



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
14 MARCH 2023 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen HARRY	Chief Ambulance Services Commissioner (CASC) (in part)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Nick Wood	Deputy CEO NHS Wales, Welsh Government
David Coyle	Integrated Community Health Director, Betsi Cadwaladr BCUHB
Deb Lewis	(in part) Interim Chief Operating Officer, Swansea Bay SBUHB
Kerry Broadhead	Assistant Director of Strategy, Swansea Bay SBUHB
Shaun Ayres	Deputy Director of Operational Planning and Commissioning Hywel Dda UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance EASC
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Lee Leyshon	Communications and Engagement Lead Interim for EASC
Sian Ashford	Head of EASC Team
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

	<p>EASC 22/123</p> <ul style="list-style-type: none"> • Additionality diagram <p>Linked to the additional staff recruited and information presented at the November meeting. A further update would be provided.</p> <p>EASC 22/81</p> <ul style="list-style-type: none"> • Roster Reviews <p>Members noted that the roster reviews had been completed and a table showing the breakdown of numbers and the investment level would be shared via the Committee Secretary.</p> <ul style="list-style-type: none"> • Changes to WAST working practices <p>Members noted that this was currently on hold in view of negotiations in relation to Industrial Action.</p> <p>EASC 22/10</p> <ul style="list-style-type: none"> • Key Reports and Updates <p>It was reported that these discussions were continuing with Digital Health and Care Wales (DHCW) which also linked with information in the Chief Ambulance Services Commissioner’s report.</p> <p>EASC 21/26</p> <ul style="list-style-type: none"> • Committee Effectiveness <p>It was noted that this work as ongoing and arrangements would be made to meet with the Citizen Voice Body - Llais.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>WAST</p> <p>WAST</p> <p>Chair</p>
<p>EASC 23/026</p>	<p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p>	<p>Chair</p>
<p>EASC 23/027</p>	<p>CHAIR’S REPORT</p> <p>The Chair’s report including the Chair’s Objectives was received. Members noted the ongoing National Commissioning Review by Welsh Government (a review of the functions) and Members would have an opportunity to meet with Steve Combe who was leading the work.</p> <p>A discussion took place in relation to the Vice Chair and it was suggested and agreed that Suzanne Rankin undertake the role for the next two years.</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 • APPROVE the appointment of Suzanne Rankin as Vice Chair of the Committee. 	<p>Chair</p>

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 23/028</p> <p>PERFORMANCE REPORT</p> <p>The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Core demand had reduced • There was a continued increase in hear and treat • There was an increase in 'units of hours produced' (UHP) • Red performance in January 2023 was 48.9% • Amber performance an improving position from December • Over 24,000 hours lost to handover delays in January • Work to change the presentation of performance information to assist health board teams to understand system performance which includes the weekly dashboard shared by the EASC Team • The new performance report was presented for the first time (and had been presented and supported for use at the recent EASC Management Group meeting) • Information on post production lost hours and the discussion whether this showed the impact of industrial action • There was a lack of consistency in the performance and the need for clarity in regard to the direction for the service • Although trends had been improving this had not impacted on the overall red performance • Information would be presented in a new way in the report to assist the correlation and impact of different factors on the performance of the service • There was a need to continue to utilise the work with WAST and health boards to work together to deliver the agreed plans to improve performance • Cardiff and Vale undertook learning in a systematic way to eliminate 4 hour delays and it was suggested that using the same methodology could be helpful to learn lessons across the system and improve performance • Variation was being monitored across the system with health boards trying to identify areas for improvement • The 111 Service could have an impact on local service utilisation and could be included • It was difficult at times of high system pressure to have the time to consider why and take learning opportunities • There was a positive impact of the roster review and the improvement in sickness absence rates • Is should be possible to articulate what a bad week looks like to deep dive to have a better understanding of the variation in performance either by a mechanism such as root cause analysis or reviewing patient pathways where people came to harm or very long delays 	

