planner</td> <td>31/10/23</td> </tr> </tbody> </table>		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	31/05/23	Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.	W&C Planner	Fortnightly	Formally write to Bristol Childrens to seek formal assurance on planned trajectories	W&C Planner	complete	Meeting scheduled with Bristol Childrens’ Hospital to discuss outsourcing	W&C Planner	complete	Requested action plan from provider to address escalation objectives	W&C Planner	31/10/23																					
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<b>Additional comments:</b> Sept 23 – W&C commissioning Team reviewed the risk which remains unchanged. Escalation due to concerns with the time patients are waiting for surgery. CDGB agreed that the service should be in escalation level 3. Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged																																													

<b>Risk Ref: 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements (CB06)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance	
<b>Risk:</b> There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes	<b>Date Added to Register:</b> 09/09/22	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023
	<b>Provider/s:</b> St Helens and Knowsley NHS Trust & BCUHB	

Risk Rating  
(impact x likelihood)  
**Score to be agreed**

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



**Groups discussed risk during period**

- Commissioning Team 12/12/22
- Commissioning Team 30/01/23
- Commissioning Team 02/03/23
- Commissioning Team 27/03/23
- Commissioning Team 17/04/23
- Commissioning Team 18/05/23
- Commissioning Team 30/06/23
- Commissioning Team 28/07/23
- Commissioning Team 18/08/23
- Commissioning Team 29/09/23
- Commissioning Team 23/10/23

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

- BCUHB has established a Task & Finish Group to address the issue including colleagues from St Helen's & Knowsley.
- WHSSC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at SH&K.
- WHSSC has written formally to BCUHB to raise the concerns around the management of the outreach clinics and seek clarity on the reporting and accountability arrangements in the health board for the Task & Finish Group.
- BCUHB to report to WHSSC on progress of the T&F Gp at the interface planning meeting and the SLA meeting.
- It has been agreed that Welsh Government will lead the escalation of the management of the plastic surgery outreach clinics as a part of their wider escalation of the dermatology service in north Wales.
- Concern was expressed that progress appears to have slowed. It was noted that escalation is being taken forward within the Welsh Government special measures process rather than the WHSSC escalation process. WHSSC continues to engage through fortnightly meetings with Welsh Government and participation on the Task & Finish Group led by BCUHB.

**What actions should we take:**

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

**Additional comments:**

Feb 23 – The C&B team agreed to raise the risk score to 3x5=15 to reflect the lack of progress to date in transferring waiting list management to SHK, the delay in commencing the patient review and further risks raised by SHK NHST at the SLA meeting.  
 May 23 – The commissioning team noted that the patient harm review is approximately 50% complete with all patients requiring review being offered appointments. Task & Finish Group in progress and meeting fortnightly. Welsh Government special measures for BCUHB includes plastic surgery. Risk remains until completion of harm review and SLA in place for the outreach clinics.  
 June 23 – It was noted that WHSSC DoP attends fortnightly meetings with WG and BCUHB. WHSSC also attends the fortnightly Task & Finish Group.  
 July 23 – position unchanged: work continues via the T&F Group to address the issues. Escalation via the meeting with WG and BCUHB.  
 Aug 23 – Concern was expressed that progress appears to have slowed but position remains unchanged and work continues via the T&F Group to address the issues. Escalation via the meeting with WG and BCUHB.  
 Sept 23 – the Task & Finish Group continues its work and remains within the WG escalation process. Action plan being implemented but position remains unchanged.  
 Oct 23: No change to risk level. T& F Gp update: Timeline provided for completion of patient reviews – report expected by end of November (firstly for BCU QPSC and then to WHSSC QPSC). Demand & capacity assessment nearly completed. SLA between BCU and MWL drafted.

<b>Risk Ref: 47 Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board (IF14)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																		
<b>Risk:</b> There is a risk that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales.		<b>Date Added to Register:</b> 17/05/23  Provider: Cardiff and Vale University Health Board	<b>Date Last Reviewed by :</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																	
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Provision of Intestinal Failure service escalated to CDGB May 2023 and Chief Executive at CVUHB</li> <li>Written to CVUHB for a formal position</li> <li>Confirmation October 23 that IF lead consultant for the service will be leaving soon to work in another Health Board area</li> <li>Highlighted and advised the Quality Patient Safety Committee (October 23)</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>           Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB that the sustainability of the service is being reviewed. Consultant post currently advertised.             Further discussion will be had in the Service Assurance meeting on the 24/10/23         </td> <td>Medical Director/ Assistant Director of Planning</td> <td>October 2023</td> </tr> </tbody> </table>		Action	Lead	Date	Consultant cover in the Intestinal Failure service has become unsustainable and requires accelerated action for assurance of sustained delivery. Assurance received from CVUHB that the sustainability of the service is being reviewed. Consultant post currently advertised.  Further discussion will be had in the Service Assurance meeting on the 24/10/23	Medical Director/ Assistant Director of Planning	October 2023																											
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<b>Additional comments:</b> May 23 - Commissioning Team reviewed the risk and agreed it remains the same score until further information received from the service. June 23 – Commissioning Team reviewed the risk and confirmed confirmation had been received re: CVUHB provision of IF services. The team agreed to lower the score from 20 to 15 but for the risk to remain on the CRAF until actions had been formally agreed. July 23 – Meeting was cancelled, therefore score remains the same August 23 – group noted that an update was awaited from the Tertiary Services Oversight Group, however that assurance had been given by the clinical board that patients were continuing to receive care, and from the CEO letter there remains a commitment to deliver the service. October 23 – Commissioning team agreed risk actions and reviewed the score, which remains the same																																				

<b>Risk Ref: 48</b> Wales Fertility Institute (WFI) <b>P/21/20</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																		
<p><b>There is a risk</b> the Wales Fertility Institute (WFI) in Neath &amp; Port Talbot Hospital are not providing a safe and effective service <b>due to</b> concerns with regards to the information flows from the service into WHSSC; late submission of contract monitoring which does not reconcile with finance returns.</p> <p><b>There is a consequence</b> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.</p>		<b>Date Added to Register:</b> 16/05/23  <b>Provider/s:</b> SBUHB	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																	
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Received the report from the HFEA to support monitoring</li> <li>Requested action plan from the service to improve against the concerns identified by the HFEA.</li> <li>WHSSC attendance at SBUHB monthly Gold Command meeting attended 27/06/23</li> <li>Service escalated to level 3 formally requested action plan</li> <li>Executive to Executive action plan submitted to WHSSC</li> <li>Contents of Action Plan agreed.</li> </ul>	<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Requested HFEA report from WFI</td> <td>Head of Quality WHSSC</td> <td>Complete</td> </tr> <tr> <td>Requested Action plans from WFI based on HFEA report</td> <td>Head of Quality WHSSC</td> <td>complete</td> </tr> <tr> <td>Formal recommendation to CDGB to escalate service to level 3</td> <td>Assistant Specialised Planner WHSSC</td> <td>Complete</td> </tr> <tr> <td>Contract monitoring, MDS and RTT are due each month on 18th, these have been requested by WHSSC Information and planning last requested 16/05/23</td> <td>Assistant Specialised Planner WHSSC</td> <td>18/07/23</td> </tr> <tr> <td>Escalation meetings to be established and held monthly</td> <td>Assistant Specialised Planner WHSSC</td> <td>10/10/23</td> </tr> <tr> <td>Quality visit at WFI Neath Port Talbot and Cardiff sites</td> <td>Assistant Specialised Planner WHSSC</td> <td>14/11/23</td> </tr> </tbody> </table>			Action	Lead	Date	Requested HFEA report from WFI	Head of Quality WHSSC	Complete	Requested Action plans from WFI based on HFEA report	Head of Quality WHSSC	complete	Formal recommendation to CDGB to escalate service to level 3	Assistant Specialised Planner WHSSC	Complete	Contract monitoring, MDS and RTT are due each month on 18th, these have been requested by WHSSC Information and planning last requested 16/05/23	Assistant Specialised Planner WHSSC	18/07/23	Escalation meetings to be established and held monthly	Assistant Specialised Planner WHSSC	10/10/23	Quality visit at WFI Neath Port Talbot and Cardiff sites	Assistant Specialised Planner WHSSC	14/11/23												
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<b>Additional comments:</b> May 23 – New Risk – SBUHB escalated to Gold Command based on the HEFA report which identified 7 major concerns. June 23 - W&C Commissioning team reviewed the risk which remains unchanged. July 23 - W&C Commissioning team reviewed the risk which remains unchanged. Aug 23 – W&C Commissioning Team reviewed the risk, with the HFEA inspection and the HB reporting service fragility the risk score has increased to 20 Sept 23 - W&C Commissioning team reviewed the risk which remains unchanged Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged																																				

