

AGENDA ITEM	
3.3	

EMERGENCY AMBULANCE SERVICES COMMITTEE

Prepared by EASC RISK REGISTER 08/09/2020 Open Cally Hamblyn, Assistant Director of Governance & Risk; Gwenan Roberts Assistant Director Corporate Stephen Harrhy, Chief Ambulance

Report purpose	FOR APPROVAL

Services Commissioner

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)			
Committee/Group/Individuals	Date	Outcome	
Executive Director Review	July 2020	RISKS AMENDED	
CTM Management Board	July 2020	APPROVED	
EASC Management Group	Aug 2020	APPROVED	

ACRO	NYMS
IMTP	Integrated Medium Term Plan

1. SITUATION/BACKGROUND

Presented by

1.1 The Executive Team at Cwm Taf Morgannwg have made a commitment to review the risks allocated individually following the Board Development session held on Risk Management in August 2019. A number of milestones in the Risk Management improvement programme have been pushed back due to the focus on responding to COVID-19, however, as outlined in this report progress is now being albeit in a phased approach.



- 1.2 As a hosted body EASC have agreed to adopt the same approach to risk management.
- 1.3 The Draft Risk Register was discussed at the EASC Management Group at the meeting on 27 August and members suggested it was important to be clear what the risks were being measured against. Generally, it was felt that the direction of the approved EASC IMTP and Strategic Commissioning Intentions was important to consider what would stop the Joint Committee from achieving the intentions and plans agreed.
- 1.4 EASC Management Group suggested widening the scope of some of the risks as presented to ensure that it was clear that risks in preventing the Committee undertaking its functions was clear and all areas would be covered; those amendments have now been made to **Appendix 1**. Further work will be required to ensure that the DATIX assessments are also finalised.

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

- 2.1 Member should note:
 - Risk Descriptions have been reviewed in order that they more effectively articulate the risk using the IF/THEN/RESULTING IN format.
 - Review of the control measures
 - Ensuring any actions are relevant and up to date
 - Review of the risk rating to ensure it reflects the current risk profile appropriately.
 - Identifying those risks that in accordance with the Risk Management Strategy can be managed locally.
- 2.2 The next Board Development Session at CTM will include a session led by Amberwing to define the Risk Appetite for the CTMUHB.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 New Risks to the Organisational Risk Register

A new risk register for EASC has been developed and the draft is attached at **Appendix 1** for discussion at the meeting. The CTM approach has been adopted. Further developments will take place includiking adding all risks to the DATIX system but access can only be provided once training has taken place for the EASC Team. Training will be provided shortly.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)		
	Aim to mitigate risks to patients and staff		
Related Health and Care standard(s)	Governance, Leadership and Accountability		
	All Health and Care Standards are included		
Equality impact assessment completed	No (Include further detail below)		
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.		
Resource (Capital/Revenue £/Workforce) implications	There is no direct impact on resources as a result of the activity outlined in this report.		
/ Impact			
Link to Main Strategic Objective	To provide strong governance and assurance		
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users		

5. RECOMMENDATION

- 5.1 The EASC is asked to:
 - **Review** the new EASC Risk Register at **Appendix 1**.
 - **Approve** the risk register