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
426	0 Chief Ambulance Services Commissioner	Set the Strategic Commissioning	an agreed Strategic Commissioning plan and	IF: There is a failture to produce and agree a strategic commissioning plan and commissioning intentions Then: The commissioned providers would not be clear regarding expectations for the quality, effectiveness and efficiency of services within an agreed financial plan . Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)	Ensuring a programmatic approach to planning and delivery with focus on monitoring progress through the EASC Sub Groups Strategic Commissioning Intentions developed and agreed EASC IMTP / Annual Plan developed and approved Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans Regular reporting from EASC Sub Groups to the EAS Joint Committee on progress Commitment from the EASC for strategic commissioning cycles	3 Year commissioning intentions agreed for EMS; annual commissioning intentions in place for NEPTS and EMRTS; agreed annual commissioning cycle for the development of strategic Commissioning Intentions agreed; monitored at each EASC Management Group (quarterly) meeting	EASC IMTP EASC Strategic Commissioning Intentions Minutes of EASC Sub Group meetings monitoring progress against plans	4x1 = 4	CXL 4x1=4	1	01/08/2020	01/08/2022
450	2 Chief Ambulance Services Commissioner	Meet the Ministerial direction to produce an EASC IMTP / Annual Plan	an agreed EASC IMTP for endorsement by the Joint	IF: There is no agreement for the EASC IMTP Then: The Strategic Commissioning plan (commissioning intentions) would not be supported Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)	CASC Quality and Delivery meeting held monthly to discuss Quality and performance matters Detailed work to develop EASC IMTP overseen by EASC Management Group EASC IMTP (2020 to 2023) approved by EASC (January 2020) EASC Annual Plan 2021-22 approved EASC 9 March 2021 WAST and EMRTS response received to the EASC IMTP /Annual Plan CASC Quality and Delivery meeting with Welsh Government bi monthly CASC meetings with Welsh Government planning department EASC Annual Plan for 212-22 approved by Welsh Government with update provided in-year	Agreed timescales with EASC for the development and receipt of the draft IMTP / Annual Plan and included on the Forward Look for the Committee - all completed and included in the commissioning intentions cycle for the IMTP		4x1=4	CXL 4x1= 4	1	01/08/2020	01/08/2022
450	3 Chief Ambulance Services Commissioner	Effective Commissioning	1	IF: The EASC fail to plan and secure services and maintain effective collaborative relationships with providers Then: The purpose and effectiveness of the EAS Joint Committee would not be met Resulting in: Potential Ministerial and Welsh Government intervention	Agreed collaborative commissioning methodology review and refine commissioning arrangements - agreed EASC 9 March 2021 Effective function of the EASC Joint committee Independent Chair Effective governance arrangements in place CASC and Welsh Government Quality and Delivery meetings (bimonthly) Minister meets with the Chair quarterly Meet regularly with providers to ensure continued development of open and transparent relationship Model Standing Orders agreed for EASC July 2021 Special meeting of EASC with Minister and clear expectations received	Commissioning framework and monitoring at EASC and its sub committees Annual Governance Statement Monitoring of EASC IMTP at EASC and sub groups Review and refine governance arrangements Maintaining close working and collaborative relationships during unprecedented system pressures Ministerial action plan and monthly monitoring return commitment	Internal and external audit Welsh Government EASC Committee members Annual Governance Statement Strategic Commissioning intentions Continued engagement with the commissioning process and EASC Governance Ministerial EASC Action Plan with monthly update and review Chairs appraisal letter	5x2=10	CXL 5x1=5	1	' '	01/08/2022 (reviewed 01/08/2021)
450	4 Chief Ambulance Services Commissioner	Outcome measurement	to requirements identified within	IF: Work commissioned is failed to be acted upon Then: risks and issues identified will not be acted upon and implemented Resulting in: a missed opportunity to improve services	Forward plan for EASC and all sub groups Development of action plans which are received , endorsed and approved by the EASC for action Action log for EASC and all sub groups Regular review of Ambulance Quality Indicators Commissioning intentions - including measurement across the system Ministerial request for system wide measures	Governance and planning for EASC and all sub groups and supporting meetings Review of the commissioning framework Ministerial action plan and monthly monitoring return commitment	''	4x2=8	CXL 4 x2 = 8		01/08/2020	01/08/2022
450	5 Chief Ambulance Services Commissioner		the agreed Chair's objectives with the Minister		The Chair's objectives are shared with the Committee Chair's objectives are utilised when developing commissioning intentions and the EASC IMTP The Chair encourages the Committee to explore the link between Ambulance Services and urgent and emergency care services	Ministerial support for commissioning Commissioning intentions EASC IMTP / Annual Plan Focus on sessions at EASC to discuss wider system issues	Minister's response following Chair's appraisal	3x2=6	CXL 3 x2 = 6	1	01/08/2020	01/08/2022