	<ul style="list-style-type: none"> • There would be a need to articulate and agree a methodology for use across the system • Should be able to utilise the data linking information (and add key trigger points) and could be helpful to hold a short workshop (added to Action Log) and link to the Six Goals for Urgent and Emergency Care Programme to avoid cutting across work already in train. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE the continued work on ambulance handover improvements • APPROVE the new Performance Report format for ongoing use • NOTE the content of the EASC Action Plan 	<p>CASC</p>
<p>EASC 23/029</p>	<p>LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE</p> <p>The Local Integrated Commissioning Actions Plan Update report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Progress had been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement • The EASC Team had been worked collaboratively with health boards and WAST in the development of the ICAPs • Each health board had submitted ICAPs which had been reviewed by the EASC Team • Going forward meetings would be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board’s ICAP, also to consider any operational or strategic matters arising. Performance data would be monitored via the weekly performance dashboard that would be circulated to all health boards and WAST • The actions and outputs of the ICAP process will provide direction and content for the development of each organisation’s IMTPs and linking to the Six Goals work • Good relationships were being developed and working together providing new opportunities • Although some progress being made, there was a lot of work to do to address the variation and performance across the system • Going forward would be reported with the commissioning intentions 	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress made via the ICAPs. • NOTE that future ICAP updates will be included within the EASC Commissioning Intentions update. • NOTE the risks highlighted and links with the Six Goals for Urgent and Emergency Care Programme. 	
<p>EASC 23/030</p>	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received. In presenting the report, Sian Ashford highlighted key areas of progress.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team • Responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided on a number of specific areas with HIW recently accepting the progress made to date. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response. A further workshop was planned to complete the response to the recommendations • Established and coordinated a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact. Now embedded across the system important to share learning. Task and Finish Group Members have asked to continue the work and an update Terms of Reference was provided to Members with the request to approve • Work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within a new EASC Quality & Safety Report with the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee’s knowledge in terms of quality, outcomes and harm. • The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances 	

	<ul style="list-style-type: none"> • Ongoing work to develop a dashboard linked to Datix and the Welsh Risk Pool involved and an update would be provided at a future meeting (Action Log) • It was important to receive quality and safety information at EASC as well as the performance data and it was suggested a thematic data driven report would be helpful across the system (to be included in new Quality and Safety Report) <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and the progress made by both Task and Finish Groups • APPROVE the Terms of Reference for the continuation of the Joint Investigation Group to create an opportunity to feedback and evaluate the new process • NOTE the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services. • NOTE the potential impact of industrial action on patient harm within the system • NOTE the development of a new Quality and Safety report for future submission. 	<p>EASCT</p> <p>EASCT</p>
<p>EASC 23/031</p>	<p>EASC INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 to 2026</p> <p>The EASC IMTP 2023 to 2026 was received. Stephen Harray provided an update on the progress to date and raise specific issues on key areas.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • The IMTP had been discussed at the recent EASC Management Group and various peer groups • Comments received have been included in the final draft presented • Page 15 provided the summary of the commitments in relation to performance improvement • There was consistency between the EASC IMTP and the WAST IMTP and there were no particular risks to draw attention to • The individual health board ICAP information was also reflected and there was no different between the assumptions in the EASC IMTP than in health boards in relation to delivery • It would be key to deliver the performance improvement outcomes • The finance appendix had been discussed by the Directors of Finance peer group and had been included in health board plans 	

	<ul style="list-style-type: none"> • There was a gap at present and there were difficult choices to be made in relation to the additional 100 wte staff recruited and the assumption that the support for this would be provided from a central source. Ongoing discussions were taking place with Welsh Government officials. • Assumptions had been made that hear and treat services would improve and how these may link to alternative pathways in health boards in line with ICAPs • Alignment between EASC IMTP assumptions and the assumptions of the 111 service (working with Richard Bowen) including the contribution to WAST overhead costs • Cost reduction expectation for WAST would be in line with health board assumptions in terms of this • There was a gap in the WAST finances which was identified and referred to the 100wte additional staff and the remaining gap would be expected to be met through efficiencies • The expectations on performance improvement (page 15) and the deliverability was discussed with the understanding that there were dependencies and would be contingent on each other • Including the reduction of conveyances would also be part of the ongoing work although it was not explicitly included on page 15, this was included in the Ambulance Service Indicators • Other areas could be included in relation to wider work within the system such as the emerging policy on further faster • IMTPs would need to be submitted to Welsh Government by end of March 2023 and agreed that Chair’s action could take place for any further minor amendments and additions. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided. • APPROVE Chair’s action for minor amendments and additions prior to submission to Welsh Government. 	
<p>EASC 23/032</p>	<p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p> <p>The update report was received. Lee Leyshon presented the report and gave an overview of work to date</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Core bilingual engagement materials had been developed following work with health boards and the Community Health Councils across Wales • Websites in Welsh and English had been prepared • Substantial amounts of information had been provided to respond to misinformation particularly in social media 	

