



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
16 MAY 2023 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen HARRY	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer	Acting Chief Executive, Betsi Cadwaladr UHB (in part)
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Hayley Thomas	Interim Chief Executive, Powys Teaching HB
Nerissa Vaughan	Interim Director of Strategy, Swansea Bay UHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust

In Attendance:	
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Ross Whitehead	Deputy Chief Ambulance Services Commissioner
Stuart Davies	Director of Finance EASC (in part)
Lee Leyshon	Interim Communications and Engagement Lead for EASC
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit
Fflur Jones	Audit Wales

In Attendance:	
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 23/042	<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> <p>The following were warmly welcomed to the meeting</p> <ul style="list-style-type: none"> • Nerissa Vaughan, Interim Director of Strategy for Swansea Bay UHB (for the first time) • Carol Shillabeer in her new role as Acting CEO for Betsi Cadwaladr UHB • Hayley Thomas in her new role as Interim CEO at Powys Teaching HB • Fflur Jones, from Audit Wales observing the meeting and • Steve Ham, returning from a period of absence. 	Chair
EASC 23/043	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Mark Hackett and Tracey Cooper.</p>	Chair
EASC 23/044	<p>DECLARATIONS OF INTERESTS</p> <p>There were none. Members were reminded that the annual request to complete the forms would be sent out shortly and the Chair asked that they be completed and returned as soon as possible.</p>	Chair
EASC 23/045	<p>MINUTES OF THE MEETING HELD ON 14 MAY 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 14 March 2023.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 14 March 2023. 	Chair
EASC 23/046	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p>	Chair

	<ul style="list-style-type: none"> • EASC 23/028 Performance Report – Workshop to link data and system learning to improve performance CASC to lead a workshop to learn from across the system to improve performance. Ross Whitehead explained that the workshop would take place before the summer holidays and would include data linking, work underway on demand and activity linked to super output areas and the Welsh Index of Multiple Deprivation (to consider variation in demand in small populations) and using information from the electronic patient clinical record. • EASC 23/030 Quality and Safety Report (Q&S) Ongoing work to develop a dashboard linked with the Datix System and informed by the Welsh Risk Pool team. The new Q&S report would include thematic information from across the system – on agenda. • EASC 23/032 EMRTS Service Review on agenda – formal engagement started 15 March 2023. • EASC 23/034 Night sitting service Implementation and evaluation of 12 week pilot to be provided (in CASC Report). Transfer discharge and repatriation - In response to letter from Deputy Chief Medical Officer (DCMO) Stephen HARRY explained that he would ensure close working with the team at the Welsh Health Specialised Services Committee to scope what could be achieved. A summary of the work would be provided at the next meeting (Action Log). • EASC 23/036 Standing Orders and Standing Financial Instructions to be sent to health boards once the Authorisation Matrix is updated to reflect EASC and the NCCU. • EASC 23/012 WAST Provider Report – Manchester Inquiry Recommendations WAST to collaborate with the CASC and the EASC team and bring forward recommendations to EASC. Updates will be taken through EASC Management Group (remove from Action Log). • EASC 22/140 EMRTS Service Review – ongoing, update at Agenda item 2.4. • EASC 22/123 WAST provider report on Additionality diagram – update needed on the trajectory and to help understand the impact of interventions. Following discussion and agreement that issues had moved on it was agreed to close this action (remove from Action Log). 	<p>CASC</p> <p>CtteSec</p> <p>CtteSec</p>
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Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 23/049</p> <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"> • Ambulance Service Indicators were published monthly and information was available back to 2016 • Following the receipt of the draft Performance Dashboard this had now been finalised as a PowerBI document which was interactive • Further discussions had taken place with StatsWales in reference to the data presented in public at meetings and efforts were being made to provide meaningful and up to date information • The return of 111 calls back to the 999 service had increased to 19% during January to March • There had been a 12% increase in incidents • The overall red performance had deteriorated and this had also been seen in the longest waits in the amber category • Ambulance Handover delays in 2022, were 178% higher than 2019. • Handover over 4 hours had deteriorated significantly from Feb 23 to Mar 23. • Progress was being made in relation to reducing handover delays of over 4 hours, particularly in Cardiff and Vale UHB and more recently improvements had been made in the Cwm Taf Morgannwg UHB area • The Integrated Commissioning Action Plan (ICAP) meetings were providing an important opportunity for health boards and WAST teams to work together to improve overall performance. Future local ICAPs would capture trajectories on handover improvements • There was an aim by the end of the current Welsh Senedd (Parliament) term to have no delays of over one hour. <p>Discussion took place and Members welcomed the new dashboard which allowed more local analysis of the data available and felt it was a big improvement on previous iterations.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • There continued to be significant variation on a month by month basis • Only 11 months of data had been presented (this would be corrected in the next iteration) 	

