

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
18 JULY 2023 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS 'LIVE'**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner (CASC)
Jennifer Winslade	Executive Nurse, Aneurin Bevan ABUHB (in part)
Nick Lyons	Executive Medical Director, Betsi Cadwaladr UHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB (in part)
Steve Moore	Chief Executive, Hywel Dda UHB
Hayley Thomas	Interim Chief Executive, Powys Teaching HB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Ross Whitehead	Deputy Chief Ambulance Services Commissioner
Hugh Bennett	Assistant Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Lee Leyshon	Interim Assistant Director of Communications and Engagement Lead for EASC
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 23/062	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair
EASC 23/063	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Carol Shillabeer, Nicola Prygodzicz, Mark Hackett, Rachel Marsh, Stuart Davies and Tracey Cooper.</p>	Chair
EASC 23/064	<p>DECLARATIONS OF INTERESTS</p> <p>There were none.</p>	Chair
EASC 23/065	<p>MINUTES OF THE MEETING HELD ON 16 MAY 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 16 May 2023. One amendment was agreed for page 11 to read</p> <ul style="list-style-type: none"> • The progress of 'consult and close' where the rate had improved to 15% (target 17%). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 16 May 2023. 	Chair
EASC 23/066	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 23/049 Performance Report</p> <ul style="list-style-type: none"> • Statistical process control information had been developed and would be added to the next performance report and discussed at the next EASC Management Group meeting • The performance report included (as within the EASC Integrated Medium Term Plan) the total hours lost, as opposed to the trajectory to meet the aim of no delays of over one hour (Ministerial target), and the need to consider the narrative of actual numbers versus percentages. Information was also presented in the EASC IMTP Tracker for ease of reference. <p>EASC 23/051 Committee Effectiveness</p> <ul style="list-style-type: none"> • A short presentation with key information for new members was being drafted and would be presented at the next meeting EASC Management Group meeting prior to its submission 	<p>Chair</p> <p>EASCT</p> <p>Ctte Sec</p>

<ul style="list-style-type: none"> • Meetings had been scheduled 'in-person' twice a year (September and March) completed - close • Wider benchmarking for ambulance services would be included in the CASC Report at the September meeting • Planned to use patient and or staff stories from provider organisations at the November meeting • Agreed to use Microsoft Teams Live for Committee meetings until decision made re EMRTS Service Review; then re-examine options • Review of the Committee's risk appetite - the host body (CTMUHB) approach included in the Governance Report. 	<p>CASC Report</p> <p>Forward look</p> <p>Ctte Sec</p>
<p>EASC 23/54 Remote Clinical Support</p> <ul style="list-style-type: none"> • Linking work in health boards WAST and by the EASC Team – included within the CASC Report • EASC IMTP – awaiting letter from Welsh Government which would be shared as soon as available. 	<p>Ctte Sec</p>
<p>EASC 23/055 NEPTS</p> <ul style="list-style-type: none"> • Eligibility criteria would be reviewed at the NEPTS DAG meeting and an update would be provided at the next meeting. 	<p>EASCT</p>
<p>EASC 23/058 Annual Governance Statement</p> <ul style="list-style-type: none"> • The Statement had been updated and submitted to the Audit and Risk Committee meeting taking place on 26 July alongside the final accounts - close. • Key organisational contacts – Members were asked to review representatives in view of poor attendance at sub group meetings - ongoing. 	<p>All</p>
<p>EASC 23/028 Performance Report –</p> <ul style="list-style-type: none"> • Workshop to link data and system learning to improve performance - in the CASC Report. 	<p>CASC</p>
<p>EASC 23/034</p> <ul style="list-style-type: none"> • Night sitting service now called Connected Support Cymru Implementation and evaluation of 12week pilot to be provided at a future meeting, reported in the CASC Report. 	<p>CASC</p>
<p>EASC 23/046</p> <ul style="list-style-type: none"> • Transfer discharge and repatriation – now ongoing work reported in the CASC Report. 	<p>CASC</p>
<p>EASC 22/79 and 23/046 Different staff input to WAST Control / call options</p> <ul style="list-style-type: none"> • Potential to consider social care, care homes and maternity (included in WAST IMTP planning) – impact to be evaluated and to remain on action log. 	<p>WAST</p>