	<ul style="list-style-type: none"> • Efforts made to ensure the process is undertaken correctly and diligently • Original timescales set aside to ensure robust and transparent process • External supplier sought to support analysis of questionnaire to complement the activities of the EASC Team • Augmenting information for meaningful dialogue • Underpinning by methodological approach in briefing, engaging and sharing • Working with venues across mid and north Wales for face to face activities and large meeting room opportunities • Building trust and confidence in the approach • Team receiving positive helpful responses • Carefully meeting the Gunning principles for engagement and the legal requirements for health boards <p>Members thanked Lee and the team for the process to date and supported the approach being taken to build confidence and trust in the approach, working with health board engagement, communication and service change leads. The Chair explained that Chair’s action had not been taken since the last meeting and as the meeting was arranged that the Joint Committee should take the decision to commence the formal engagement process for at least 8 weeks mindful that all engagement materials had now been prepared.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the dedicated engagement and communication expertise • NOTE that the EASC Team continued to work with health board engagement, communication and service change leads to commence the engagement process • NOTE the testing, development and publishing of content and engagement materials in preparation for the engagement process • NOTE the activities and pre-engagement work undertaken since the previous meeting including the engagement timetable of sessions currently being arranged • NOTE the pending proposal for external supplier support to undertake data collation, analysis and reporting to include a representative sample • APPROVE the commencement of the formal engagement process, straight away following the EASC meeting on 14 March 2023 (Action Log). 	<p>CASC</p>
<p>EASC 23/033</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST REPORTS</p> <p>The reports of the Welsh Ambulance Services NHS Trust (WAST) were received.</p>	

These included:

- Provider Report
- WAST Integrated Medium Term Plan (Presentation)

WAST Provider Report

Members received the Provider Update.

Noted that:

- The update on the red performance target of 8,9 and 10mins
- Amber response now less than 60mins
- Sickness absence trend tracking in line with expectation
- Consistency of performance good in some areas but weak in others

Members raised:

- Opportunities to learn from last winter and need to think ahead for improvements in the last few months of the year
- Important to have preparedness and plans for next winter now
- Seasonal planning and the links to further and faster work already started.

WAST Integrated Medium Term Plan (Presentation)

The presentation gave an overview of the issues to be considered in line with discussions earlier in the meeting to include meeting performance targets, taking the learning and sharing from the local Integrated Commissioning Action Plan meetings; taking forward the WAST Board commitment to invert the triangle and meeting the requirements of the Commissioning Intentions and Quality and Delivery Framework.

Noted that:

- WAST giving greater emphasis to listening to the public and to staff in particular to their experiences of the service received and as work
- Maintaining their long-term strategy and keeping in mind
- Priorities identified including for the 111 Service and more to do
- a pilot for an amber category patient night sitting service was planned to oversee a specific group of patients using remote and on scene resources – this could include overnight reviews which would include working with St John Cymru
- plan to review Amber calls over the next year
- Same Day Emergency Care (SDEC) – WAST would be looking at referral criteria which would give a huge opportunity to work more closely with health boards in relation to access and improving performance in local areas
- Working with an independent consultancy to improve the way WAST operate and potentially more formal engagement processes