<b>Risk Ref: 49 Calea technical issue (IF02)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																											
<b>Risk:</b> There is a risk that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm		<b>Date Added to Register:</b> 19/01/22 <b>Provider:</b> Calea	<b>Date Last Reviewed by:</b> Joint Committee –18 July 2023 Risk Scrutiny Group – 20 July 2023 Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																																										
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC received notice of Implementation of Contingency Strategy from Calea 15.06.23 and further update received 11.09.23</li> <li>CDGB members, Intestinal Failure Lead and CVUHB Clinical Team notified of issues and actions taken to date.</li> <li>Calea are putting additional measures in place to avoid prolonging the impact on patients.</li> <li>Regular review meetings between Calea and procurement (acting on our behalf) are in place.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023. <b>Additional contingency strategies with deliveries commenced on the 18/09/23.</b></td> <td>Tracey Prothero/Jennifer Tresilian</td> <td>Weekly</td> </tr> <tr> <td>The contingencies include:               <ul style="list-style-type: none"> <li>Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2-week period, (in agreement with clinical teams)</li> <li>Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bags</li> <li>Outsourcing some manufacturing</li> <li>Continuing with overtime whenever possible</li> </ul> <b>These combined measures will allow Calea to reduce the backlog and resume full service to patients as quickly as possible. Calea will work closely with the Health Board to ensure that the most vulnerable patients will not be affected.</b> </td> <td></td> <td></td> </tr> <tr> <td>Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.</td> <td>Tracey Prothero</td> <td>Weekly</td> </tr> </tbody> </table>		Action	Lead	Date	Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023. <b>Additional contingency strategies with deliveries commenced on the 18/09/23.</b>	Tracey Prothero/Jennifer Tresilian	Weekly	The contingencies include: <ul style="list-style-type: none"> <li>Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2-week period, (in agreement with clinical teams)</li> <li>Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bags</li> <li>Outsourcing some manufacturing</li> <li>Continuing with overtime whenever possible</li> </ul> <b>These combined measures will allow Calea to reduce the backlog and resume full service to patients as quickly as possible. Calea will work closely with the Health Board to ensure that the most vulnerable patients will not be affected.</b>			Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.	Tracey Prothero	Weekly																														
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<b>Risk Ref: 50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician (NCC060)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																									
<b>Risk:</b> There is a risk that patients with Parkinson’s disease, tremor and dystonia who have undergone Deep Brain Stimulation at North Bristol NHS Trust do not receive the correct ongoing treatment including medication due to significant delays in communication with the gatekeeper and referring clinicians.		<b>Date Added to Register:</b> 25.7.23  <b>Provider:</b> North Bristol NHS Trust	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																								
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC and the gatekeeper met with the service on the 31<sup>st</sup> May 2023 and are meeting with the service on the 21<sup>st</sup> September 2023.</li> <li>Clinical safety concerns when alterations to medication and FP10 prescriptions are provided to patients in the absence of communicating this change to the primary caring team in south Wales have been raised.</li> <li>WHSSC have had internal discussions and are working with the gatekeeper</li> <li>A Welsh single point of contact had been established for NBT</li> <li>Re-instated the south Wales DBS gatekeeper attendance at the weekly Multi-disciplinary team (MDT) meeting</li> <li>NBT to develop a Standing Operating procedure that covers both outpatient and discharge communication</li> <li>Expression of Interest Statement has been published on the WHSSC website – 30/10/23 to to formally commission a Functional Neurosurgical service for complex movement disorders including Deep Brain Stimulation (DBS) for the South Wales population. Closing date 10<sup>th</sup> November 2023.</li> <li>Meeting arranged with the South Wales Gatekeeper 31<sup>st</sup> October 2023 to discuss next steps.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Met with North Bristol team on the 31<sup>st</sup> of May 2023 to understand the risks.</td> <td>Planning Manager/Quality Manager</td> <td>Quarter 1</td> </tr> <tr> <td>Meeting with the North Bristol team on the 21<sup>st</sup> September 2023 postponed, meeting to be re-arranged.</td> <td>Planning Manager</td> <td>Quarter 2</td> </tr> <tr> <td>October 2023 - A letter has been sent to Bristol to inform them that the resultant actions intended to address the identified risks – including a written pathway and a Standard Operating Procedure have not been delivered to the required standard. Next Steps WHSSC has instigated the designated provider process. An expression of interest statement has been published on the WHSSC website – 30/10/2023 to formally commission a Functional Neurosurgical service for complex movement disorders including Deep Brain Stimulation (DBS) for the South Wales population. The EOI will close on 10<sup>th</sup> November 2023. The Designated Provider information will be shared with the potential providers who will be required to submit a proposal by 15<sup>th</sup> December 2023.</td> <td>Planning Manager</td> <td>Quarter 4</td> </tr> </tbody> </table>		Action	Lead	Date	Met with North Bristol team on the 31 <sup>st</sup> of May 2023 to understand the risks.	Planning Manager/Quality Manager	Quarter 1	Meeting with the North Bristol team on the 21 <sup>st</sup> September 2023 postponed, meeting to be re-arranged.	Planning Manager	Quarter 2	October 2023 - A letter has been sent to Bristol to inform them that the resultant actions intended to address the identified risks – including a written pathway and a Standard Operating Procedure have not been delivered to the required standard. Next Steps WHSSC has instigated the designated provider process. An expression of interest statement has been published on the WHSSC website – 30/10/2023 to formally commission a Functional Neurosurgical service for complex movement disorders including Deep Brain Stimulation (DBS) for the South Wales population. The EOI will close on 10 <sup>th</sup> November 2023. The Designated Provider information will be shared with the potential providers who will be required to submit a proposal by 15 <sup>th</sup> December 2023.	Planning Manager	Quarter 4												
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<b>Additional comments:</b> July 23 - Following discussion at the July 25 <sup>th</sup> 2023 Commissioning Team meeting it was agreed the risk should be added to the Neurosciences Risk Register scheme will be presented to CIAG prioritisation on the 10 <sup>th</sup> of August 2023 August 23 - Risk reviewed and score remains the same September 23 - Risk reviewed and score remains the same October 23 – Risk reviewed and score remains the same																											

<b>Risk Ref 51 - Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need (NCC061)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																
<b>Risk:</b> There is a risk that patients with Parkinson’s disease, tremor and dystonia who could benefit from Deep Brain Stimulation aren’t being referred for assessment and treatment due to a lack of awareness of eligibility criteria and potential to benefit amongst referring clinicians		<b>Date Added to Register:</b> 25.7.23  <b>Provider:</b> North Bristol NHS Trust	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023															
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC and the gatekeeper met with the service on the 31<sup>st</sup> May 2023 and are meeting with the service on the 21<sup>st</sup> September 2023</li> <li>WHSSC have had internal discussions and are working with the gatekeeper</li> <li>A Welsh single point of contact had been established for NBT</li> <li>Re-instated the south Wales DBS gatekeeper attendance at the weekly Multi-disciplinary team (MDT) meeting</li> <li>Expression of Interest Statement has been published on the WHSSC website – 30/10/23 to formally commission a Functional Neurosurgical service for complex movement disorders including Deep Brain Stimulation (DBS) for the South Wales population. Closing date 10<sup>th</sup> November 2023.</li> <li>Meeting arranged with the South Wales Gatekeeper 31<sup>st</sup> October 2023 to discuss next steps.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Met with North Bristol team on the 31<sup>st</sup> of May 2023 to understand the risks.</td> <td>Planning Manager/Quality Manager</td> <td>Quarter 1</td> </tr> <tr> <td>Meeting with the North Bristol team on the 21<sup>st</sup> September 2023 postponed, meeting to be re-arranged.</td> <td>Planning Manager</td> <td>Quarter 2</td> </tr> <tr> <td>October 2023 - A letter has been sent to Bristol to inform them that the resultant actions intended to address the identified risks – including a written pathway and a Standard Operating Procedure have not been delivered to the required standard. Next Steps WHSSC has instigated the designated provider process. An expression of interest statement has been published on the WHSSC website – 30/10/2023 to formally commission a Functional Neurosurgical service for complex movement disorders including Deep Brain Stimulation (DBS) for the South Wales population. The EOI will close on 10<sup>th</sup> November 2023. The Designated Provider information will be shared with the potential providers who will be required to submit a proposal by 15<sup>th</sup> December 2023.</td> <td>Planning Manager</td> <td>Quarter 4</td> </tr> </tbody> </table>		Action	Lead	Date	Met with North Bristol team on the 31 <sup>st</sup> of May 2023 to understand the risks.	Planning Manager/Quality Manager	Quarter 1	Meeting with the North Bristol team on the 21 <sup>st</sup> September 2023 postponed, meeting to be re-arranged.	Planning Manager	Quarter 2	October 2023 - A letter has been sent to Bristol to inform them that the resultant actions intended to address the identified risks – including a written pathway and a Standard Operating Procedure have not been delivered to the required standard. Next Steps WHSSC has instigated the designated provider process. An expression of interest statement has been published on the WHSSC website – 30/10/2023 to formally commission a Functional Neurosurgical service for complex movement disorders including Deep Brain Stimulation (DBS) for the South Wales population. The EOI will close on 10 <sup>th</sup> November 2023. The Designated Provider information will be shared with the potential providers who will be required to submit a proposal by 15 <sup>th</sup> December 2023.	Planning Manager	Quarter 4			
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<b>Additional comments:</b> Following discussion at the July 25 <sup>th</sup> 2023 Commissioning Team meeting it was agreed the risk should be added to the Neurosciences Risk Register scheme will be presented to CIAG prioritisation on the 10 <sup>th</sup> of August 2023 August 23 - Risk reviewed and score remains the same September 23 - Risk reviewed and score remains the same October 23 – Risk reviewed and score remains the same																		

**Risk Ref: 52 Additional Dialysis Sessions (WKN 12)**  
**Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)**  
 Risk Appetite Level:

**Director Lead:** WKN Programme Director  
**Assuring Committee:** Joint Committee Reviewed Assurance

**Risk: Dialysis capacity at Glan Clwyd Unit:** There is a risk that due to the current physical environment of the unit that additional dialysis sessions will not be able to be accommodated. As a consequence patients may not be able to dialyse in the unit closest to home.