	<p>EASC 21/26 Committee effectiveness</p> <ul style="list-style-type: none"> • Discussion re wider membership with patient voice or additional Independent Members – ongoing discussions with Llais (Citizen Voice Body) and further meetings to be arranged - to remain on action log. <p>Members RESOLVED to: NOTE the Action Log.</p>	Chair/Ctte Sec
EASC 23/067	<p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 23/068	<p>CHAIR'S REPORT</p> <p>The Chair's report was received. Members noted the appraisal meeting had taken place with the Minister in June in relation to the set objectives. More detailed discussions took place in relation to the targets set and the aspiration within the EASC Integrated Medium Term Plan (IMTP) which would be closely monitored. The Minister particularly noted the time spent recently on the Emergency Medical Retrieval and Transfer Service Review by the small team of staff.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report • NOTE the Chair's objectives set by the Minister. 	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 23/069	<p>PERFORMANCE REPORT</p> <p>The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Ross Whitehead highlighted a number of key areas.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • The latest Ambulance Service Indicators (ASIs) https://easc.nhs.wales/asi/ would be published on Thursday 20 July, reporting the June position • 999 call volumes were 8% lower than in May 2022 • 4% reduction in incidents • Hear and treat rates continued to improve • See and treat rate back to the historical norm • Improvements in response times – all on an improving trajectory as well as for those patients waiting the longest in the red and amber categories, although there was still a long way to go before the performance would be considered satisfactory (but in the right direction) 	

	<ul style="list-style-type: none"> • An increase in the number of patients conveyed to hospital compared to the same period last year – this needed to be analysed further and would be presented to the EASC Management Group • Improvement in handover delays and the number of patients waiting over 4 hours has reduced, in some areas this has been eradicated while others, though showing signs of improvement, required continued attention • EASC Action Plan was being updated and, although it was no longer required to be submitted monthly, would be used at the Integrated Quality, Planning and Delivery meetings with Welsh Government. <p>Discussion took place and Members raised the issue of variation both across Wales but also within health boards. Members welcomed the dashboard approach in providing clarity and sought assurance that the data was being validated, particularly in relation to red release. Members noted that the weekly dashboard was constantly under review and enhancements would continue where members identified additional requirements.</p> <p>Members discussed the impact of reducing handover delays and the expectation that this would affect performance although this had not yet been seen with performance in red consistently at the mid 50% level.</p> <p>Jason Killens was asked to forecast where and when improvements would be seen and whether the assumptions made in the IMTP would be realised. Further discussion took place in relation to variation and Members noted good performance improvement in some areas whereas others were stubbornly at unacceptable levels. Further improvements were anticipated with the roll out of the Cymru High Acuity Response Units (CHARUs) and the improved utilisation of the ambulance fleet.</p> <p>Stephen Harray raised the role of the Community First Responders, particularly in rural areas and also the variation in conveyance rates across health boards which would be important areas for the deployment of Advanced Paramedic Practitioners (APPs) in trying to avoid conveyance. Jason Killens explained that additional CFRs had been recruited & trained.</p> <p>It was agreed that additional work would be required to retrospectively analyse the data from the electronic patient clinical record (ePCR) and other sources to correctly categorise the work; this would be included in the next report and would have the alternative services identified (Added to Action Log).</p>	<p>WAST</p>
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	<p>Members noted:</p> <ul style="list-style-type: none"> • Modelling suggested 4% of WAST activity could be dealt with in the Same Day Emergency Care (SDEC) units; this was currently at 0.2% • The aim to make more use of video consultation, and to use to best effect • The development of directories of services in health boards and the importance of ensuring access for WAST staff • For lower acuity chest pain patients and some care homes analyse the data for potential opportunities to create services and track through actions (real time access) • The importance of driving out variation in an environment of improving performance. <p>The version of data presented to the Committee was raised in view of the requirement for StatsWales to publish the Ambulance Service Indicators before any publication of the information. Ross Whitehead explained that ongoing meetings were taking place with the aim to resolve the issue and be agile as commissioners of the ambulance service. The aim would be to try and make progress in some areas with a view to ensuring the Committee had the most current information. Members noted that the Office of National Statistics (ONS) had been tasked to produce cross UK measures for health, which in view of the four different operating models was a complex request.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE the information within the performance dashboard. • NOTE the content of the EASC Action Plan. 	
EASC 23/070	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received.</p> <p>In presenting the report, Ross Whitehead highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • 25 ongoing investigations under the Joint Framework in May • Work continuing to identify key themes in meetings with WAST and health boards • The Welsh Risk Pool were supporting the work and seeking improvement opportunities for the tracking and reporting of joint investigations 	

