



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

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

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair (in person)
Stephen Harray	Chief Ambulance Services Commissioner (CASC)
Jennifer Winslade	Executive Director of Nursing, Aneurin Bevan University Health Board (ABUHB)
Carol Shillabeer	Chief Executive, Betsi Cadwaladr University Health Board (BCUHB) (in part)
Adele Gittoes	Interim Executive Director of Operations, Betsi Cadwaladr University Health Board (BCUHB)
Suzanne Rankin	Chief Executive, Cardiff and Vale University Health Board (CVUHB)
Linda Prosser	Executive Director of Strategy and Transformation, Cwm Taf Morgannwg University Health Board (CTMUHB) (in part)
Philip Kloer	Interim Chief Executive, Hywel Dda University Health Board (HDUHB)
Hayley Thomas	Interim Chief Executive, Powys Teaching Health Board (PTHB)
Richard Evans	Interim Chief Executive, Swansea Bay University Health Board (SBUHB) (in part)
Deb Lewis	Chief Operating Officer, Swansea Bay University Health Board (SBUHB) (in part)
Nerissa Vaughan	Interim Director of Strategy, Swansea Bay University Health Board (SBUHB)
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

<b>In Attendance:</b>	
Nick Wood	Deputy CEO NHS Wales, Welsh Government (in part)
Aled Brown	Policy Lead, Welsh Government (in part)

<b>In Attendance:</b>	
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stacey Taylor	Director of Finance for EASC and Director of Finance and Information, Welsh Health Specialised Services Committee
Ross Whitehead	Deputy Chief Ambulance Services Commissioner (DCASC) EASC Team
Lee Leyshon	Interim Assistant Director of Communications and Engagement Lead for the EASC Team
Matthew Edwards	Head of Commissioning & Performance, EASC Team, National Collaborative Commissioning Unit
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Phill Taylor	Head of Commissioning & Performance, EASC Team, National Collaborative Commissioning Unit
Gwenan Roberts	Committee Secretary

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 24/001	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual 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 24/002	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Nicola Prygodzicz (ABUHB), Steve Moore (HDUHB), Paul Mears (CTMUHB) and Steve Ham (Velindre University NHS Trust).</p> <p>The Chair wished to place on record his personal and the Committee's thanks and best wishes to Steve Moore who would be leaving Hywel Dda UHB at the end of the month to take up a new post.</p>	Chair
EASC 24/003	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 24/004	<p><b>MINUTES OF THE MEETING HELD ON 21 DECEMBER 2023</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 21 December 2023.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 21 December 2023.</li> </ul>	Chair



	<p><b>EASC 23/073 – Red release information</b></p> <ul style="list-style-type: none"> <li>Members noted that the collective work had continued and good progress had been made.</li> </ul> <p><b>EASC 23/074 – Health Education and Improvement Wales (HEIW)</b></p> <ul style="list-style-type: none"> <li>Due to the requirements for the new Joint Commissioning Committee it was agreed that Alex Howells would be invited to attend the new Committee once established (Legacy).</li> </ul> <p><b>EASC 23/049 – Statistical Process Control Charts</b></p> <ul style="list-style-type: none"> <li>Members noted the charts would be updated in line with the comments received at EASC Management Group and presented at the next meeting in the Performance Dashboard. (Close)</li> </ul> <p><b>EASC 23/028 – Data linking</b></p> <ul style="list-style-type: none"> <li>Noted that progress was being made and would be discussed in detail at the next EASC Management Group.</li> </ul> <p><b>EASC 22/79 &amp; 23/046 Staff input to WAST control</b></p> <ul style="list-style-type: none"> <li>Members noted that WAST had made very good progress related to maternity cases by recruiting a midwife. This had also led to improvements in terms of education of WAST staff and 999 call scripting, this had influenced practices nationally and internationally. Further work would be required in other areas such as social care and care homes (Legacy).</li> </ul> <p><b>EASC 21/26 Committee Effectiveness</b></p> <ul style="list-style-type: none"> <li>Noted that the future Committee would have at least 3 Independent Members in addition to a Chair.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the updates.</p>	<p>Ctte Sec</p> <p>Ctte Sec</p> <p>CASC</p> <p>Ctte Sec</p>
<p>EASC 24/006</p>	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising from the minutes.</p>	<p>Chair</p>
<p>EASC 24/007</p>	<p><b>CHAIR’S REPORT</b></p> <p>The Chair’s report was received. Members noted that the Chair had received the objectives from the Minister for the current year and these were in line with those previously noted but with additional objectives relating to establishing the new Joint Commissioning Committee. Members also noted the importance of continuing business as normal in parallel with this work.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the information within the report</li> <li><b>NOTE</b> the Chair’s objectives set by the Minister.</li> </ul>	