:

Da ID		ortfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating T (Target)	rend	Opened	Review date
	Se	nief nbulance rrvices mmissioner	Securing	agreed performance standard for	IF: The red performance level is less than 65% for each health board area and across Wales as a whole on a monthly basis Then: The core target will be missed Resulting in: Unsatisfactory service for the people of Wales (or within specific health board areas)	The necessary resources secured in the EASC IMTP / Annual Plan performance monitoring on a daily basis and month to date position Bi monthly CASC Quality and Delivery meeting with Welsh Government CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported	Delivery of EASC Annual Plan and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management Group to provide oversight on operational performance Development of WAST performance improvement plan	Ambulance Quality Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review Ministerial EASC Action Plan including monthly submission and review CASC liaision with Chief Operating Officers	4x5=20	CXL 4x3= 12	↑	Aug-20	Aug-22
•	Se	ilef nbulance rvices mmissioner		agreed performance standard for amber category calls	IF: The average time for amber performance calls does not reduce year on year Then: The core target will be missed. Resulting in: unsatisfactory service for the people of Wales (or within specific health board areas).	The necessary resources secured in the EASC IMTP/ Annual Plan performance monitoring on a daily basis and month to date position CASC Monthly quality and delivery meetings with WAST Bi monthly CASC Quality and Delivery meeting with Welsh Government CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported	Delivery of EASC Annual Plan and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management Group to provide oversight on operational performance Development of WAST performance improvement plan	Ambulance Quality Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Ministerial Ambulance Availability Taskforce Implementation of the Demand and Capacity Review Ministerial EASC Action Plan including monthly submission and review CASC liaision with Chief Operating Officers	4x5=20	CXL 4x3= 12	↑	Aug-20	Aug-22
•	Se	nbulance		whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of	IF: The system does not utilise the arrangements in place at EASC Then: The governance and purpose of EASC will be undermined Resulting in: a lack of consistency, duplication of services and resources, poor governance and non compliance with the Statutory Instrument leading to unnecessary system pressures	Accountable officers are members of EASC Memorandum of understanding and commitment from all EASC members Sharing information on service developments Alignment to the 6 Goals for Urgent and Emergency Care Policy Steering Board Model Standing Orders agreed Commissioning Framework	Collaborative commissioning agreement EASC Management group representing all organisations Aligning EASC IMTP/ Annual Plan with WAST and Health board IMTPs CASC meeting with Welsh Government planners CASC Quality and Delivery 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	Memorandum of understanding Independent Chair Governance arrangements Commitment to collaborative nature of working External audit Welsh Government and Ministerial support for EASC	4x2 =8	CXL 4x1= 4	1	Aug-20	Aug-22
tb	An Se	ief nbulance rvices mmissioner	Effective Commissioning	appropriate commissioning actions to support the provider in	IF: Commissioning actions are not taken to manage patient safety and minimise clinical risks Then: Patients are more likely to come to harm Resulting in: poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage	Discussion at EASC Committee Discussion at EASC Management Group CASC and WAST Quality & Delivery meeting Sought clarification from WAST re Equality Impact Assessment Agree red lines for handover delays to improve ambulance availability	Development of joint escalation plan Commissioning Operational Delivery Unit to avoid unilateral WAST decision-making Provide necessary funding to WAST	WAST Equality Impact Assessment (to be completed) Commitment to collaborative nature of working and implementation of system-wide escalation policy Ongoing discussions around system-wide escalation	5X3 =15	CXL 5X1 = 5		Dec-21	Dec-22
tb	An Se	ilef nbulance irvices mmissioner	Outcome measurement	timely and quality assured information for publication as a result of the transition to new	IF: Timely and quality assured data is not provided Then: EASC will be unable to publish data or assure itself of the quality of service provision Resulting in: a lack of consistency and public confidence, duplication of services and resources, poor governance and non compliance with reporting requirements set out in the commissioning framework	Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements	Provide oversight on operational performance Implementation plans for new information systems (ECNS, ePCR)	Ambulance Quality Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required	3X4 = 12	CXL 3X2 = 6		Dec-21	Apr-22