**Date Added to Register:** 04/05/21

**Date Last Reviewed by:**  
 Quality Patient Safety Committee – 23 October 2023  
 CTMUHB Audit & Risk Committee – 24 October 2023  
 Integrated Governance Committee – 25 October 2023  
 CDGB – 11 September 2023

Risk Rating  
(impact x likelihood)

Initial	5x5	25
<b>Current</b>	<b>4x4</b>	<b>16</b>
Target	2x1	2



**Groups discussed risk during period**

June 23 WHSSC/BCU provider meeting  
 July 5<sup>th</sup> 2023 WKN National QPS & Performance Assurance meeting  
 July 26<sup>th</sup> 2023 WKN Monthly Team meeting  
 August 25<sup>th</sup> 2023 Joint meeting with BCU CEO/Medical Director, WKN Exec and Clinical leadership

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

- Ongoing discussion with provider regarding possible options for refurbishment/expansion.
- Six day patient transport service now available.
- Risk narrative has been changed to include the BCU position as a whole as this is the commissioning agreement.
- Formal letter issued to IHC Director for YGC regarding renal capacity 18.05.23
- Formal letter issued to CEO & Medical Director of BCU regarding Serious Concerns raised as part of the Peer Review Process for Unit Dialysis with BCU 15.06.23

**What actions should we take:**

Action	Lead	Date
Review of obligations under contract to determine liability for costs of refurbishment/expansion	BCUHB Directorate Manager/ WKN Manager	April 23
Refurbishment of dialysis unit at YGC to accommodate a dedicated training area for Home Haemodialysis being completed. Expected to be operational by April 23	BCUHB Directorate Manager/ WKN Manager	April 2023
Review of patient residence to ensure all are dialysing in centre closest to home now additional transport capacity is available.	BCUHB Directorate Manager/ WKN Manager	April 23
Escalate through the WHSSC performance management structure within the WHSSC/BCU interfacing meeting	WKN Exec Lead	June 23
Meeting to take place with BCU CEO & Medical Director to discuss the BCU organisational structure which currently limits flexibility across the 3 Integrated Health Communities (IHC) and the ability of the north Wales services to meet demand	BCU CEO Exec/WHSSC Exec/WKN Management Team including Clinical and QPS lead	August/Sept 2023


**Additional comments:**  
 March 23 – The WKN core team discussed the risk and agreed the score remains the same  
 July 23 – Risk discussed in QPS, issues that have arisen from the lack of inability to flex the resources across Pan wide BCU organisational structure, which currently limits flexibility across the 3 IHCs and the ability of the north Wales services to meet demand, and the intervention required has resulted in the risk being increased from 12 to 16.  
 September 23 – Points addressed in joint meeting on 25.08.23, full suite of Peer reviews to be sent through to CEO. Risk remains the same.

<b>Risk Ref 53 C&amp;VUHB Neurosciences Staffing issues/level (NCC062)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning & Performance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																						
<b>Risk:</b> There is a risk that patients requiring admission to the Inpatient Neuro-rehabilitation Unit (C&VUHB) are unable to access specialist rehabilitation due to considerable staffing pressures as the service has a number of current vacancies which the service are unable to recruit to the posts. The gap in the number of posts that has been commissioned is not meeting the national standards		<b>Date Added to Register:</b> 30.8.23  <b>Provider:</b> Cardiff and Value University Health Board	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																					
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC quality team have met with C&amp;VUHB Neurosciences lead nurse on the 02/08/2023 to discuss the staffing issues/level.</li> <li>Receiving quarterly repatriation delay information and will have further discussions at the Neuroscience Performance meetings</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>WHSSC has met with the C&amp;VUHB team to understand the risks.</td> <td>Planning Manager/Quality Manager</td> <td>Quarter 2</td> </tr> <tr> <td>The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by WHSSC CDGB in January 2024.</td> <td>Planning Manager</td> <td>Quarter 4</td> </tr> </tbody> </table>		Action	Lead	Date	WHSSC has met with the C&VUHB team to understand the risks.	Planning Manager/Quality Manager	Quarter 2	The concerns raised by the Rehabilitation team will be addressed in the Rehabilitation Strategy which is due for consideration by WHSSC CDGB in January 2024.	Planning Manager	Quarter 4												
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<b>Additional comments:</b> August 23 - WHSSC have met with C&VUHB to discuss the staffing issues/level. The quality team met with Neurosciences lead nurse on the 02/08/2023. September 23 - Risk reviewed and score remains the same October 23 – Risk reviewed and score remains the same – further discussions will take place with the Commissioning Team and at the Dec Neurosciences Performance meeting.																								

<b>Risk Ref: 54 CAHMS Environment and Workforce (MH/23/16)</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>		<b>Director Lead: Director of Mental Health</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																			
<b>Risk: <i>There is a risk</i></b> that tier 4 providers for CAMHS cannot meet the service specification <b>due to</b> environmental and workforce issues, <b>with a consequence that</b> children could abscond/come to harm. (NWAS)		<b>Date Added to Register: 25/09/23</b>  <b>Provider/s: BCUHB</b>	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee – 24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																		
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Target	4x2	8																			
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okt-23	20	8																			
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Requested assurance from the unit regarding safety of the patients</li> <li>The WHSSC DON has escalated the concerns to the EDON BCUHB and as a consequence a meeting with The Head of Area Nursing BCUHB took place on Monday 16th October. A number of further incidents were raised at the CAMHS Bed Bureau on the 19th October and a further meeting has been organised for 6th November with the Director of Transformation to discuss the issues and actions being taken by the Health Board. The WHSSC DON will also ensure that the urgency of this issue is further escalated to the Executive Team within BCUHB via their EDON.</li> </ul>	<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Unit have recorded and escalated this risk within BCUHB</td> <td>BCUHB</td> <td>October 2023</td> </tr> <tr> <td>Meeting arranged for 6<sup>th</sup> November 2023 between WHSSC and BCUHB</td> <td>WHSSC</td> <td>November 2023</td> </tr> </tbody> </table>			Action	Lead	Date	Unit have recorded and escalated this risk within BCUHB	BCUHB	October 2023	Meeting arranged for 6 <sup>th</sup> November 2023 between WHSSC and BCUHB	WHSSC	November 2023									
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<b>Additional comments:</b> September 23 NEW RISK ADDED- There is an issue with the doors at NWAS and has been escalated accordingly. This risk will decrease when the matter has been resolved. October – Meeting cancelled, risk remains the same at present pending outcome of the meeting on 6 <sup>th</sup> November 2023.																					

<b>Risk Ref: 55 Neonatal Workforce (P/21/22)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																			
<p><i>There is a risk</i> that neonates who require tertiary regional neonatal support in South Wales may be inappropriately cared for, <i>due to</i> the impact of the available workforce within UHW, to support the current intensive care demand.</p> <p><i>There is a consequence</i> that a neonate may be cared for in an inappropriate care setting, where the necessary skills and/or equipment are not available.</p>		<b>Date Added to Register:</b> 19/09/23  <b>Provider/s:</b> CVUHB	<b>Date Last Reviewed by :</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee – 24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																		
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<b>Additional comments:</b> Sept 23 – Evidence supplied to WHSSC highlighting staffing shortages impacting the neonatal service provided Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged																					

<b>Risk Ref: 56 Neo-natal Infection Control (P/21/23)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																			
<p><b>There is a risk</b> that neonates within the Neonatal Intensive Care Unit environment within UHW, are at greater risk of exposure to IP&amp;C issues, whilst safer practice monitoring is being embedded. This is following a recent MRSA outbreak and identification of other organisms within the clinical area.</p> <p><b>There is a consequence</b> of increased neonatal morbidity, if processes to address these issues are not effectively implemented.</p>		<b>Date Added to Register:</b> 19/09/23	<b>Date Last Reviewed by:</b> Quality Patient Safety Committee – 23 October 2023 CTMUHB Audit & Risk Committee –24 October 2023 Integrated Governance Committee – 25 October 2023 CDGB – 11 September 2023																		
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<b>Additional comments:</b> Sept 23 – New Risk – Concern highlighted to WHSSC that IP&C pathways are not robust to prevent spread of infection increasing neonatal morbidity on the unit Oct 23 - W&C Commissioning team reviewed the risk which remains unchanged		<b>Groups discussed risk during period</b> Commissioning Team – 19/09/23 Commissioning Team - 18/10/23																			