<p>EASC 24/008</p>	<p><b>PATIENT STORY FROM THE WELSH AMBULANCE SERVICES NHS TRUST (WAST)</b></p> <p>Jason Killens introduced a video with a patient story (Steven’s story).</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>the patient story had been presented at the WAST Quality and Safety Committee and Trust Board</li> <li>the 999 call and the indicated delayed ambulance response</li> <li>the decision to convey Steven’s grandfather by private transport, bypassing Nevill Hall Hospital and attending the Grange University Hospital</li> <li>at the Emergency Department it was confirmed that Stephen’s grandfather had suffered a cardiac arrest</li> <li>a ‘Putting Things Right’ concern was submitted, WAST had investigated and responded</li> <li>WAST colleagues had since met with the family to discuss the concern and the impact of this event.</li> </ul> <p>Noted:</p> <ul style="list-style-type: none"> <li>the importance of learning from this patient story and Jason Killens agreed to share with Members the investigation and summary of contact made with the family (Action Log)</li> <li>ABUHB would also consider this experience with staff and their Board in order to learn lessons (Action Log)</li> <li>the opportunity to use the story as motivation to improve services</li> <li>the need to always ensure that the commissioning approach undertaken has the patient experience at its centre.</li> </ul> <p>The Chair thanked Jason Killens for introducing a very sobering story that reflected the pressure across the system and for agreeing to share further details to ensure learning across the system.</p> <p>On behalf of the Committee, the Chair also thanked Steven for sharing the story to aid understanding and further recognition of system pressures and the impact on patients and their families.</p>	<p>WAST ABUHB</p>
<p><b>Part 2. ITEMS FOR DISCUSSION AND APPROVAL</b></p>		<p><b>ACTION</b></p>
<p>EASC 24/009</p>	<p><b>PERFORMANCE REPORT</b></p> <p>The Performance Report was received which included the latest published Ambulance Service Indicators.</p> <p>In presenting the report, Ross Whitehead highlighted a number of key areas.</p>	