	<ul style="list-style-type: none"> • A review of responses to red incidents had been completed and discussions taking place in relation to delivering improvements • Under 'Effective Care', the Ambulance Service Indicators already captured the key clinical areas of STEMI (ST-elevation myocardial infarction (type of heart attack), ROSC (return of spontaneous circulation) and patients who had fallen would in the future include other clinical indicators • The Commissioning Intentions had for a number of years referred to 'call to door times' and it was hoped that data would soon be available for members on this matter • The EASC Team had been discussing the impact on cardiac patients with the Cardiac Network, particularly in relation to handover delays • The mode of arrival at the emergency department (ED) (patients making their own way when no ambulance was available) was also being reported. <p>Members responded by:</p> <ul style="list-style-type: none"> • Welcoming the new Quality Dashboard and the information presented • Raising concerns about the potential inequity (for patients) in relation to the mode of arrival at EDs and the impact of being able to access the right pathways quickly • Agreeing to further develop the report by offering lines of enquiry to be added to the dashboard. <p>Future reporting would include an atlas of variation for ambulance demand, however the report identified opportunities across the system to support improvement.</p> <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. 	
<p>EASC 23/051</p>	<p>FOCUS ON – COMMITTEE EFFECTIVENESS</p> <p>The Chair introduced the Focus on Committee Effectiveness, the annual opportunity to discuss the processes and work of the Joint Committee itself. A presentation was shared which showed the information from the survey circulated with the reports under the key headings:</p> <ul style="list-style-type: none"> • Composition and Establishment • Effective functioning of the Joint Committee • Compliance with the law and regulations governing the NHS • Assurance • Other issues 	

Agenda Item 1.4

	<ul style="list-style-type: none"> • Look at wider benchmarking for ambulance services (Action Log & Forward Look) • Consider using patient and or staff stories from provider organisations (Action Log & Forward Look) • Continue to use Teams Live until the decision is made about the EMRTS Service Review and then record a Teams meeting and make the recording public as the Members felt this allows for better discussion (Action Log) • Continue with the agenda and reports being sent out 7 days prior to meetings (as opposed to the 10 days within the Standing Orders) and report to Audit and Risk Committee • Continue with the EASC Team chairing the sub group meetings (which is not in line with the Standing Orders but there is only one independent member – the Chair of EASC) and report to Audit and Risk Committee • Continue providing similar reports as now, Members felt these were about right, not too long or too short but would keep under constant review • Review the Committee’s risk appetite during the summer (Action Log and Forward Look) • Send out the Declaration of Interest form for all members and members of the EASC sub groups (Action Log) • Continue to develop the Forward Look and Annual Business Plan to effectively capture all of the business required. <p>Members felt it was a useful session to consider the effectiveness and a helpful discussion was held. The view of the Committee was that it was working well and that their overall assessment was positive. In summarising the discussion, the Chair thanked Members for their ideas, comments and suggestions and reiterated that he would welcome any further comments or suggestions to improve the work of the Committee at any time.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • AGREE that the Committee had met its purpose • AGREE to the actions identified above. 	<p>EASC T</p> <p>WAST/Chair</p> <p>Ctte Sec</p> <p>Ctte Sec</p>
<p>EASC 23/052</p>	<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 that:</p> <ul style="list-style-type: none"> • Support from health boards had been provided for some sessions 	