<p><b>Risk Ref: 57 Delays in surgery due to insufficient theatre beds (NCC049) ESCALATED RISK</b>  <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)  Population Health</p>	<p><b>Director Lead:</b> Director of Planning  <b>Assuring Committee:</b> Joint Committee Reviewed Assurance</p>																										
<p><b>Risk:</b> There is a risk that patients in south Wales will have their surgery delayed due to insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population with a consequence of deteriorating condition and disease progression. During the last 3 months it has been indicated that the overruns are expensive. There are no theatre staff or anaesthetic staff to support the extended theatre sessions. Neurosurgery are trying to accommodate and consider their issues but it is now impacting on neurosurgery activity.</p>	<p><b>Date Added to Register:</b>27/01/21</p>		<p><b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> N/A</p>																								
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<p><b>What controls have we put in place for the risk:</b></p> <ul style="list-style-type: none"> <li>Develop an Adult Neurosurgery Service Specification to ensure the service can be monitored against national standards.</li> <li>Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting</li> <li>Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings.</li> <li>Full access restored to theatres 12 and 14 in September 22- extended theatre sessions have been identified as commencing in April 2023 to achieve RTT at pre- covid levels by March 2024 – as per WG targets.</li> <li>Bed capacity will be restored to pre- COVID levels - no timeline available at the moment. Bed capacity has increased but not quite back to pre-covid levels. This is continued to be monitored via the performance management meetings.</li> <li>WHSSC have had internal discussions and are working with the service</li> </ul>	<p><b>What actions should we take:</b></p> <table border="1" data-bbox="1350 861 2864 1480"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Draft Adult Neurosurgery Service Specification to go for consultation in October 2022</td> <td>Planning Manager</td> <td>Completed</td> </tr> <tr> <td>Submit Specification to policy group May 2022 – Completed but further work required. NHS England are developing a service specification and WHSSC have asked to be included in the process. Service Specification Published</td> <td>Planning Manager</td> <td>Completed – Feb 2023</td> </tr> <tr> <td>Neurosciences gateway review paper was submitted to February Management Group meeting.</td> <td>Planning Manager</td> <td>Completed</td> </tr> <tr> <td>Further meeting has taken place to with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme. Still waiting to receive the business case – due in quarter 1 2023/24</td> <td>Planning Manager</td> <td>Quarter 1 2023/24</td> </tr> <tr> <td>WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. ( Currently the service is operating at 80% of 2 theatres pre-covid they had access to 100% of the 2 theatres )</td> <td>Planning Manager</td> <td>Bi-monthly</td> </tr> <tr> <td>Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049</td> <td>Planning Manager</td> <td>completed</td> </tr> <tr> <td><b>Further review of this risk was undertaken by the CTM in October 23, the CTM agreed to increase the risk score. The matter was raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 19<sup>th</sup> Oct 2023. Action for the Health Board to raise with the Surgical Board.</b></td> <td><b>Planning Manager</b></td> <td></td> </tr> </tbody> </table>			Action	Lead	Date	Draft Adult Neurosurgery Service Specification to go for consultation in October 2022	Planning Manager	Completed	Submit Specification to policy group May 2022 – Completed but further work required. NHS England are developing a service specification and WHSSC have asked to be included in the process. Service Specification Published	Planning Manager	Completed – Feb 2023	Neurosciences gateway review paper was submitted to February Management Group meeting.	Planning Manager	Completed	Further meeting has taken place to with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme. Still waiting to receive the business case – due in quarter 1 2023/24	Planning Manager	Quarter 1 2023/24	WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. ( Currently the service is operating at 80% of 2 theatres pre-covid they had access to 100% of the 2 theatres )	Planning Manager	Bi-monthly	Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049	Planning Manager	completed	<b>Further review of this risk was undertaken by the CTM in October 23, the CTM agreed to increase the risk score. The matter was raised at the Cardiff and Vale SLA meeting with the Director of Ops for Specialist Services – 19<sup>th</sup> Oct 2023. Action for the Health Board to raise with the Surgical Board.</b>	<b>Planning Manager</b>	
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<p><b>Additional comments:</b>  May 2022 –Commissioning team discussed the risk and agreed for the risk to remain at score 16. Agreed to continue to monitor the situation particularly as there is still an issue with bed and theatre capacity to deliver contract activity.  July 2022 – Meeting held with the Health Board to discuss theatre and bed capacity. WHSSC to meet with the specialist clinical board regarding the bed baseline 28/07/22. Waiting List initiatives will be commencing on the 31/07/22 to manage the backlog for Digital Subtraction Angiography (DSA) with a trajectory to eliminate the backlog by November 22.  March 2023 - WLI's are continuing but have decreased due to capacity issues mainly staffing in the Radiology dept. The CT will continue to monitor performance at the quarterly performance management meetings.  A meeting is to be held with the Directorate Manager and Clinical Director on 24<sup>th</sup> May 2023 to discuss a number of issues including bed and theatre capacity.  July 23 - Risk reviewed, the team agreed to lower the risk score to 8 amber as theatre capacity is back to the pre-Covid level but the bed capacity has not been fully reinstated. CT members have discussed this with Director of Operations Cardiff &amp; Vale on the 26<sup>th</sup> July 2023 and will continue to monitor the situation at the quarterly performance meeting.  <b>October 23 – Risk reviewed and score has increased to 16 from 8. Theatre Surgical Directorate. There are no theatre staff or anaesthetic staff to support the extended theatre sessions. Neurosurgery are trying to accommodate and consider their issues but it is now impacting on neurosurgery activity. The issue was raised at the Cardiff and Vale SLA meeting on 19<sup>th</sup> October 2023. The Director or Ops for Specialist Services has taken the matter up with the Director of Op Surgical Board.</b></p>																											

**Risk Appetite Levels**

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

**Risk Matrix**

Consequence	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

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

Consequence x Likelihood = Risk Score

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



<b>Report Title</b>	<b>Audit Recommendations Tracker</b>		<b>Agenda Item</b>	4.3	
<b>Meeting Title</b>	Audit and Risk Committee		<b>Meeting Date</b>	19/12/2023	
<b>FOI Status</b>	Public				
<b>Author</b>	Financial Accountant				
<b>Executive Lead</b>	Director of Finance				
<b>Purpose of the Report</b>	The purpose of this report is to provide the Audit and Risk Committee (ARC) with an update on progress in respect of the implementation of recommendations from internal and external audits.				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b>					
Members are asked to:					
<ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Note</b> progress achieved in implementing the recommendations made by WHSSC internal auditors,</li> <li>• Take <b>assurance</b> 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,</li> <li>• <b>Note</b> the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and</li> <li>• <b>Note</b> the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.</li> </ul>					

# AUDIT RECOMMENDATIONS TRACKER

## 1.0 SITUATION

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

## 2.0 BACKGROUND

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

## 3. ASSESSMENT

### 3.1 Internal Audit

#### 3.1.1 Summary of Internal Audit Reports Since April 2020

Since April 2020, the following internal audit reports have been issued to WHSSC:

- 8 reports have been issued,
- 29 recommendations have been made,
- 24 recommendations have been achieved,
- 2 recommendations are outstanding in relation to the report on Risk Management. The due dates for both items have been revised to March 2024; and
- 2 recommendations are outstanding in relation to the report on the Wales Kidney Network (WKN). The due dates for both items have been revised to January 2024; and
- A new internal audit assessment report on the Development of the WHSSC integrated Commissioning Plan (ICP) is being presented for the first time. There are 3 recommendations in the report, none of which have reached the due date.

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

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

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

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

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

### 3.2 External Audit

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

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

The report outlined recommendations for WHSSC and for Welsh Government. The updated tracker document is presented at **Appendix 2** for assurance.

#### 3.2.1 WHSSC Management Response

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

All of the WHSSC actions have been completed.

#### 3.2.2 Welsh Government Management Response

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

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

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

This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the

sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).

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

As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around 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.

WG Update 11 October 2023

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

WG Update 1 November 2023

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

**R7 Future governance and accountability arrangements for specialised services**

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

**Letter from Dr Andrew Goodall to**

WG Update 11 October 2023

**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 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

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

there be any change to the direction of travel I indicated in 2019.	
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On the 22 August 2022 WHSSC were advised that the Director General Health and Social Services/NHS Wales Chief Executive Health and Social Services Group had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.

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

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

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

#### **4.0 GOVERNANCE & RISK**

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

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

A further update will be submitted to Audit Wales and to HB Audit Committees for assurance in early 2024. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

## 5.0 RECOMMENDATIONS

Members are asked to:

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

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance
<b>Link to Integrated Commissioning Plan</b>	<b>None</b>
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Effective Care
<b>Principles of Prudent Healthcare</b>	Public and professionals are equal partners through co-production
<b>NHS Delivery Framework Quadruple Aim</b>	Reducing the per capita cost of health care Improving Patient Experience (including quality and Satisfaction)
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	There are no direct impacts arising from this report. A strong governance framework as assessed by Internal Audit reports is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
<b>Finance/Resource Implications</b>	There are no direct impacts arising from this report.
<b>Population Health</b>	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	There may be an adverse effect on the organisation if arrangements are not put in place to ensure robust and detailed governance arrangements as determined through internal audit assessment
<b>Long Term Implications (incl WBFG Act 2015)</b>	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	<b>21 November 2023</b> – Joint Committee received an update on the Audit Wales Governance recommendations