<p>Members noted:</p> <ul style="list-style-type: none"> <li>• 999 call volumes in December 2023 were 19.3% lower than December 2022</li> <li>• 7.5% reduction in incidents in December 2023 compared to October 2022</li> <li>• Hear and Treat levels were 0.7% higher in December 2023 compared to December 2022</li> <li>• Red incidents in December 2023 were 10.7% higher compared to December 2022 but decreased by 8.9% between December 2022 and December 2023</li> <li>• Amber incidents in December 2023 were 29.8% higher compared to December 2022.</li> <li>• Ambulance handover lost hours in December 2023 were 29.1% lower compared to December 2022. Some improvements had been made on a number of metrics, the percentage of patients handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between October 2023 and December 2023 there had been a 1.98% increase in handover lost hours.</li> </ul> <p>Noted:</p> <ul style="list-style-type: none"> <li>• The significant challenges in relation to handover hours lost and that work had commenced to compare English handover delays, this would be presented to a future meeting (Action Log)</li> <li>• Improvements were seen in November but performance has since deteriorated</li> <li>• A number of business continuity incidents had been declared during January</li> <li>• Targeted actions relating to the Integrated Commissioning Action Plan (ICAPs) were being taken forward via the weekly Chief Operating Officer’s meeting and monitored by Welsh Government</li> <li>• A bespoke dashboard had been developed to monitor progress against the ICAP priorities.</li> </ul> <p>Nick Wood, Deputy Chief Executive of NHS Wales drew Members’ attention to the impact of this increased focus on priority areas in South and South East Wales. He expressed disappointment at the lack of progress regarding the use of some of the specialist pathways, including for patients with fractured neck of femur and frailty, in some health board areas. As a key part of the Six Goals for Urgent and Emergency Care Programme (Six Goals), this would continue to be closely monitored over the winter period.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• The lack of improvement in red performance as a result of a reduction in handover hours lost</li> </ul>	<p>EASC Team</p>
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	<ul style="list-style-type: none"> <li>• A chart prepared by WAST was shared in the Teams 'chat' showing an increasing number of red incidents responded to within 8 minutes against increasing total red demand</li> <li>• The need to understand what was behind the increase in red demand, and whether opportunities to better respond / manage that increasing demand profile were available. It was stated that WAST had made changes to reflect the coding of patients in England and that this had increased acuity levels</li> <li>• That WAST monitor and check their call categorisation and, while the red percentage had increased, this remained lower than in NHS England</li> <li>• That although there was variation, there were positive signs in terms of improvements in amber performance</li> <li>• WAST had been asked to undertake a deep dive into performance in the Cardiff and Vale (CVUHB) area, this work would be reported as soon as available in order that lessons would be shared (Action Log)</li> <li>• There was a need to be more specific in the commissioning approach around data linking and that work was being undertaken around areas of deprivation and the impact of this (Action Log)</li> <li>• It was important that the ICAP process be incorporated into the work of the new Joint Commissioning Committee once established</li> <li>• That a range of actions were underway and that there was an expectation of an improvement in performance.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report</li> <li>• <b>NOTE</b> the Ambulance Services Indicators</li> <li>• <b>NOTE</b> the information within the performance dashboard.</li> </ul> <ul style="list-style-type: none"> <li>• <b>AGREED THE NEXT STEPS</b> <ul style="list-style-type: none"> <li>- The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.</li> </ul> </li> </ul>	<p>WAST</p> <p>EASC Team</p>
<p>EASC 24/010</p>	<p><b>QUALITY AND SAFETY REPORT</b></p> <p>The Quality and Safety Report was received.</p> <p>In presenting the report, Ross Whitehead highlighted a number of key areas.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• The significant challenge in WAST for complainants to receive a reply within 30 days, and the need to improve their performance against the 75% target in coming months, currently at 38%</li> </ul>	

<ul style="list-style-type: none"> <li>• 22 cases identified by WAST as requiring joint investigation in November 2023. The joint process had been implemented in the last 12 months and would be reviewed in 2024 (Legacy)</li> <li>• Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 77.9%</li> <li>• Work had commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services</li> <li>• The return of spontaneous circulation (ROSC) rates had increased to 22.2% which was believed to reflect the impact of the Cymru High Acuity Response Unit (CHARU) service</li> <li>• The continued large number of patients that self-presented at ED with a high triage category, with 574 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention) in November.</li> </ul>	<p>Ctte Sec</p>
<p>Noted:</p> <ul style="list-style-type: none"> <li>• That this was a slightly shorter update due to the close proximity to the previous meeting</li> <li>• The challenge for the WAST team to respond to concerns within 30 days and the additional resource that had been put in place with a view to improving the position</li> <li>• Winter funding had been provided in many previous years to support the work of WAST's 'Putting Things Right' team in order to improve the response during this period and to ensure that there was no backlog, but this funding had not been available this year</li> <li>• The work being undertaken with WAST and Digital Health Care Wales linking data on patient outcomes, this was in progress for cardiac arrest patients initially with other patient groups to follow including major trauma and stroke</li> <li>• The number of patients self-presenting at ED and that these present a different challenge to the department than those patients conveyed by ambulance (with their immediate care needs addressed)</li> <li>• New systems and processes are being tested by WAST to reduce the number of patients self-presenting at ED, this work had just commenced and included input from WAST senior clinicians, an update would be provided at the next meeting (Action Log)</li> <li>• The detailed work being undertaken by concern group in order to continue to learn from data relating to clinical outcomes</li> <li>• The request from the Chief Ambulance Services Commissioner (CASC) for comments from members to support the further development of the Quality &amp; Safety Report</li> <li>• The action to work with HM Coroners to ensure a consistent national understanding and approach and a meeting was being sought</li> </ul>	<p>WAST</p> <p>EASC Team</p>