	<ul style="list-style-type: none"> • Reduction in the number of patients waiting over 12 hours in the community, although still a large number, the trajectory was one of improvement • Improvement in the compliance of the clinical indicators within the Ambulance Service Indicators • A technical error had been identified within the STEMI bundle and this would be rectified back to June 2020 • The published levels for the return of spontaneous circulation (ROSC) was 20% (the highest level achieved) • The latest information was not available in respect of patients arriving as 'walk ins' but in the triage category one. This would be rectified as it was agreed this was an important metric for patient safety. Joint work was underway with the NHS Wales Delivery Unit (NHS Executive) to analyse those self-presenting and included stroke patients (high level of patients presenting at emergency departments). <p>Members responded asking about:</p> <ul style="list-style-type: none"> • learning from the North East Ambulance Service review and the potential to undertake a gap analysis to secure any insight or learning – noted that the EASC Team currently analysing the review and would report to EASC Management Group (Added to Action Log) on any findings • other reviews of ambulance services and noted that the EASC Team constantly scan for any ambulance service reviews and consider any learning. This would again be reported initially via EASC Management Group. Jason Killens also confirmed that WAST routinely undertake a gap analysis approach to any significant report on ambulance services. <p>Members RESOLVED following discussion to:</p> <ul style="list-style-type: none"> • NOTE the content of the report • NOTE the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services. 	EASC Team
EASC 23/071	<p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update Report was received. This included:</p> <ul style="list-style-type: none"> • Integrated Medium Term Plan 2023-26 • Current EASC Integrated Medium Term Plan (IMTP) Tracker • Non-Emergency Patient Transport Services (NEPTS) Strategic Direction • Integrated Commissioning Action Plans (ICAPs) 	

	<p>Ross Whitehead presented the report and Members noted that:</p> <ul style="list-style-type: none"> • Work had commenced on reviewing the Non-Emergency Patient Transport Services Commissioning Framework as per the agreed commissioning cycle • The work to develop a longer-term strategy for NEPTS following the completion of the business case and adapting to the ongoing changes within the service. The final report would be presented at a future meeting (Added to the Action Log). • In relation to the EASC IMTP Tracker some of the performance ambitions had been achieved including: <ul style="list-style-type: none"> - longest red – 95th percentile 30 minutes by the end of Quarter 1 – this had been achieved and it was suggested to review Quarter 2 ambition to <18 minutes - longest amber – 95th percentile 8 hours by the end of Quarter 1; this had been achieved and suggested revising the Quarter 2 ambition to 4.5 hours and Quarter 3 to 3.5 hours. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report • APPROVE the development of new long-term strategy for NEPTS • APPROVE enhancements to the performance ambitions within the EASC IMTP 	EASC Team
EASC 23/071	<p>FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW</p> <p>The Chair introduced the Focus on session on the progress with the EMRTS Service Review. Stephen Harray gave an overview of the work to date and introduced Lee Leyshon, Deputy Director of Communications and Engagement to deliver the presentation on the emerging themes.</p> <p>Noted</p> <ul style="list-style-type: none"> • Discussed the factors for developing options for the service and the weightings as previous used for EMRTS developments • In relation to the EMRT Service: <ul style="list-style-type: none"> - General support and appreciation - Local bases means local services for the people who live near - Some consider it a 'fast ambulance' - Understanding of a problem to fix - Important about effectiveness of working with other services and agencies - Implications for hours of operation, for air and road, with staffing implication - The small mutual aid implications 	