**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 Risk Management**  
**December 2023**

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA RM 2022 1	<p>Since the approval of the Risk Management Strategy and the revised approach to managing risk, the risk management process has continued to evolve. As such, some parts of the evolved process are not captured in the strategy, and there are some inconsistencies with other documents. We identified:</p> <ul style="list-style-type: none"> <li>• A Risk Scrutiny Group was formed after the strategy was written, as such there is no reference to the group in the strategy or in the appended process flow charts.</li> <li>• The strategy provides some information in relation to risk appetite, though no detailed information is given on the agreed appetite level, or how the level is to be applied in the risk management process. The strategy references how a risk with a high numerical value may be acceptable, suggesting that risk appetite is applied on a risk-by-risk basis. In contrast there is a statement relating to an annual review of risk appetite by the Joint Committee to ensure progress is being made toward the risk appetite WHSSC wishes to achieve. This would suggest that appetite is set at an organisational level.</li> <li>• The strategy makes reference to processes, procedures and risk assessments in relation to risk management, but there is no detailed information contained within the strategy. The risk assessment pro forma is not appended to the strategy.</li> <li>• The risk register process flow chart contained in the Corporate Risk Assurance Framework (CRAF) cover reports set out the process for non-commissioning risks. The strategy makes no differentiation between commissioning and non-commissioning risks, implying all follow the same process.</li> </ul>	<p>As the Risk Management Strategy and new processes have been operational for nearly a year, a review of the strategy should take place to ensure it fully and accurately captures current process and information, and is aligned to other risk management documents used by WHSSC.</p> <p>There is a risk of an inconsistent approach to risk management across the organisation.</p>	MEDIUM	September 2022 changed to May 2023 changed to March 2024	Director of Planning	Committee Secretary	<p>WHSSC accept the recommendation and the Risk Management Strategy will be reviewed and updated to address the recommendations made, including adding reference to the newly established Risk Scrutiny Group (RSG).</p> <p><b>PROGRESS: The Risk Management Strategy was reviewed in the autumn following the risk workshop on 20th September, and will be presented to the JC in its May 2023 meeting . ( After it has been through CDBG, ARC etc ) .</b></p> <p><b>PROGRESS: The Joint Committee approved its risk appetite statement in January 2023 and the strategy has been further reviewed.</b></p> <p><b>PROGRESS: Due to competing work pressures this work is currently paused. WHSSC is in the process of preparing its legacy statement as part of the ongoing work to develop a new Joint Committee in response to the Welsh Government's review of National Commissioning arrangements. The governance work stream supporting the delivery of the programme will review and develop a revised Risk Management approach for when the new Joint Committee is formed.</b></p>	ONGOING
							<p>In the interim the monthly WHSSC Corporate Risk and Assurance Framework (CRAF) continues to be developed and presented at each and every Corporate Directors Group Board (CDGB) meeting, Integrated Governance Committee (IGC), Quality &amp; Patient Safety Committee (QPSC) and the CTMUHB Audit &amp; Risk Committee for hosted bodies. The CRAF is presented every 6 months to the Joint Committee for assurance and approval. This mitigates the risks of there being an inconsistent approach to risk management during this transitional period.</p>	

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA RM 2022 3	Whilst risk management training, via a series of workshops has been provided to senior staff, it has not been rolled out to all staff. The Risk Management Strategy states all members of staff are accountable for maintaining risk awareness and identify and reporting risks to their line manager.	<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 changed to March 2024	Director of Planning	Committee Secretary	<p>WHSSC accept the recommendation and will roll out risk management training and awareness sessions across the organisation to ensure that all staff are fully aware of their responsibility and processes they should follow in relation to identification and management of risks.</p> <p><b>PROGRESS: The Corporate Governance Team have undertaken research on risk management training methodologies across other NHS bodies and are in the process of developing a training programme to coincide with the new risk management strategy. Once the risk management strategy has been approved training will be rolled out to all staff.</b></p> <p><b>PROGRESS: Due to competing work pressures this work is currently delayed. The Risk Scrutiny Group continues to meet bi-monthly and staff are able to seek advice on any risk queries via the Corporate Governance Team. The Welsh Kidney Network (WKN) recently received a substantial assurance assessment rating from the NWSSP internal audit team in relation to high level risks being communicated and appropriately escalated to WHSSC and this demonstrates that the WHSSC risk management strategy is embedded throughout WHSSC.</b></p>	ONGOING

**Welsh Health Specialised Services Committee**  
**Register of Recommendations from the Internal Audit Report on the Wales Kidney Network**  
**December 2023**

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA WKN 2023 1	<p>The Network Board has implemented several forums and task and finish groups to carry out various aspects of its work. The groups either report directly into the Network Board or into the National Quality &amp; Patient Safety Performance Assurance Group, which is a sub-committee of the Network Board. Our review of the terms of reference (ToR) for the various groups identified:</p> <ul style="list-style-type: none"> <li>• National Quality &amp; Patient Safety Performance Assurance group ToR was due for review in 2021.</li> <li>• Clinical Reference Group – ToR was dated May 2021 and marked as draft.</li> <li>• 3rd Sector Collaborative Group – no ToR.</li> <li>• While both the All-Wales Patient Education Group and Welsh Kidney Patient Network Group both had ToRs dated January 2022, these had no time frame for review</li> </ul>	<p>Arrangements should be put in place to ensure that the remit and focus of task and finish groups and other groups that support the work of the Welsh Kidney Network Board are clearly set out within a Terms of Reference, and that they are regularly reviewed and updated to reflect current arrangements.</p> <p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Governance arrangements are not properly undertaken.</li> <li>• Inappropriate decisions are made by committees or individuals where responsibilities are not defined and documented.</li> </ul>	MEDIUM	September 2023 Updated to January 2024	Network Executive Lead Director	Deputy Network Manager	<p>A full review of the ToRs will be undertaken and recommendations implemented an operational register for ToRs, will be developed and maintained to ensure that reviews are undertaken in line with the review dates.</p> <p><b>PROGRESS: Partial completion</b>  <b>Operational register completed.</b>  <b>Plans in place to review all existing ToRs and take to WKN's Board Meeting December 23</b></p>	
IA WKN 2023 2	<p>The Network's governance arrangements and alignment to WHSSC were subject to an independent review in 2022. The resultant report made 16 recommendations. We reviewed the report and the latest version of the action plan available (dated January 2023) and undertook testing to verify the progress made to implement the recommendations. The action plan showed that 13/16 recommendations had been implemented, with further work required to implement the three remaining recommendations, although these had passed their originally agreed target dates. From our verification work we were able to establish that two of the three outstanding recommendations had since been implemented. The remaining</p> <ul style="list-style-type: none"> <li>• Recommendation ID 16 – 'There is a need to agree with providers (health boards) what performance information is required, when it is required and for what purpose.' As at July 2023 the action has been partially implemented. We note that initial discussions have taken place amongst the Network Core Team, however the suite of information is yet to be formally agreed. In contrast, following our testing, we felt two other recommendations that have been categorised as implemented, should be partially implemented.</li> <li>• Recommendation ID 4 – 'The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes of delegation within Standing Orders'. The schemes of delegation have been updated, although the executive lead's job description still requires updating.</li> <li>• Recommendation ID 11 – 'The risk register should be reviewed to reflect commissioning risks and, once the strategic direction of the network is confirmed, be linked to each objective'. The Network's commissioning risks could be exacerbated by the outcome of the National Commissioning Review which was recently undertaken by the NHS Executive. The outcome of the review may impact on the Network strategic objectives, so further work may be needed in this</li> </ul>	<p>Arrangements be put in place to implement the remaining recommendations from the independent governance review and confirm full implementation of all other recommendations.</p> <p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Governance arrangements are not properly undertaken</li> <li>• Inappropriate decisions are made by committees of individuals where responsibilities are not defined and documented</li> <li>• Lack of transparency in decisions made if appropriate records are not maintained.</li> </ul>	LOW	September 2023 Updated to January 2024	Network Executive Lead Director	Deputy Network Manager	<p>The final recommendations will be implemented in line with a review of the action plan. Those recommendations identified in the audit as above will be discussed at WKN Board in September and a further assessment made of their implementation. Where they have not been fully implemented this will be reflected on a revised action plan</p> <p><b>PROGRESS: Partial completion</b>  <b>Executive Lead role descriptor updated and agreed at WKN Board 03.10.23 - complete</b>  <b>Risk register reflective of Commissioning risk - complete</b>  <b>Paper presented to WKN Board 03.10.23 on Data Sources; All data sources and monitoring requirements agreed with the exception of the Nurse Audit Data. This is the only work now outstanding with a group of lead nurses from each region meeting planned for November and recommendations on the way forward to be presented at next WKN Board meeting in December.</b></p>	

**Welsh Health Specialised Services Committee**  
**Register of Recommendations from the Internal Audit Report on the Integrated Commissioning Plan Development**  
**October 2023**

No.	Findings	Recommendation and Risk	Priority	Timescale	Lead Director	Owner	Progress	Completed
IA ICP 2023 1	We reviewed the terms of reference for the key groups and committees involved in the process for developing the ICP. We note: ·The Management Group terms of reference were due for review in May 2023. ·The Clinical Impact Assessment Group terms of reference were dated April 2022 and should be reviewed annually. We acknowledge that they appear to have been updated, but the date and version has not been amended accordingly.	The terms of reference for committees and groups should be reviewed in line with the requirements set out within them and review dates and versions updated accordingly. There is a risk that groups and committees make decisions in respect of the ICP that are outside of their remit or that unsuitable governance arrangements are in place.	LOW	September 2024	Committee Secretary	Head of Corporate Governance	We accept the recommendation and can give an assurance that all of the Terms of Reference (ToR) for the Joint Committee's sub committees are reviewed on an annual basis to ensure effective governance. The Management Group (MG) ToR were discussed at the MG meeting on 24 April 2023 at the same time that the MG Annual Report was presented. The annual report contained the following update on the MG ToR; The ToR were reviewed and presented to the April 2022 Management Group meeting. Members supported the proposed changes and these ToR were approved by the Joint Committee at its May 2022 meeting. A copy of the Terms of Reference are attached at Appendix 2. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions is being undertaken, no review is proposed at present." The outcome of the review is the establishment of a new Joint Commissioning Committee from 1st April 2024, however there is potential for slippage on this timetable.	
				February 2024	Director of Planning	Assistant Director of Planning	The Clinical Impact Assessment Group (CIAG) TORs are reviewed every year prior to CIAG running – the review date will be revised on the front cover.	
IA ICP 2023 2	The preparation of the financial element of the ICP is currently undertaken by the Assistant Director of Finance. Prior to our audit the process for developing the finance plan was not documented. We acknowledge that initial work has been undertaken to document the process, outlining the key steps to be taken. Although the process is well established and has been undertaken by the same person for a number of years, the process is complex. As there is a reliance on one person to develop the finance plan, there is a risk that should this change, the financial element of the ICP may not be appropriately developed. We reconciled the finance plan working paper to the published 2023/24 plan, which identified some minor discrepancies. An explanation and revised working papers were subsequently provided.	The process for developing the financial element of the ICP should be documented and be available for other staff to follow should the normal preparer not be available. Amendments to finance working papers should be retained to support the values recorded in the ICP. Lack of consistency / inappropriate development of the financial element of the ICP. Errors in the financial element of the ICP may not be identified.	MEDIUM	February 2024	Director Finance	Assistant Director of Finance	The initial financial tables for the Integrated Commissioning Plan (ICP) are prepared by the Financial Planning Finance Manager and are then subsequently reviewed and amended if required by the Assistant Director of Finance. The process document that was prepared to outline the financial plan development for the purposes of this audit can be developed as a robust documented process that could be followed by other members of the department if required. There are multiple iterations of the financial plan saved in a chronological version control order as amendments are made during the development of the plan and as a record changes or corrections added to previous versions.	