	<ul style="list-style-type: none"> <li>The action to work with Hywel Dda UHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the content of the Quality and Safety Report</li> <li><b>NOTE</b> the impact of performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services.</li> <li><b>AGREED THE NEXT STEPS</b> <ul style="list-style-type: none"> <li>The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.</li> <li>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</li> <li>Specific work with Hywel Dda UHB would continue.</li> </ul> </li> </ul>	<p>EASC Team / Hywel Dda</p>
<p>EASC 24/011</p>	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The EASC Commissioning Update Report was received. Ross Whitehead presented the report.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>The EASC Team had held discussions with WAST and the Emergency Medical Retrieval and Transfer Service (EMRTS) regarding the draft Commissioning Intentions, these would be presented at a future meeting for approval (Action Log)</li> <li>The Committee had approved the enactment of the work to develop a new long term vision for Non-Emergency Patient Transport Services (NEPTS) that reflected health board planned services changes. Therefore, following the development of each organisation’s Integrated Medium Term Plans (IMTPs) for 2024-27, the EASC Team would hold a workshop in April 2024 (Legacy). Members noted the importance of ensuring that representatives from health boards be in attendance, the EASC Team would be confirming the details of the workshop and seeking nominations shortly (Action Log).</li> <li>The growth in demand of renal and oncology patients already impacting significantly on NEPTS capacity and resulting in increased levels of corresponding demand relating to the service, with further growth expected</li> </ul>	<p>EASC Team</p> <p>EASC Team</p> <p>All</p>