	<ul style="list-style-type: none"> • In terms of wider issues and the original service development proposal: <ul style="list-style-type: none"> - Another rural loss – like banks, dentists, GP practices, post offices etc - Lack of understanding of ‘unmet need’ - The rationale for the original base locations; the coastal locations and the importance of rapid response vehicles RRVs - That the critical care staff would want to treat as many patients as possible - The impact of the weather on services • In reference to the Wales Air Ambulance Charity: <ul style="list-style-type: none"> - Potential reputational damage with a risk to funding - Perception of cost saving - Accepted the findings of the original Service Development Review • For rural and coastal areas the following issues were regularly raised: <ul style="list-style-type: none"> - Remote and lone working in high risk occupations - Seasonal population variations - Impact of rural geography, road infrastructure and topography - Mobile phone coverage - Patient road transfer experiences and outcomes - Impact of climate change affecting access • Public perception that services prioritised in urban areas when using services per head of population and the respective needs were different in rural and urban areas • Response times was a major concern, of increased response times, losing the ‘golden hour’ and the impact of adverse weather. The proximity to emergency department in urban areas was raised regularly • Data was an area of focus regularly raised in sessions including: <ul style="list-style-type: none"> - The initial data period involving the covid period - The significance of the average response times - Using historical and forecasting data - Seasonal and population variation and projected demographics for rural areas - Understanding the under-utilisation data • In terms of the factors and weightings: <ul style="list-style-type: none"> - Regular questions related to cost saving perception - Cross over between the factors suggested - Importance of defining the factors - That clinical skills and sustainability needed a higher score and a reduction to the value for money weighting. • With regard to the engagement process: <ul style="list-style-type: none"> - Understood a complex matter - Questionnaire available at all sessions and online 	
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- Increased and regular communications
- Commissioner trusted and the public confidence in the approach
- Responses received included 'balanced, fair, comprehensive and diligent'; not a 'fait accompli'
- Suggestions received included:
 - Same bases different hours; all bases 24/7; base investments; all 4 into one base
 - Variations on the issues above with RRV usage
 - Make either (or both) Welshpool and Caernarfon 24/7 instead of Cardiff
 - More RRVs to be available
 - Move the South Wales bases
 - That WAST provide similar critical care skilled staff
 - Make more incremental changes from aviation contract
 - Opportunities to work with Fire and Rescue
- Broader system issues included appreciation of the scale and landscape, the vulnerabilities and the context of other services
- Concerns about WAST in out of area; handover delays, triaging of 999 calls and recruitment of staff
- For health boards – primary and secondary care in terms of loss of access to services; sustainability of services (local) and how people can have a say (want to be involved)
- For public services – need to be more integrated; recognise local service loss and its impact; involve the local populations more and more raise more awareness
- For policy and decision makers – understand the current pressures; reliance on charitable donations; road infrastructure important and involving the public in decision making.

Members raised the following:

- Thanked the CASC and the EASC Team for their thorough exemplar process; lots of learning for the system on the strength of the approach
- The timescales for the independent analysis, keen to ensure the collective perspective considered
- Sharing the data, modelling and information received from the engagement process
- The importance of the next phase.

Stephen Harray explained the next phase of work in terms of sharing data, learning from the approach and responding to the concerns by formally reporting at the next meeting to provide the facts for the Committee to consider. Further modelling would be available for members to scrutinise at the next meeting. Members noted that there was a strength of feeling in the locality of the Welshpool and Caernarfon bases in their desire to maintain the status quo.

	<p>Areas for further consideration would include:</p> <ul style="list-style-type: none"> • Making the best use of resources (mindful of the very different levels of utilisation of the current service) • Whether the EMRT Service is too specialised and what opportunities could exist for different patient groups • How rural areas receive health care and the issues with time sensitive requirements • The options for a new base and whether this could be delivered by the Charity in terms of infrastructure – some assurance for the next phase • Adapting the approach in light of the comments received and amending the weightings on clinical skills and value for money • Options for closer working between WAST and EMRTS • The wider picture – local areas primarily mentioned bases; Stakeholder Reference Groups across health board areas did not have major concerns if the service would be improved for all of the population, and in particular providing more ability to deliver to patients in the unmet need category. <p>Stephen HARRY explained that further work was required in order to make a recommendation to Members and that Members in turn would make a fully informed decision no earlier than the meeting in November. Members noted the risk of reputational damage to the Charity and the potential impact on donations. Members agreed the importance of making the best use of the commissioning allocation for EMRTS and WAST.</p> <p>A factual report including data and the independent analysis of the responses received would be provided at the September meeting (Added to the Action Log).</p> <p>It was reiterated that it was too early to make a recommendation to EASC and no decision had been made.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress to date and what was heard at the engagement events; further information would be provided at the next meeting. 	CASC
EASC 23/072	<p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p> <p>The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.</p> <p>Noted:</p> <ul style="list-style-type: none"> • Suggestions to slightly amend the weightings 	

