

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 Plan	Failure to produce an agreed Strategic Commissioning plan and commissioning intentions	<p>IF: There is a failure to produce and agree a strategic commissioning plan 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>	<p>Ensuring a program approach to planning and delivery with focus on monitoring progress through the EASC Sub Groups;</p> <p>Commissioning Intentions collaboratively developed and agreed with quarterly updates to be provided;</p> <p>EASC IMTP recently confirmed as acceptable by WG (with accountability conditions);</p> <p>Forward look developed for all EASC Sub Groups including receiving progress on the deliverables within the plans;</p> <p>Regular reporting from EASC Sub Groups to the EAS Joint Committee on progress;</p> <p>Commitment from the EASC for strategic commissioning cycles;</p> <p>Ongoing work to refresh the EMS Commissioning Framework, with work soon to commence on local integrated commissioning action plans;</p>	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, currently finalising the EMS Commissioning Framework via the EASC MG ;	EASC IMTP; EASC Commissioning Cycle; EASC Commissioning Intentions; Minutes of EASC Sub Group meetings monitoring progress against plans; Commissioning Frameworks; Quarterly updates against EASC IMTP and Commissioning Intentions;	4x1 = 4	CXL 4x1=4	↔	01/08/2020	01/12/2022
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 Strategic Commissioning plan (commissioning intentions) would not be supported</p> <p>Resulting in: Lack of clarity in the direction of the commissioned organisations (WAST and EMRTS)</p>	<p>CASC Quality and Delivery meeting held monthly to discuss Quality and performance matters (under review);</p> <p>Detailed work to deliver EASC IMTP overseen by EASC Management Group;</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>EASC IMTP 2022-2025 approved by EASC March 2022;</p> <p>CASC IQPD (Integrated Quality and Performance Delivery) meeting with Welsh Government bi-monthly;</p> <p>CASC meetings with Welsh Government planning department;</p> <p>EASC IMTP 2022-25 confirmed as acceptable (with accountability conditions) by Welsh Government with quarterly updates in-year;</p>	EASC IMTP recently confirmed as acceptable by WG (with accountability conditions); Quarterly updates now to be provided;	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; Quarterly IMTP updates to EASC and its sub groups;	4x1=4	CXL 4x1= 4	↔	01/08/2020	01/12/2022
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>	<p>Agreed collaborative commissioning methodology;</p> <p>Review and refine commissioning arrangements and refresh Commissioning Framework;</p> <p>Effective function of the EASC Joint Committee;</p> <p>Independent Chair;</p> <p>Effective governance arrangements in place;</p> <p>CASC and Welsh Government IQPD meetings (bi-monthly);</p> <p>Minister meets with the Chair quarterly;</p> <p>Meet regularly with providers to ensure continued development of open and transparent relationship;</p> <p>Model Standing Orders agreed for EASC;</p> <p>July 2021 Special meeting of EASC with Minister and clear expectations received;</p>	Commissioning framework and monitoring at EASC and its sub groups; Annual Governance Statement; Monitoring of EASC IMTP at EASC and sub groups; Review and refine governance arrangements; Maintaining close working and collaborative relationships during unprecedented system pressures; EASC action plan for Ministerial priorities and monthly monitoring return commitment;	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;	5x2=10	CXL 5x1=5	↔	01/08/2020	01/12/2022
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</p>	<p>Forward plan (Annual Business Plan) for EASC and all sub groups;</p> <p>Development of action plans which are received , endorsed and approved by the EASC for action;</p> <p>Action log for EASC and all sub groups;</p> <p>Regular review of Ambulance Service Indicators with dedicated group jointly chaired with WAST;</p> <p>Commissioning intentions - including measurement across the system;</p> <p>Commissioner request for system wide measures;</p> <p>Refresh of Commissioning Frameworks;</p>	Governance and planning for EASC and all sub groups and supporting meetings; Review of the commissioning framework; Commissioner action plan and monthly monitoring return commitment;	Amber Review; ORH Report D&C EMS; EMS Framework - being finalised; McClelland Review of Welsh Ambulance Services (2013); Internal and external audit; CASC IQPD meeting with Welsh Government; Annual Governance Statement; Commissioner Ambulance Availability Taskforce;	4x2=8	CXL 4 x2 = 8	↔	01/08/2020	01/12/2022
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>	<p>Regular meetings with the EASC team to discuss any issues as well as quality issues and the development of improved reporting arrangements;</p> <p>Cross reference to the work to deliver the Six Goals for Urgent and Emergency Care Programme and particularly Goal 4;</p>	Commissioner support for commissioning; EASC Commissioning intentions; Refresh Commissioning Frameworks; EASC IMTP; 'Focus on' sessions at EASC to discuss wider system issues;	Minister's response following Chair's appraisal; Six Goals for Urgent and Emergency Care Programme delivery particularly Goal 4;	3x2=6	CXL 3 x2 = 6	↔	01/08/2020	01/12/2022

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4506	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance standard for category red calls	<p>IF: The red performance level is less than 65% for each health board area and 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)</p>	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;	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;	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; Commissioner EASC Action Plan including monthly submission and review; CASC liaison with Chief Operating Officers;	5x5=25	CXL 4x3= 12	↑	Aug-20	Dec-22
4507	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance standard for amber category calls	<p>IF: The average time for amber performance calls does not reduce year on year</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).</p>	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	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; Development of weekly dashboard of management information to capture progress;	Ambulance Service Indicators; Daily weekly and monthly performance reports; Remedial Action plans (if required); Specific targeted actions as required; Commissioner Ambulance Availability Taskforce; Implementation of the Demand and Capacity Review; EASC Action Plan for Minister including monthly submission and review; CASC liaison with Chief Operating Officers (multiple arenas);	5x5=25	CXL 4x3= 12	↑	Aug-20	Dec-22
4653	Chief Ambulance Services Commissioner	Set the Strategic Commissioning Plan	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>	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 and reviewed annually; Commissioning Frameworks reviewed;	Collaborative commissioning agreement; 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;	Memorandum of understanding; Independent Chair; Governance arrangements; Commitment to collaborative nature of working; External audit; Welsh Government and Commissioner support for EASC; EASC Standing orders and Standing Financial Instructions;	4x2 =8	CXL 4x1= 4	▢	Aug-20	Dec-22
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>	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	Joint escalation plan developed and approved at NHS Leadership Board; Commissioning Operational Delivery Unit to avoid unilateral WAST decision-making; Provide necessary funding to WAST;	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

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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>	Regular meetings with the project team to discuss any issues as well as with the clinical audit team around the development of reporting arrangements; Weekly dashboard of management information developed and shared;	Provide oversight on operational performance; Implementation plans for new information systems (ECNS, ePCR);	Ambulance Service Indicators; Daily weekly and monthly performance reports; Remedial Action plans (if required); Specific targeted actions as required;	3X4 = 12	CXL 3X2 = 6		Dec-21	Dec-22