<ul style="list-style-type: none"> <li>• With the commencement of the new Joint Commissioning Committee (JCC) in April 2024, a review would be undertaken of the structure of the ICAPs to ensure they are aligned to all commissioning and system requirements (Legacy)</li> <li>• The EASC team would take a pragmatic approach to the development of the 2024-27 IMTP, recognising that 2024/25 in particular would be a transition year for the team and the committee with the establishment of the new arrangements</li> <li>• With the responsibility for commissioning of 111 and 111 Press 2 services to the new Joint Commissioning Committee the plan would also explore the opportunities for these services moving forward</li> <li>• That work would be undertaken with health boards to ensure that there was a regional focus where required when developing Commissioning Intentions and the IMTP.</li> </ul> <p>Members agreed that the plan would assume that the financial allocation and uplift would be in line with that received by Health Boards. Work would be undertaken with Directors of Finance and Directors of Planning to ensure this would be transacted.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the requirement for stakeholder attendance at the NEPTS Vision Workshop in April</li> <li>• <b>NOTE</b> the review of the ICAP format</li> <li>• <b>NOTE</b> the progress made against the EASC IMTP 2023-26</li> <li>• <b>NOTE</b> the proposed approach to the EASC IMTP 2024-27</li> <li>• <b>NOTE</b> the work being undertaken to strengthen the draft Commissioning Intentions for 2024-25</li> <li>• <b>NOTE</b> that Commissioning Intentions will be approved at a future meeting of the Committee</li> <li>• <b>Agree</b> the financial allocation in line with that received by health boards.</li> </ul> <p>• <b>AGREED THE NEXT STEPS</b></p> <p>The EASC Team would:</p> <ul style="list-style-type: none"> <li>- Facilitate the NEPTS Vision Workshop in April 2024</li> <li>- Undertake a review of the ICAP format</li> <li>- Strengthen the draft Commissioning Intentions 2024-25 for endorsement by sub groups before being presented to Committee for approval</li> <li>- Continue to work with Members to enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system using the different elements of the collaborative commissioning approach including:             <ul style="list-style-type: none"> <li>- EASC Commissioning Frameworks</li> <li>- Integrated Commissioning Action Plans</li> </ul> </li> </ul>	<p>Ctte Sec</p>
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	<p>- EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker).</p>	
<p>EASC 24/012</p>	<p><b>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</b></p> <p>This section of the minutes is presented in a different way to the reminder. Due to the increased interest in this agenda item a fuller minute was provided. The recording of the meeting is available at (starting at 1hr 09 minutes and 3 seconds)  <a href="https://www.youtube.com/watch?v=cHHcmDagkOk&amp;feature=youtu.be">https://www.youtube.com/watch?v=cHHcmDagkOk&amp;feature=youtu.be</a></p> <p>The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave a short overview of work to date in line with the phased approach.</p> <p>Members Noted:</p> <ul style="list-style-type: none"> <li>• The update provided to EASC on 21 December 2023 where it was agreed that a third and final phase of engagement would be held in February 2024</li> <li>• That discussions and considerations continued with Llais</li> <li>• The work undertaken in preparation for the Phase 3 engagement</li> <li>• That the EASC Team was grateful for the support from engagement leads within health boards particularly in view of the short timescales involved</li> <li>• The Options Appraisal Workshop had taken place on 12 January with representatives from health boards and NHS Trust, which included clinical, operational, planning and engagement staff</li> <li>• That Llais had continued to advise and support the development of the Phase 3 process and the team was grateful for their support</li> <li>• Phase 3 was planned go live on 1 February 2024 and conclude on 29 February with a report to the next EASC on 19 March 2024</li> <li>• The risks identified within the report.</li> </ul> <p>Stephen Harray, Chief Ambulance Services Commissioner (CASC) responded to the overview of the report and:</p> <ul style="list-style-type: none"> <li>• Reiterated that the work with Llais had been continued (including helpful comments on draft documents) and also with engagement colleagues in health boards</li> <li>• Explained that further development of the Equality Impact Assessment (EIA) had taken place after receiving comments to take account of the current user profile of EMRTS patients</li> </ul>	

	<ul style="list-style-type: none"> <li>• Explained that an engagement document was being developed as well as the 'Easy read' version</li> <li>• Re-emphasised that a recommendation or a decision had not yet been made, highlighting the importance of Phase 3 to be able to listen further to the public on the options identified.</li> <li>• That he would be interested in members views about the approach to the Options Appraisal Workshop, the impact of the workshop and the opportunity for the public to comment on option A and B identified.</li> <li>• Highlighted the additional actions which could be taken, as a perfect option had not yet been identified</li> <li>• Recognised that there continued to be a lot of public interest in the work and the team are keen to gather feedback and comments from the public</li> <li>• Assured Members that the EASC team would work with everyone on a health board by health board basis to provide subject matter expertise or additional information or presentations as required</li> <li>• Understood that Health Boards would want to discuss the feedback and information from the formal engagement process prior to decision at EASC</li> <li>• Suggested that the EASC meeting scheduled for 19 March 2024 may not align with HB meetings and suggested the meeting of EASC be rearranged to allow opportunity for consideration at health boards before a final decision at EASC.</li> </ul> <p>Hayley Thomas (Powys) responded by:</p> <ul style="list-style-type: none"> <li>• Thanking the CASC for the update and welcomed the strengthening of the Equality Impact Assessment (EIA) including impacts and mitigation</li> <li>• Highlighting that for the decision making process it would need a strong assessment and costing of the mitigations proposed</li> <li>• Welcoming that an easy read version would be available and the assurance from the CASC regarding liaison with Llais</li> <li>• Agreeing that there was substantial public interest. Some people would want all of the information whilst others would only want a summarised version to engage with.</li> <li>• Raising that of the options discounted that adequate information would be provided including the costs and reasons (Action Log)</li> <li>• Raising concern about whether the timeline at the end of the engagement period would allow sufficient time to consider in view of the potential scale of the responses and to ensure that health boards properly consider everything prior to any decision making.</li> <li>• Recognising the amount of work undertaken by the CASC and the EASC team.</li> </ul>	<p style="text-align: center;">CASC</p>
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The CASC responded by accepting this was a challenge but would continue with the collaborative approach and ensure no surprises for members (health boards).

