

EASC RISK REGISTER

Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4260	Chief Ambulance Services Commissioner	Set the Strategic Commissioning direction	Failure to produce agreed Commissioning Frameworks and Commissioning Intentions	<p>IF: There is a failure to produce and agree Commissioning Frameworks and commissioning intentions</p> <p>Then: The commissioned providers would not be clear regarding expectations for the quality, effectiveness and efficiency of services within an agreed financial plan.</p> <p>Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> Ensuring a programme approach to developing commissioning frameworks for delivery with focus on monitoring progress through the EASC Sub Groups Commissioning Intentions collaboratively developed and agreed with quarterly updates to be provided Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans Regular reporting of the Commissioning Update from EASC Sub Groups to the EAS Joint Committee on progress Commitment from the EASC for commissioning cycles EMS Commissioning Framework refreshed Local integrated commissioning action plans developed by HBs and WAST, process supported by EASC Team 	EASC Commissioning Cycle in place to set out the process and timeline for the development of Commissioning Intentions and Commissioning Frameworks; Commissioning Intentions agreed for EMS, NEPTS and EMRTS monitored at each EASC Management Group (bi-monthly) meeting and with quarterly updates to EASC; Commissioning Frameworks enacted for all commissioned services, Refreshed Emergency Ambulance Services Commissioning Framework agreed at September EASC meeting	<ul style="list-style-type: none"> EASC Commissioning Cycle EASC Commissioning Intentions Commissioning Frameworks – reported to EASC every meeting (quarterly information) Minutes of EASC Sub Group meetings monitoring progress against plans Quarterly updates against EASC IMTP and Commissioning Intentions 	4x1 = 4	CXL 4x1=4	↔	01/08/2020	Reviewed 9 Jan 2023 Next review August 2023
4502	Chief Ambulance Services Commissioner	Meet the Ministerial direction to produce an EASC IMTP	Failure to develop an agreed EASC IMTP for endorsement by the Joint Committee seeking approval from the Welsh Government	<p>IF: There is no agreement for the EASC IMTP</p> <p>Then: The Commissioning Frameworks and Commissioning Intentions would not be supported</p> <p>Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<ul style="list-style-type: none"> CASC Quality and Delivery meeting held monthly to discuss quality and performance matters Detailed work to deliver EASC IMTP overseen by EASC Management Group EASC IMTP (2022 to 2025) approved by EASC (March 2022) EASC IMTP Quarterly update reports via EASC Commissioning Update reports to EASC CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly CASC meetings with Welsh Government planning department EASC IMTP 2022-25 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year 	EASC IMTP recently confirmed as acceptable by WG (with accountability conditions); Quarterly updates now to be provided;	<ul style="list-style-type: none"> Consistency between EASC IMTP with WAST IMTP and also with Health Boards Letter of support received from the Welsh Government with accountability conditions EASC Approval of the plan and WG confirmation Quarterly IMTP updates to EASC and its sub groups 	4x1=4	CXL 4x1= 4	↔	01/08/2020	Reviewed 9 Jan 2023 Next review August 2023
4503	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	<p>IF: The EASC fail to plan and secure services and maintain effective collaborative relationships with providers</p> <p>Then: The purpose and effectiveness of the EAS Joint Committee would not be met</p> <p>Resulting in: Potential Ministerial and Welsh Government intervention</p>	<ul style="list-style-type: none"> Agreed collaborative commissioning methodology Review and refine commissioning arrangements and refresh Commissioning Frameworks Effective function of the EASC Joint Committee Independent Chair Effective governance arrangements in place CASC and Welsh Government IQPD meetings (bi-monthly) Minister meets with the Chair and CASC quarterly Meet regularly with providers to ensure continued development of open and transparent relationship Model Standing Orders agreed for EASC July 2021 Special meeting of EASC with Minister and clear expectations received Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost) 	<ul style="list-style-type: none"> Commissioning framework and monitoring at EASC and its sub groups Annual Governance Statement produced Monitoring of EASC IMTP at EASC and sub groups Review and refine governance arrangements Maintaining close working and collaborative relationships during unprecedented system pressures EASC action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans 	<ul style="list-style-type: none"> Internal and external audit Welsh Government EASC Committee members Annual Governance Statement Strategic Commissioning intentions and Commissioning Frameworks Continued engagement with the commissioning process and EASC Governance EASC Action Plan with monthly update to the Minister and review Chair's appraisal letter with Minister ICAP meeting implementation plan 	5x3=15	CXL 5x1=5	↑	01/08/2020	Reviewed 9 Jan 2023 Next review April 2023