	<ul style="list-style-type: none"> • Plans for next report at the September meeting • Continuation of the approach including planning of Phase 2 and maintaining work with the All Wales Communications and Engagement leads in health boards and trusts; and planning & informatics colleagues. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the completion of Phase 1 of the EMRTS Service Review Engagement • NOTE the summary of Phase 1 emergent themes as detailed to date specifically in relation to the Review • NOTE the summary of Phase 1 emergent themes as detailed to date in relation to broader system issues for health and social care • NOTE the caveat of the emergent themes from the Picker Institute that are currently pending • NOTE the work ongoing in relation to options development and data modelling • NOTE the outline plans for Phase 2 and approximate timescales • NOTE that the EASC Team continue to work with health board engagement, communication and service change leads throughout the engagement process. 	
EASC 23/073	<p>WELSH AMBULANCE SERVICES NHS TRUST REPORTS</p> <p>The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received.</p> <p>In presenting the report, Jason Killens highlighted:</p> <ul style="list-style-type: none"> • The use of the Clinical Safety Plan - WAST were at escalation level 2 (4 is the maximum) and in May 2023, WAST spent 1% of the time at Clinical Safety Plan (CSP) level 3b (the third highest level). The levels of escalation and CSP were significantly lower than those seen in the depths of winter, which was reflected in the lower levels of patient cancellations and “no sends” • Red Performance and the continued roll out of the Cymru High Acuity Resource Units (CHARU), about half had been commenced and more staff are being recruited, trained and deployed with an aim to build on the roster rota work and ensure the right fleet mix across Wales. This would improve red performance and the already seen increase in the ROSC rate. • Ambulance production levels against the plan for the latest four months at 97% against the ambition of 95% • The progress made by health boards in reducing handover delays at emergency departments and the consequential impact on the ambulance service 	

	<ul style="list-style-type: none"> • The numbers of patients conveyed at 41% into EDs in May 2023 (27% in December 2022, with the Clinical Safety Plan affecting this) • The Non-Emergency Patient Transport Services (NEPTS) and meeting the targets for kidney patients in arriving within 30 minutes of the appointment time (performance at 75% to the target of 70%). Also, an amendment had been made for the service provided to oncology patients moving from -30 / +30mins to -45 / +15mins to provide a better service for this group of patients • The first meeting of the Strategic Demand and Capacity Review had taken place at WAST with the aim of making the best use of resources available and continuing the approach. <p>Stephen Harry raised the issue of red release and confirmed the ongoing work to study the impact of the immediate release on the service provided. This would include validating the data before this was shared in the public domain, although it was acknowledged that this would potentially lead to a short time lag as this was a manual process. The work to develop confidence in the information included the health board Chief Operating Officers and their teams who receive the unvalidated report and therefore can challenge the data with respect to their areas. Further updates would be provided as the work progresses (Added to the Action Log)</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided. 	CASC/WAST
EASC 23/074	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harry highlighted key areas which included:</p> <ul style="list-style-type: none"> • Six Goals for Urgent and Emergency Care Programme (latest highlight report shared) work continuing to deliver Goal 4 and locally based work captured through the Integrated Commissioning Action Plan (ICAP) meetings. <ul style="list-style-type: none"> - A new clinical lead, Dr Tim Rogerson, had been appointed by the Six Goals for Urgent and Emergency Care Programme. Collaborative work had started on what a good emergency department would look like and a clinical event had been planned. - Specific work was planned in Swansea Bay and Betsi Cadwaladr UHBs to pilot an approach undertaken in Bristol 'the continuous flow work' as well as learning the system lessons from the experience in Cardiff & Vale and more recently Cwm Taf Morgannwg UHBs. 	