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

**Welsh Health Specialised Services Committee**  
**Summary Position Regarding Progress on Internal and External Audit Reports**  
**December 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
Financial Systems	December 2020	April 2021	2	2	0	0	0	0
Women & Children's Services	March 2021	April 2021	2	2	0	0	0	0
Cancer and Blood Programme Team	July 2021	August 2021	1	1	0	0	0	0
Positron Emission Tomography Scanner Service	January 2022	February 2022	15	15	0	0	0	0
Risk Management 2022	May 2022	May 2022	4	2	2	0	2	2
Neurosciences and Long Term Conditions	September 2022	October 2022	1	1	0	0	0	0
Quality Assurance Reporting	October 2022	October 2022	1	1	0	0	0	0
Wales Kidney Network	September 2023	October 2023	3	1	2	0	2	2
Integrated Commissioning Plan Development	December 2023	December 2023	3	0	3	3	0	0

**Summary Position Regarding Audit Wales Recommendations**

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

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

### Audit Tracker– Update **October 2023**

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

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

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
<b>Recovery Planning</b>				
<p><b>R3</b> In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:</p> <ul style="list-style-type: none"> <li>a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.</li> <li>b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening.</li> <li>c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.</li> </ul>				
<p><b>b) Potential impact and cost of managing hidden demand.</b></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>	<b>Completed</b>

<sup>1</sup> [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 <b>October 2023</b>	RAG
<p>to the WG Planned Care Board and HBs to inform non- WHSSC commissioned pathway development.</p> <p>ii. Appointment of an Associate Medical Director for Public Health to work with Health Board Directors of Public Health to assess impact.</p>	<p>Q3/Q4 2021-22</p> <p>Feb 2023</p>	<p>Director of Nursing &amp; Quality</p> <p>Director of Planning</p> <p>Medical Director</p>	<p>Planned Care Board and HBs to inform non- WHSSC commissioned pathway Development. Demand monitoring continuously features as part of the ICP process, board presentations to HBs and through strategic reviews highlighting variations in access using data systems,</p> <p>ii. WHSSC began the process to advertise for an Associate Medical Director for Public Health via NHS jobs in Autumn 2022. Since then delays were encountered with the process for advertising a clinical role and an agenda for change role in tandem. The Job description has been reviewed by the job evaluation panel at CTMUHB and has been banded, however in light of the WG Review of National Commissioning Arrangements, it is proposed that the post be advertised after the Ministers announcement on the future of commissioning bodies.</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
<b>Specialised Services Strategy</b>				
<p><b>R4</b> The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:</p> <ul style="list-style-type: none"> <li>a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery.</li> <li>b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.</li> </ul> <p>The review should assess services:</p> <ul style="list-style-type: none"> <li>• which do not demonstrate clinical efficacy or patient outcome (stop);</li> <li>• which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer);</li> <li>• where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.</li> </ul>				
<p><b>a. Embrace New Innovations</b></p> <p>i. We will continue to utilise our well-established horizon scanning process to identify new therapeutic and technological innovations, drive value and benchmark services against other commissioning models to support , short, medium, and long-term approach for post pandemic recovery,</p> <p>ii. We will continue to develop our relationship with NICE, AWMSG and HTW in relation to the evaluation of new drugs and interventions,</p> <p>iii. We will engage with developments for digital and Artificial intelligence (AI),</p>	<p>Jul 2021</p> <p>Q3 2021-22</p>	<p>Managing Director</p> <p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p> <p>Director of Planning</p>	<p>i. The dual processes of horizon scanning and prioritisation is firmly embedded in WHSSC's commissioning practice and has been applied successfully since 2016. The process helps ensure the NHS in Wales effectively commissions' new and innovative treatments that are both clinically and cost effective, and are made available in a timely manner. Horizon scanning identifies new interventions which may be suitable for funding, and prioritisation allows them to be ranked according to a set of pre-determined criteria,</p>	<p><b>Completed</b></p>

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
<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>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>In Place</p> <p>Dec 2021</p> <p>Dec 2021</p>		<p>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 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"> <li>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,</li> <li>b. WHSSC has a built a strong working relationship with HTW. A MoU was signed in 2018 (currently being updated) and WHSSC is</li> </ul>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
			<p>represented on their Assessment Group, Appraisal Group and Stakeholder Forum. A joint proposal to support all Wales policy development of HTW guidance was supported by MG in June and the HTW Executive Board in July 2021. Funding for two posts (Project Manager and Admin) to support this work is now being sought from WG</p> <p>c. WHSSC also has a close working relationship with AWMSG, focused mainly on medicines management and horizon scanning. A MoU is now being developed between WHSSC and AWMSG to formalise these links and to share knowledge and expertise. The appointment of a WHSSC Medicines Management Pharmacist (due to start January 2022) will further strengthen this partnership.</p> <p>iii. We continue to engage with developments for digital and Artificial intelligence (AI)</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
			<p>iv. We continue to attend the four nations' specialised services commissioners meetings,</p> <p>v. We continue to build upon our existing relationships with the Royal Colleges,</p> <p>vi. We continue to develop our work on value-based commissioning,</p> <p>vii. We have developed a communication and engagement plan to support and inform the strategy which will be presented to the CDGB in January 2022,</p> <p>viii. It was previously agreed with Joint Committee that a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget CEO of NHS Wales regarding use of the Options Framework and the</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
	May 2023		<p>necessity to step down non-essential activities.</p> <p>ix. A Project Manager (PM) has been employed on an interim basis to lead the work required to develop and agree the specialised services strategy. On the 6 September 2022 the Joint Committee approved the overall approach to developing a ten year strategy for specialised services and provided feedback on the engagement and communications plan, themes and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022. The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023. View here - <a href="#">Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</a></p>	
<p><b>b. Approach to Review of Services will be considered in strategy engagement</b></p> <p>i. The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and</p>	<p>Sept 2021</p> <p>March 2022</p>	<p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p>	<p>The draft new specialised services strategy:</p> <p>i. It was previously agreed with Joint Committee a stakeholder engagement exercise would be undertaken in December</p>	Completed

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

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
<p>future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.</p>			<p>and the stakeholder survey. The engagement process was undertaken between 20 September and 22 December 2022. The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023 – view here <a href="#">Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)</a></p> <p>ii. On the 28 September 2021 the WHSSC executive team met with Improvement Cymru (IC) to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy and WHSSC agreed to hold a Quality Improvement workshop facilitated by IC in January 2022 and to develop improvement and audit days with nursing teams with a view to undertaking our own internal competency assessment to drive improvement, and considered predictive modelling for</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
			<p>interventions, and international collaborative networks,</p> <p>iii. WHSSC are required to agree annually those services that should be planned on a national basis and those that should be planned locally (section 1.1.4 WHSSC SO's), to support this, following a discussion at the JC 7 September 2021 a workshop was held with the MG on the 25 November 2021 to evaluate the commissioning of services. MG members were requested to submit expressions of interest to evaluate specific commissioned services in order to evaluate the merits of the service being commissioned locally at HB level or through WHSSC.</p> <p>iv. A recovery workshop was held with the MG on the 16 December 2021 to discuss recovery Planning and Quality and Outcome Improvement for Patients. A second recovery workshop was held with the Joint Committee on the 12 July 2022 at their request to discuss HB recovery plans and trajectories. At the JC's request, a follow up deep dive into paediatrics was given to the Joint Committee on the 6 September</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
			<p>2022, and further recovery update session on the 8 November 2022.</p> <ul style="list-style-type: none"> <li>v. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021,</li> <li>vi. The process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services was undertaken between January and May 2021 and informed the prioritisation panel on the 20 July 2021,</li> <li>vii. We have investigated opportunities for strengthening our information function through internal re-organisation and investment and have strengthened the staffing model of the information function to enable more timely information. The WHSSC staffing structure has been reviewed to include a senior outcomes commissioner to design outcome systems and monitor and report outcomes.</li> </ul>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
<b>Welsh Government Recommendation - Independent member recruitment</b>				
<b>Welsh Government Recommendation - Sub-regional and regional programme management</b>				
<b>R6</b> This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).				
<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.</p>			<p><u>WG update received 22 August 2022</u> Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.</p> <p>In relation to recommendation 7, the letter stated "that a review of the WHSSC arrangements along with other national hosted and specialist advisory functions should be undertaken. WG are in the process of setting up new piece of work to review the national commissioning arrangements in NHS Wales. The scope of this work and a timetable were currently being considered. However, we will be sure to take account of the recommendations as part of the rationale behind the work".</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
			<p>Having described the work that was now in progress, it was suggested that the recommendations from the Audit Wales report were now completed. The letter was copied to Mr Adrian Crompton, the Auditor General for Wales for assurance. Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed.</p> <p><u>WG update received 27 September 2022</u></p> <p>WHSSC received a further update from WG advising that Audit Wales had written to the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time. WG have confirmed they are content to accept the suggestion and that WG will provide an update to Audit Wales in six months' time with a view, to closing the recommendations at that point.</p>	