	<ul style="list-style-type: none"> • The approach taken had aimed to build trust and confidence in the process and in the independence of the Chief Ambulance Services Commissioner, which had been mostly achieved • Cooperation with key local stakeholders had been achieved • Continued to hear concerns related to the original Service Development Proposal and the impact on the air bases in mid and north Wales • The last face to face engagement session would take place in Newtown on 5 June 2023. <p>Members thanked the team for the ongoing work and highlighted</p> <ul style="list-style-type: none"> • the importance of the next phase of the work • the new approach being taken by Llais and the 'Guidance on changes to health services' released by the Welsh Government on 5 May 2023. <p>Members noted:</p> <ul style="list-style-type: none"> • the next phase of the work would involve detailed analysis of data and would develop options for consideration • meetings would continue until 5 June, including with senior staff at Llais • A comprehensive update would be provided at the next meeting, including key themes heard from meeting with the public across Wales. <p>The Chair thanked Lee Leyshon and the EASC Team for their work to date, emphasising the impact on the small team and the time and effort involved in organising and attending as many meetings across Wales as possible. It was noted that the public had commented many times that they were very grateful to be heard.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress on the delivery of the engagement to date • NOTE that the EASC Team continue to work with health board engagement, communication and service change leads throughout the engagement process. 	
<p>EASC 23/053</p>	<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 reflected on the earlier discussion in relation to performance and in particular to the red performance target.</p>	

	<p>Members noted</p> <ul style="list-style-type: none"> • The ongoing roll out of the Cymru High Acuity Response Units (CHARU), where good progress was being made and training planned, a further 100 staff had been identified as required and some recruitment would be needed to balance the overall establishment • The improvement to the sickness absence trajectory • The progress of 'consult and close' where the rate had improved to 15% (target 17%) • Ongoing work related to the exposure to diesel fumes whilst queueing outside EDs, in winter for heating and summer for air conditioning. This had been monitored by an external organisation and was found to be within the safe legal limit but remained unpleasant for staff and patients (and impacted some EDs as well) • Good news in relation to the implementation of the new control room system for 999 calls - this had gone smoothly. • The use of 'Penthrox' for pain relief which could also now be used by the Community First Responders (CFRs); this was judged to be an important issue to improve the patient experience (Penthrox was a recently licensed drug for wider use). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided. 	
<p>EASC 23/054</p>	<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: performance matters, remote clinical support and the EASC Integrated Medium Term Plan (IMTP).</p> <p>Noted that:</p> <ul style="list-style-type: none"> • important to get the balance right between red and amber performance and not attaining one at the expense of the other • expectation that red would improve if the Commissioning Intentions and Commissioning Framework is achieved, accepting that this is ambitious for performance improvement • important to have the right balance of rapid response (CHARU) with the ability to be flexible for deployment • single and double person responses would be tracked in relation to meeting improved performance • remote clinical support, if correctly applied, would lead to reduced conveyance to hospital and linked to the clinical assessment of 999 calls 	<p>CASC</p>

	<ul style="list-style-type: none"> • The EASC IMTP had been submitted (with the requested changes) at the end of March and had been subject to some challenge in the collective review process • The Commissioning Intentions (CIs) were presented for Q4 for Emergency Medical Services (Emergency Ambulances) and NEPTS. EMRTS CIs would be presented at the next meeting, it was recognised that CIs could span a number of years and that these would also be discussed at the EASC Management Group. <p>One issue was raised in relation to the NEPT service and its eligibility criteria which would need to be resolved in order to improve the service and meet local requirements of service, this would be discussed again at the NEPTS Delivery Assurance Group (Action Log). Stephen Harray confirmed that work had started with the health board operational teams in relation to planned care and the implications on the NEPT service.</p> <p>The Chair thanked Ross Whitehead for the report and congratulated all involved for the excellent Internal Audit Report on the ICAP process which appeared to be working well to the benefit of all parties.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the collaborative commissioning approach • NOTE the refresh plan for commissioning frameworks. • NOTE the progress update on ICAPS • NOTE the approval and submission of the EASC IMTP 2023-26 and the accompanying submission letter. • NOTE the findings of the Internal Audit report • NOTE the Quarter 4 update against the EASC Commissioning Intentions and the key priorities from the EASC IMTP 2022-25. 	<p>EASC T</p>
<p>EASC 23/056</p>	<p>EASC FINANCIAL PERFORMANCE REPORT MONTH 12 2022/23</p> <p>The EASC Financial Performance Report at month 12 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 an underspend at year end of £341k. • The dispute in relation to £186,000 non recurrent funding not paid by one health board had been resolved • The National Collaborative Commissioning Unit position, with the Sexual Assault Referral Unit and the Six Goals for Urgent and Emergency Care Programme had a £821k surplus; 	