	<ul style="list-style-type: none"> • Connected Support Cymru (previously known as Night Sitting Service) An update report would be provided on progress at the next meeting (Added to the Action Log) • Data linking – the plan to hold a workshop was still in place although it was not yet scheduled as further steps were required to ensure all information sources would be available and reliable. At that stage, a workshop would be held with all relevant health boards, WAST and Digital Health and Care Wales (DHCW) staff. Members noted that DHCW had also been commissioned by Welsh Government to develop an urgent and emergency care dashboard • Health Education and Improvement Wales (HEIW) – Education commissioning of Paramedics and Advanced Paramedic Practitioners (APPs). Positive conversations had taken place with the EASC Team and it was suggested and agreed that Alex Howells, CEO of HEIW would be invited to periodically attend the Committee meeting. Members suggested the importance of the timescales for this work to meet academic timetables (Added to the Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. • NOTE the implication of the work of HEIW in relation to the education of paramedics and advanced paramedic practitioner numbers and invite the CEO to a future meeting. 	<p>CASC</p> <p>Ctte Sec</p>
<p>EASC 23/075</p>	<p>EASC FINANCIAL PERFORMANCE REPORT MONTH 3 2023/24</p> <p>The EASC Financial Performance Report at month 3 in 2023/24 was received. Stuart Davies had sent apologies for the meeting but had advised there were no variances to report on the financial position given the very early point in the financial year.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the current financial position. 	
<p>EASC 23/076</p>	<p>SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD ON 22 JUNE 2023</p> <p>The first summary from a meeting of the EASC Management Group was received. The aim of the report was to ensure consistency of issues identified at the ongoing meetings.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Ongoing discussions on a health board by health board basis re operational matters of WAST staff undertaking supporting duties within EDs to help flow and get the balance right 	

	<ul style="list-style-type: none"> • Work to ensure the consistency of data, especially in relation to immediate release. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Summary of the EASC Management Group meeting held on 22 June 2023. 	
EASC 23/077	<p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • EASC Management Group 20 April 2023 • Non-Emergency Patient Transport Services Delivery Assurance Group notes 13 April 2023 • Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 6 March 2023 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
EASC 23/078	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:</p> <ul style="list-style-type: none"> • EASC Risk Register and suggested approach to risk appetite • EASC Assurance Framework • EASC Key Organisational Contacts • Welsh Language Commissioner – Final Report and Decision Notice • Letter to host in relation to the statutory Duty of Quality and Candour. <p>Noted that:</p> <ul style="list-style-type: none"> • The Risk Register had five red risks in total, three scoring the highest level at 25. • The EASC Assurance Framework had been updated in line with the changes above to the risk register • The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups • The Welsh Language Commissioner – Final Report and Decision Notice and ongoing work • Letter to host in relation to the statutory Duty of Quality and Candour - Stephen Harray had signed on behalf of the Committee to confirm that EASC would use reasonable endeavours to comply with the legislation and activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act. 	EASC T

	<p>A formal report on the EASC compliance would be included in next year's Annual Governance Statement (Added to Action Log).</p> <p>Members agreed to the use of CTMUHBs Risk Appetite Statement for commissioning risks until arrangements could be developed for the new Joint Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the updated the risk register • APPROVE the use of the CTMUHB Risk Appetite Statement in relation to commissioning risks • APPROVE the updated EASC Assurance Framework • NOTE the ongoing investigation by the Welsh Language Commissioner. • NOTE the information within the EASC Key Organisational Contacts • NOTE the overview report from the Audit and Risk Committee at Cwm Taf Morgannwg for assurance • NOTE the letter to CTMUHB as host body to EASC in relation to the Statutory Duty of Candour and Duty of Quality and the requirement to report in next year's Annual Governance Statement. 	Ctte Sec
EASC 23/079	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Additional information in line with discussions at the meeting would be included for the next version.</p> <p>Members RESOLVED to: APPROVE</p>	
Part 3. OTHER MATTERS		ACTION
EASC 23/080	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 23/081	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 18 July 2023 virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date