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

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

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
<b>Welsh Government Recommendation - Future governance and accountability arrangements for specialised services</b>				
<b>R7</b> A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.				
<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for</p>			<p><u>WG update received 22 August 2022</u> Letter received from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group advising that she had written to Mark Isherwood, Chair of the PAPAC regarding recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements.</p> <p>In relation to recommendation 7, the letter stated, "that a review of the</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
<p>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 be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.</p>			<p>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> <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</p>	

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

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
			<p>2023. The terms of reference were discussed at the NHS Wales Leadership Board 24 January 2023 and NHS organisations confirmed their commitment to participating in the review.</p> <p>An update was given to the Joint Committee on the 17 January 2023.</p> <p><u>WG Update 31 May 2023</u> Meeting with WG confirmed that due to a change in portfolio within the HSSG at WG, Committee Secretary at WHSSC will liaise with Trudi Burton to keep updated on the two recommendations pertaining to the WG to obtain an update for Joint Committee in July 2023.</p> <p><u>WG Update 11 October 2023</u> The Minister for Health &amp; Social Services asked Steve Combe, MBE to undertake an independent review of national commissioning functions at the beginning of this year. Following engagement with stakeholders and analysis of the</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments <b>October 2023</b>	RAG
			<p>evidence, review findings and recommendations were presented to the Minister in May 2023 and were accepted in full. Programme arrangements have been put in place to deliver those recommendations to deliver a new national commissioning joint committee by 1 April 2024. Audit Wales colleagues receive the papers for the overarching, WG Oversight Board for information on a monthly basis.</p> <p>WG have sought clarification from Audit Wales on the detail of the recommendation and WHSSC will be notified once a response is received.</p>	

# Integrated Commissioning Plan development process

## Final Internal Audit Report

December 2023

Welsh Health Specialised Services Committee



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



Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)



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Auditors:	Paul Dalton, Head of Internal Audit Emma Samways, Deputy Head of Internal Audit Ken Hughes, Audit Manager
Executive sign-off:	Nicola Johnson, Director of Planning
Distribution:	Sian Lewis, Managing Director Claire Harding, Assistant Director of Planning James Leaves, Assistant Director of Finance
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 Chartered Institute of Public Finance & Accountancy in April 2023.

### 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

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## Executive Summary

### Purpose

The overall purpose of the review was to provide assurance on the processes that WHSSC has in place to develop its Integrated Commissioning Plan, with a focus on the financial planning element.

### Overview

We have issued substantial assurance on this area. The key matter requiring management attention related to a:

- Lack of documented procedures for developing the financial aspects of the plan.

Other recommendations are contained within the detail of the report and set out in the management action plan at Appendix A.

## Report Opinion

### Substantial



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

Low impact on residual risk exposure.

## Assurance summary<sup>1</sup>

Objectives	Assurance
1 Timetabled and governed process for ICP development	Substantial
2 Documented process for financial planning	Reasonable
3 Engagement with Management Group & Joint Committee	Substantial
4 Scrutiny and challenge of decisions and a prioritisation process	Substantial
5 Robustness of costings	Substantial

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

## Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
2	Documented Financial Plan Process	Design	Medium

## 1. Introduction

- 1.1 Our review of the process for developing both the planning and financial elements of the Integrated Commissioning Plan within the Welsh Health Specialised Services Committee ('WHSSC' or 'the organisation') was completed in line with the 2023/24 Internal Audit Plan.
- 1.2 As a key supporting organisation within NHS Wales WHSSC has delegated responsibility to commission specialised services from providers that have the appropriate experience and expertise, and are able to provide robust and safe high quality services that are cost effective for the NHS in Wales. WHSSC develops an annual Integrated Commissioning Plan (ICP) that must be agreed by its Joint Committee and align with the NHS Wales Planning Framework 2023-26, and the commissioners' (Health Boards') Integrated Medium Term Plans (IMTPs).
- 1.3 WHSSC has a well-established cycle for developing its ICP that incorporates horizon scanning and a prioritisation process to consider new interventions. However, in the current economic climate, the focus on alignment of the WHSSC ICP with health board planning and finance planning is more important than ever. As such, our review has focussed on the financial planning element of the ICP.
- 1.4 The potential risk considered as part of this review was:
  - The ICP is inaccurate or unachievable leading to programmes and workstreams being postponed or cancelled and failure to achieve WHSSC's strategic aims and objectives.
- 1.5 The relevant lead for the review was the Director of Planning.

## 2. Detailed Audit Findings

**Objective 1: There is a robust, timetabled process for developing the ICP which includes clear governance arrangements to oversee the development and approval of the plan.**

- 2.1 There is a high-level process document for developing the ICP that sets out the key tasks to be completed each year. There is a high-level timeline with milestones and indicative dates for their achievement.
- 2.2 The process for developing the plan commences almost a year before the plan start date. It includes the identification of key strategic priorities, horizon scanning to consider new and emerging health technologies, the assessment and prioritisation of new schemes and requests for funding put forward by health boards, and a review of the services currently commissioned to determine whether they should continue.
- 2.3 A Prioritisation Panel is responsible for assessing and prioritising the new and emerging health technologies identified by WHSSC through its horizon scanning. In addition, a Clinical Impact Assessment Group (CIAG) has responsibility for clinically assessing and prioritising each of the schemes put forward for funding by

the health boards. We confirmed that both of these forums meet at early enough stage in the process to inform the ICP.

- 2.4 Once all schemes and new technologies have been assessed and prioritised, the results are provided to the Management Group for review. The Management Group make recommendations to the Joint Committee, who will make a final decision on which schemes will be included in the ICP.
- 2.5 We reviewed the minutes from the Management Group meetings held during the development of the 2023/24 ICP to confirm if the proposals made in respect of the schemes included in the ICP were appropriately scrutinised and where appropriate challenged. We saw evidence that there was appropriate representation at meetings, in line with the Group's terms of reference, and the schemes to be included in the 2023/24 ICP had been regularly discussed, and the draft plan approved for submission to the Joint Committee.
- 2.6 In addition to the above groups, the Corporate Directors' Group considers the implications of horizon scanning intelligence, incorporating this into prioritisation planning processes, and the Integrated Governance Committee scrutinises the delivery and performance of the ICP during the year.
- 2.7 We reviewed the terms of reference for the CIAG, Prioritisation Panel, Management Group, Corporate Directors' Group and Information Governance Committee. All set out their purpose and responsibility in relation to the ICP, membership, quoracy and meeting arrangements and reporting lines. We note that Management Group terms of reference should have been reviewed in May 2023, but at the time of our fieldwork that had not happened. **(Matter Arising 1)**

#### Conclusion:

- 2.8 There is a well-established, timetabled process in place with clear governance arrangements for development of the Integrated Commissioning Plan. However, the terms of reference for the Management Group, who are a key group in the plan's development process, need to be updated. We have provided substantial assurance for this objective.

**Objective 2: There is a defined and documented process for compiling the financial element of the ICP which ensures that the plan reflects the priorities for specialised service within NHS Wales related to both existing commissioned services and requests for new services.**

- 2.9 WHSSC's Assistant Director of Finance prepares the financial element of the ICP. The process is well established and has been undertaken by the same person for a number of years. At the time of our fieldwork the process was not formally documented. Should a change in personal occur, the demands of this complex process may not be fully met. However, we acknowledge that initial work has been undertaken to document the process, outlining the key steps to be taken. **(Matter Arising 2)**

- 2.10 We reviewed the process document and tested each step of the process against the finance plan working paper. Each stage of the process had been followed, including incorporating the priorities identified through the prioritisation process and outcome of the CIAG review. An inflationary uplift had been added to the existing provider contracts in line with the Welsh Government agreed national uplift of 1.5%.
- 2.11 We compared the finance plan working paper to the published 2023/24 ICP and identified some minor discrepancies in the figures included within the working papers, which were subsequently updated. We were informed that the published ICP contains the correct values and updated working papers were subsequently provided. **(Matter Arising 2)**

**Conclusion:**

- 2.12 There is an established process for developing the financial element of the ICP, although this is not formally recorded in a process document. We also note that the process is carried out by one member of the finance team, so may benefit from the introduction of periodical checks carried out by a second member of the finance team. We have provided reasonable assurance for this objective.

**Objective 3: There has been timely engagement with the Management Group and Joint Committee to ensure that the financial requirements of the WHSSC ICP can be included in the Health Board integrated plans.**

- 2.13 The stages for developing the ICP incorporates engagement with each of the health boards at an early point in the process. For the 2023/24 ICP, the development of commissioning intentions started in April 2022, when health boards submitted proposals for services and schemes to be supported by WHSSC and potentially included in the ICP. These schemes, plus those identified through horizon scanning were assessed by the CIAG and Prioritisation Panel respectively during July 2022.
- 2.14 An estimate of the costs involved for each scheme was calculated by the Financial Planning Finance Partner based on the information contained in the scheme *pro forma*. The chosen schemes were reviewed by the Management Group in September 2022 who recommended to the Joint Committee which schemes should be included in the ICP. The Joint Committee made a final decision on the schemes to be included in the ICP. In December 2022 WHSSC wrote to the health boards to support the development of, and provide narrative for inclusion in, their Integrated Medium-Term Plans (IMTPs).