	<ul style="list-style-type: none"> • Plan to try small tests of change with flow centre work, use of advanced paramedic practitioners in the clinical control centres utilising information from the ICAP work for example for mental health patients, falls patients and those on a respiratory pathway • Ongoing work for the Non-Emergency Patient Transfer Service • Accountable Officer letter sent in relation to the financial gap if no recurrent funding forthcoming for the 100wte; a savings programme had been identified for £6m to reach balance • Specific risks had been identified and included in the plan <p>Members asked about the plans for reducing conveyances and the expectations for the hear and treat service as well as the need to improve the service for those in the red category calls. The Cymru High Acuity Response Unit was also discussed with an expectation that the service would be available across Wales.</p> <p>Stephen Harray welcomed the information identified within the resource envelope and opportunities for choices to be made, this would provide strategic and local opportunities and would need to link with the ICAP commitments.</p> <p>Members suggested it might be helpful to further develop the ICAP process so all local areas are clear of their commitments and targets. ICAPs have health board actions, health board and WAST actions and WAST actions identified to ensure responsibility is clear within the system. This work also would link to the Six Goals for Urgent and Emergency Care Programme.</p> <p>The Chair summarised and agreed to provide a letter of support from EASC to WAST for inclusion in their IMTP submission to Welsh Government.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided • APPROVE the provision of a letter in support of the IMTP. 	
<p>EASC 23/034</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER’S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner’s Update Report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • The link at EASC to the Six Goals for Urgent and Emergency Care Programme (particularly Goal 4) and the specific priorities identified for the Joint Committee 	

<p>EASC 23/036</p>	<p>EASC FINANCIAL PERFORMANCE REPORT MONTH 11 2022/23</p> <p>The EASC Financial Performance Report at month 11 in 2022/23 was received. Stuart Davies presented the report and gave an overview of the current position.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • There was a current £400,000 underspend • Further ongoing work to finalise the year end position • A dispute had been ongoing in relation to £186,000 non recurrent funding not paid by one member of EASC; and due to the way EASC is funded the dispute had to be passed on to WAST and the NHS Finance Team at Welsh Government to resolve. <p>Members were concerned about the dispute and confirmed their understanding that as a collaborative function this was not in line with the Standing Orders in the way decisions are made at EASC. The decision making process is clear at EASC, a decision making Committee where a 2/3 rule applies. This matter would be raised with Steve Combe undertaking the review of National Commissioning Functions. Members would be kept informed of the progress with this matter.</p> <p>Work was being undertaken in relation to WHSSC and EASC Standing Financial Instructions to finalise the information for wider circulation to health boards.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the current financial position, the forecast year-end position and the ongoing dispute. 	
<p>EASC 23/037</p>	<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 October 2022 • Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group – 1 December 2022 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
<p>EASC 23/038</p>	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted key areas.</p>	

Noted that:

- The Risk Register had been reviewed and updated by the EASC Team during January 2023.
- Five red risks in total, three scoring the highest level at 25. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm. Further work on the Quality and Safety Report would allow Members to be better informed of the appropriateness of the current risk scores and Members agreed to maintain the status quo.
- The EASC Assurance Framework has been updated in line with the changes above approved at the last meeting for the Risk Register
- The EASC Standing Orders were presented for approval. No changes had been made (no material differences). Memorandum of Understanding and Hosting Agreement to be reviewed in March 2024.
- A letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website. Further arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content.
- A further update would be provided as the investigation continued.
- The key organisational contacts, Members were asked to ensure that they were content with their representatives for the sub groups.
- The summary of the most recent host body Audit and Risk Committee summary was provided for assurance.

Members **RESOLVED** to:

- **APPROVE** the updated risk register
- **APPROVE** the updated EASC Assurance Framework
- **APPROVE** the EASC Standing Orders
- **NOTE** the investigation by the Welsh Language Commissioner.
- **NOTE** the information within the EASC Key Organisational Contacts
- **NOTE** the Audit and Risk Committee summary

Agenda Item 1.4

EASC 23/039	FORWARD LOOK AND ANNUAL BUSINESS PLAN	
	The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions.	
	Members RESOLVED to: APPROVE	
Part 3. OTHER MATTERS		ACTION
EASC 23/040	ANY OTHER BUSINESS	
	There was no other business raised.	
	The Chair closed the meeting by thanking Members for their contribution to the discussions.	
DATE AND TIME OF NEXT MEETING		
EASC 23/041	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 16 May 2023 virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date