4504	Chief Ambulance Services Commissioner	Outcome measurement	Failure to respond to requirements identified within commissioned work related to the ambulance services	<p>IF: Work commissioned is failed to be acted upon</p> <p>Then: risks and issues identified will not be acted upon and implemented</p> <p>Resulting in: a missed opportunity to improve services for patients leading to harm</p>	<ul style="list-style-type: none"> Forward plan (Annual Business Plan) for EASC and all sub groups Development of action plans which are received, endorsed and approved by the EASC for action Action log for EASC and all sub groups Regular review of Ambulance Service Indicators with dedicated group jointly chaired with WAST Commissioning intentions - including measurement across the system Commissioner request for system wide measures Ongoing refresh of the Commissioning Frameworks 	<ul style="list-style-type: none"> Governance and planning for EASC and all sub groups and supporting meetings Reviews of the commissioning frameworks EASC Action Plan and monthly monitoring return commitment 	<ul style="list-style-type: none"> Amber Review ORH Report D&C EMS Emergency Ambulances Framework - updated Sept 2022 McClelland Review of Welsh Ambulance Services (2013) Internal and external audit CASC IQPD meeting with Welsh Government Annual Governance Statement 	4x3=12	CXL 4 x2 = 8	↑	01/08/2020	Reviewed 9 Jan 2023 Next review April 2023

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4505	Chief Ambulance Services Commissioner	Ministerial direction	Failure to achieve the agreed Chair's objectives with the Minister	<p>IF: The agreed Chair's objectives with the Minister are not delivered</p> <p>Then: Then the confidence of the Minister will be potentially compromised</p> <p>Resulting in: The Minister not being assured that necessary progress has been made in the commissioning of ambulance services and the wider connections to unscheduled care services in Wales</p>	<ul style="list-style-type: none"> Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4 	<ul style="list-style-type: none"> Commissioner support for commissioning EASC Commissioning intentions Refresh Commissioning Frameworks EASC IMTP Focus on' sessions at EASC to discuss wider system issues 	<ul style="list-style-type: none"> Minister's response following Chair's appraisal Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4 Updated objectives for Chair received 	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	Reviewed 9 Jan 2023 Next review October 2023
4506	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	<p>IF: The red performance level is less than 65% response rate within 8 minutes across Wales as a whole on a monthly basis</p> <p>Then: The core target will be missed</p> <p>Resulting in: Unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> The necessary resources secured in the EASC IMTP Performance monitoring on a daily basis and month to date position Bi monthly CASC IQPD meetings with Welsh Government CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report presented at every EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored Quality and Safety Report presented at every EASC meeting Commissioner element of EMS Demand and Capacity plan for additional staff supported; 	<ul style="list-style-type: none"> Delivery of EASC IMTP and WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management Group to provide oversight on operational performance Development of WAST performance improvement plan EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review Commissioner EASC Action Plan including monthly submission and review CASC liaison with Chief Operating Officers Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU) 	5x5=25	CXL 5x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023
4507	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance for amber category calls	<p>IF: The average and longest times for amber incidents do not reduce</p> <p>Then: Patients will not receive the care they need in a timely manner</p> <p>Resulting in: unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> The necessary resources secured in the EASC IMTP/ Annual Plan performance monitoring on a daily basis and month to date position CASC Monthly quality and delivery meetings with WAST Bi monthly CASC Quality and Delivery meeting with Welsh Government CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored Quality and Safety Report presented at every EASC meeting Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff 	<ul style="list-style-type: none"> EASC IMTP accepted with accountability conditions awaiting outcome of WAST IMTP Implementation of the commissioning intentions through the commissioning agreement Role of the EASC Management Group to provide oversight on operational performance Development of WAST performance improvement plan Weekly dashboard of management information developed and shared across NHS Wales to capture progress EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities 	<ul style="list-style-type: none"> Ambulance Service Indicators Daily weekly and monthly performance reports Remedial Action plans (if required) Specific targeted actions as required Commissioner Ambulance Availability Taskforce Implementation of the Demand and Capacity Review EASC Action Plan for Minister including monthly submission and review CASC liaison with Chief Operating Officers (multiple arenas) 	5x5=25	CXL 5x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023