**Conclusion:**

- 2.15 The processes that are in place, including the engagement with the Management Group and Joint Committee, allow timely feedback to the health boards for inclusion in their IMTPs. We have provided substantial assurance for this objective.

**Objective 4: Evidence is in place to demonstrate scrutiny and challenge of the key planning and financial decisions and assumptions contained in the ICP. Clear prioritisation processes are in place and where necessary a risk assessment of decisions has been carried out.**

- 2.16 Schemes for inclusion in the ICP are put forward by health boards or identified through horizon scanning. These are assessed by the CIAG or the Prioritisation Panel respectively. The CIAG and Prioritisation Panel make recommendations to the Management Group which schemes should be included in the ICP, with the final decision made by the Joint Committee.
- 2.17 We tested a sample of minutes, reports and supporting documentation to confirm that the 2023/24 ICP process had been followed appropriately. We confirmed that these were comprehensive and there was evidence to demonstrate scrutiny and challenge.
- 2.18 However, we note that the initial sift of schemes identified 20 for review by CAIG, although only 18 were recorded in the CAIG outcome report. We have been unable to determine why these differences occurred. Similarly, cross-referencing CAIG recommended schemes to those included in the agreed ICP was difficult as often different terminology was used to name the schemes. **(Matter Arising 3)**
- 2.19 During our audit fieldwork, we reviewed the triangulated risk assessment exercise that had been requested by Management Group, and carried out by WHSSC officers for schemes included in the draft 2024/25 ICP. This was undertaken at the request of the Management Group. The risk assessment also included the CIAG schemes from the last two years, that had been approved for funding and included in the 2023/24 and 2022/23 ICP, but have not yet been implemented.

**Conclusion:**

- 2.20 There was evidence in place to demonstrate discussion, scrutiny and challenge of the key planning and financial decisions and assumptions contained in the ICP and the risks associated with them. We have provided substantial assurance for this objective.

**Objective 5: Final costings contained within the plan are appropriately checked and approved.**

- 2.21 Costing information for the financial plan is maintained by the Assistant Director of Finance. This information is reviewed by both the Director of Finance and Health Board finance business partners.
- 2.22 We confirmed that the information in the finance plan reconciled to the supporting costings information.
- 2.23 The health boards' schemes that are assessed by the CIAG using the standard *pro forma* are included in the WHSSC finance working papers, together with the schemes assessed by the Prioritisation Panel. The *pro forma* includes details of the investment required for the specific health board schemes. While we saw that the

*pro formas* detailed staffing and other resource requirements, they did not include financial costings. The work undertaken to calculate the costs associated with each health board scheme is carried out by the WHSSC Financial Planning Finance Partner in conjunction with the planning team.

- 2.24 We confirmed that for schemes that were to be re-commissioned, a re-commissioning workshop was held with the Management Group where members discussed the financial elements of the ICP in detail. We also note that WHSSC finance met with the health boards to discuss re-commissioning.
- 2.25 A detailed presentation was also provided to the Management Group in December 2022 highlighting the cost pressures facing the organisation and detailing a number of financial scenarios for consideration through financial scenario mapping.
- 2.26 The finance plan does not have a separate approval process and is approved as part of the main ICP. This sees the plan reviewed and approved by the Management Group and then the Joint Committee.

#### Conclusion

- 2.27 The financial values included in the ICP are reviewed and challenged both internally and externally with Health Board staff ahead of approval as part of the overall ICP at Joint Committee. We have provided substantial assurance for this objective.

## Appendix A: Management Action Plan

Matter Arising 1: Need to update management group terms of reference (Operation)		Potential Impact	
<p>We reviewed the terms of reference for the key groups and committees involved in the process for developing the ICP. We note:</p> <ul style="list-style-type: none"> <li>The Management Group terms of reference were due for review in May 2023.</li> <li>The Clinical Impact Assessment Group terms of reference were dated April 2022 and should be reviewed annually. We acknowledge that they appear to have been updated, but the date and version has not been amended accordingly.</li> </ul>		<p>Groups and committees make decisions in respect of the ICP that are outside of their remit.</p> <p>Unsuitable governance arrangements are in place.</p>	
Recommendations		Priority	
1	The terms of reference for committees and groups should be reviewed in line with the requirements set out within them and review dates and versions updated accordingly.	Low	
Agreed Management Action	Target Date	Responsible Officer	
1a	<p>We accept the recommendation and can give an assurance that all of the Terms of Reference (ToR) for the Joint Committee’s sub committees are reviewed on an annual basis to ensure effective governance. The Management Group (MG) ToR were discussed at the MG meeting on 24 April 2023 at the same time that the MG Annual Report was presented. The annual report contained the following update on the MG ToR;</p> <p>“The ToR were reviewed and presented to the April 2022 Management Group meeting. Members supported the proposed changes and these ToR were approved by the Joint Committee at its May 2022 meeting. A copy of the Terms of Reference are attached at Appendix 2. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions is being undertaken, no review</p>	<p>Within 6 months of the establishment of the new Joint Commissioning Committee</p> <p>(current target 1.9.24)</p>	<p>Head of Corporate Governance, Administration (Helen Tyler)</p>

	is proposed at present.” The outcome of the review is the establishment of a new Joint Commissioning Committee from 1 <sup>st</sup> April 2024, however there is potential for slippage on this timetable.		
1b	The Clinical Impact Assessment Group (CIAG) TORs are reviewed every year prior to CIAG running – the review date will be revised on the front cover.	Within 3 months (29/02/2024)	Assistant Director of Planning (Claire Harding)

<b>Matter Arising 2: Financial plan process (Design)</b>		<b>Potential Impact</b>	
<p>The preparation of the financial element of the ICP is currently undertaken by the Assistant Director of Finance. Prior to our audit the process for developing the finance plan was not documented. We acknowledge that initial work has been undertaken to document the process, outlining the key steps to be taken.</p> <p>Although the process is well established and has been undertaken by the same person for a number of years, the process is complex. As there is a reliance on one person to develop the finance plan, there is a risk that should this change, the financial element of the ICP may not be appropriately developed.</p> <p>We reconciled the finance plan working paper to the published 2023/24 plan, which identified some minor discrepancies. An explanation and revised working papers were subsequently provided.</p>		<p>Lack of consistency / inappropriate development of the financial element of the ICP. Errors in the financial element of the ICP may not be identified.</p>	
<b>Recommendations</b>		<b>Priority</b>	
2.1	The process for developing the financial element of the ICP should be documented and be available for other staff to follow should the normal preparer not be available.	<b>Medium</b>	
2.2	Amendments to finance working papers should be retained to support the values recorded in the ICP.	<b>Low</b>	
<b>Agreed Management Action</b>		<b>Target Date</b>	<b>Responsible Officer</b>
2.1	The initial financial tables for the Integrated Commissioning Plan (ICP) are prepared by the Financial Planning Finance Manager and are then subsequently reviewed and amended if required by the Assistant Director of Finance. The process document that was prepared to outline the financial plan development for the purposes of this audit can be developed as a robust documented process that could be followed by other members of the department if required.	Within 1 month (31/12/2023)	Assistant Director of Finance (James Leaves)

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2.2	There are multiple iterations of the financial plan saved in a chronological version control order as amendments are made during the development of the plan and as a record changes or corrections added to previous versions.	Within 3 months (29/02/2024)	Assistant Director of Finance (James Leaves)
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Matter Arising 3: CIAG schemes assessment evidence (Operation)		Potential Impact	
<p>The CIAG are responsible for clinically assessing schemes put forward by health boards for funding and inclusion in the ICP. For the 2023/24 ICP, 28 schemes were initially submitted and after an initial sift, eight were removed. However, our review of the CIAG documentation identified 19 schemes for assessment. Furthermore, the outcome report produced by the group summarising their assessment findings referred to 18 schemes. We have been unable to obtain information around the variation and the CIAG documentation does not provide any explanation as to why fewer schemes were assessed and reported.</p> <p>The CAIG outcome report gives a priority rating to the assessed schemes. We cross referenced the higher priority rated schemes to the ICP. While most of the schemes included in the ICP were traced back to the CAIG outcome report, not all could.</p>		<p>Decisions are based on incomplete information.</p> <p>The ICP does not accurately reflect the recommendations and decisions made by key group.</p>	
Recommendations		Priority	
3	Management should ensure that documentation in relation to the CAIG schemes is complete. If schemes are removed after initial sifting or as part of the CAIG review, this should be captured in the meeting notes.	<b>Low</b>	
Agreed Management Action		Target Date	Responsible Officer
3	As discussed throughout the audit, sifts happen at varying points in the process. Papers outlining this are always sent to the Corporate Directors Group Board (CDGB) and MG and will continue to be so. In addition, letters are written to the submitting Health Board describing how all proposals have been dealt with. Voting happens on the day via Microsoft Forms and real time results are therefore received. This outcome comprises the record of the meeting which is then captured in the ICP. The ADoP will liaise with the coordinating team to ensure that in future rounds all schemes will be numbered so that accurate version control is represented in all papers.	Within 3 months (29/02/2024)	Assistant Director of Planning (Claire Harding)

## 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:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	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.



NHS Wales Shared Services Partnership  
4-5 Charnwood Court  
Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)