	<p>Members noted that WHSSC meeting had confirmed a £1.1m surplus. Work was underway to finalise funding for the 100wte with the EASC Team, WAST and Welsh Government.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the current financial position, the year-end position and the resolution of the dispute. 	
<p>EASC 23/057</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 – 15 February 2023 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
<p>EASC 23/058</p>	<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 • EASC Assurance Framework • EASC Draft Annual Governance Statement • EASC Draft Annual Report 2022 – 2023 • EASC Draft Audit Enquiries Letter 2022-23 • EASC Management Group Annual Report 2022 -2023 • EASC Key Organisational Contacts • Welsh Language Commissioner – Final Report and Decision Notice <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. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm. It had been agreed to discuss the Members Risk Appetite at a future meeting. • The EASC Assurance Framework had been updated in line with the changes above to the risk register • The EASC Draft Annual Governance Statement was presented although the Committee was not required to have one, it was good governance. Additional information would be added to the Statement on the Adult Critical Care Transfer Service (ACCTS) as part of EMRTS section (Action Log). The AGS would also be presented to the Audit and Risk Committee at CTM for inclusion with the host body approach 	<p>EASC T</p>

- The **EASC Draft Annual Report 2022 – 2023** provided an overview of the work of the work of the Committee over the last year. The attendance of members and their nominated deputies had been good at Committee meetings with all meetings being quorate (at least 4 health boards present).

One EASC Member had not attended any meetings of the Committee and one Associate Member had not attended any meetings over the last three years.

- The **EASC Draft Audit Enquiries Letter 2022-23** required by Audit Wales was presented which reflected similar information from WHSSC. There were no concerns identified to report and none were raised.
- The **EASC Management Group Annual Report 2022 -2023** captured the work of the EASC Management Group over the last year. Generally, attendance was volatile and poor, which was a worse position than for the previous year. Members were asked to review their representatives for the Group (Action Log)
- 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**. The Commissioner found that EASC had failed to comply with Standard 39 and therefore had failed to ensure that every Welsh Language page on the website was fully functional and therefore treated the Welsh Language less favourably than the English language on the website. Also, a failure to comply with Standard 60 and failed to promote the use of the Welsh version of the EASC Website by providing service of inferior quality to the service on the English version of the website

The EASC Team would now take steps to ensure that content cannot be published on one site without the other and provide written evidence that enforcement action has been completed. In apologizing to the Committee, Gwenan Roberts reported that the following actions had been taken. More robust training had been provided to members of the EASC Team to ensure the ability to add to the websites at any time. Work was also underway with the CTM Welsh Language team and a meeting had already taken place with staff from Digital Health and Care Wales to seek a software solution to this matter.

There were now three months to comply and ensure that this would not recur.

Members **RESOLVED** to:

- **APPROVE** the risk register

	<ul style="list-style-type: none"> • APPROVE the EASC Assurance Framework • APPROVE the EASC Draft Annual Governance Statement for submission to CTMUHB • APPROVE the EASC Annual Report for 2022-2023 • APPROVE the EASC Draft Enquiries Letter 2022-2023 • APPROVE the EASC Management Group Annual Report 2022-2023 • NOTE the information within the EASC Key Organisational Contacts • NOTE the investigation by the Welsh Language Commissioner and the final report and decision notice. 	
EASC 23/059	<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 23/060	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised.</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 23/061	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.	Committee Secretary

Signed
Christopher Turner (Chair)

Date