4508	Chief Ambulance Services Commissioner	Set the Strategic Commissioning Direction	Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which relate to its areas of responsibility during times of escalation	<p>IF: The system does not utilise the arrangements in place at EASC</p> <p>Then: The governance and purpose of EASC will be undermined</p> <p>Resulting in: a lack of consistency, duplication of services and resources, poor governance and non compliance with the Statutory Instrument leading to unnecessary system pressures</p>	<ul style="list-style-type: none"> Accountable officers of health boards are members of EASC Memorandum of understanding and commitment from all EASC members Sharing information on service developments Alignment to the 6 Goals for Urgent and Emergency Care Programme Board Model Standing Orders agreed and reviewed annually Commissioning Frameworks reviewed 	<ul style="list-style-type: none"> Collaborative commissioning agreements EASC Management group representing all organisations Aligning EASC IMTP with WAST and Health board IMTPs CASC meeting with Welsh Government planners CASC IQPD meeting with Welsh Government CASC Quality and Delivery meeting with WAST Chair of EASC and CASC meetings with Health Boards CASC Member of NHS Leadership Board 	<ul style="list-style-type: none"> Memorandum of understanding Independent Chair Governance arrangements Commitment to collaborative nature of working External audit Welsh Government and Commissioner support for EASC EASC Action Plan EASC Standing orders and Standing Financial Instructions 	4x2 =8	CXL 4x1= 4	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023

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5005	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	<p>IF: Commissioning actions are not taken to manage patient safety and minimise clinical risks</p> <p>Then: Patients are more likely to come to harm</p> <p>Resulting in: poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</p>	<ul style="list-style-type: none"> •Discussion at EASC Committee •Discussion at EASC Management Group •CASC and WAST Quality & Delivery meeting •Sought clarification from WAST re Equality Impact Assessment •Agree red lines for handover delays to improve ambulance availability •Securing of funding for additional emergency ambulance capacity •Quality and Safety Report received at every EASC meeting 	<ul style="list-style-type: none"> •Joint escalation plan developed and approved at NHS Leadership Board (not yet actioned) •Commissioning Operational Delivery Unit (not yet actioned) to avoid unilateral WAST decision-making •Provide necessary funding to WAST 	<ul style="list-style-type: none"> •WAST Equality Impact Assessment (to be completed) •Commitment to collaborative nature of working and implementation of system-wide escalation policy •Ongoing discussions around system-wide escalation •EASC Management Group agreed to set up two task and finish groups 1. Response to Healthcare Inspectorate Wales review related to handover delays 2. Appendix B 	5x4 =20	CXL 5x1 = 5	↑	Dec-21	Reviewed 9 Jan 2023 Next review April 2023
5006	Chief Ambulance Services Commissioner	Outcome measurement	Failure to receive timely and quality assured information for publication as a result of the transition to new information systems (ECNS, ePCR)	<p>IF: Timely and quality assured data is not provided</p> <p>Then: EASC will be unable to publish data or assure itself of the quality of service provision</p> <p>Resulting in: a lack of consistency and public confidence, duplication of services and resources, poor governance and non compliance with reporting requirements set out in the commissioning framework</p>	<ul style="list-style-type: none"> •Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements •Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff 	<ul style="list-style-type: none"> •Provide oversight on operational performance •Implementation plans for new information systems (ECNS, ePCR) 	<ul style="list-style-type: none"> •Ambulance Service Indicators •Daily weekly and monthly performance reports •Remedial Action plans (if required) •Specific targeted actions as required •Ambulance Service Indicator Group meetings 	3x3 = 9	CXL 3x2 = 6	↓	Dec-21	Reviewed 9 Jan 2023 Next review April 2023
5370	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to secure sufficient ambulance capacity to meet the needs of the population	<p>IF: sufficient ambulance capacity is not available</p> <p>Then: organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</p> <p>Resulting in: increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p> <p>Lack of compliance with statutory requirements for EASC.</p>	<ul style="list-style-type: none"> •The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position •Bi monthly CASC IQPD meetings with Welsh Government •CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust •Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored •Quality and Safety Report presented at every EASC meeting 	<ul style="list-style-type: none"> •Delivery of EASC IMTP and WAST IMTP •Implementation of the commissioning intentions through the commissioning agreement •Role of the EASC Management Group to provide oversight on quality and safety •Development of WAST performance improvement plan •EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities •Actions from the Ministerial summit on handover improvement 	<ul style="list-style-type: none"> •Ambulance Service Indicators •Daily weekly and monthly performance reports •Remedial Action plans (if required) •Implementation of the Demand and Capacity Review Commissioner •EASC Action Plan including monthly submission and review •CASC liaison with Chief Operating Officers •Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU) •EASC receive a quality and safety report at each meeting 	5x5=25	CXL5x2=10	New	Jan-23	Developed on 9 Jan 2023 Next review April 2023