Nerissa Vaughan made a plea that Llais were fully involved in the work and the CASC gave a further assurance that this was the case and explained the approach in liaising with the national officers. The CASC also understood that health boards would have local links with Llais and would be happy to provide further support if required on this matter.

The Chair asked for any further comments or questions before summarising the resolution:

- **Approving** the material we are going to engage on
- Had some questions and reassurance in relation to the involvement of Llais
- Needing to work very closely with HBs (an absolute must)
- Would move the March date of EASC to allow for health board consideration of the engagement materials.

At this point, Nerissa Vaughan commented on behalf of Swansea Bay to say that they were happy with the documentation subject to Llais having a look at the documents and explained that she did not believe that this was the case at Llais. She felt it was important that Llais had sight of the documents and been able to make the amendments that they would want to make and this was a request from the engagement lead at SBUHB.

The CASC responded and offered that if there was anything more that the HB would like the team to do with Llais locally that they should contact the team. The CASC again assured members that work was continuing with the Llais national team and assumed that the onward communication internal to the organisation would take place but would be happy to further support health boards.

Phil Kloer asked whether there was confidence to deliver the go live date for the engagement following the discussion at the meeting. The CASC responded that there was and he was confident that all issues could be taken on board to deliver to the deadline agreed.

The Chair confirmed and Members **RESOLVED** to:

- **APPROVE** the start the phase 3 engagement on 1 February 2024 and end on 29 February 2024
- **NOTE** that a period of analysis would then take place

	<ul style="list-style-type: none"> <li>• <b>NOTE</b> that the EASC meeting would be moved in March to allow health boards consideration although recognising that there was a risk associated with the end of March and the development of the new Joint Commissioning Committee which would have new members. The risk to the Charity was also identified and therefore he believed there was an obligation on EASC Members to try and conclude the work and finalise the process. The new date for the EASC meeting would be sought and shared in due course.</li> <li>• <b>NOTE</b> the update report.</li> </ul>	
<p>EASC 24/013</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST PROVIDER REPORT</b></p> <p>The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• The consult and close rate of 14.1% in December 2023 (WAST ambition to achieve 17% by the start of Quarter 4) with a corrective action plan in place. This was more consult and close activity than had previously been delivered</li> <li>• That consult and close required staff to utilise different skills in order to undertake remote assessment of patients, work was being undertaken to explore a bespoke qualification for this</li> <li>• The need to better understand the themes within the alternative transport outcome arising from consult and close activity on a health board footprint</li> <li>• Good performance (74% with a target of 70%) against enhanced renal journeys that arrived within 30 minutes prior to their appointment time in December 2023; further work required regarding advanced discharge &amp; transfer journeys collected within 60 minutes of their booked ready time (78% against a target of 90%)</li> <li>• Members recalled the discussion on the recommendations arising from the Manchester Arena Inquiry, work had been undertaken internally on this and a first draft would soon be considered by the WAST Executive Team, this will be reported via EASC governance processes in coming months (Action Log)</li> <li>• There was the equivalent of an Integrated Commissioning Action Plan (ICAP) in place for WAST with more and more emphasis on remote clinical working and local initiatives including mental health and stroke services.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the WAST provider report.</li> </ul>	<p>WAST</p>

	<ul style="list-style-type: none"> <li>• <b>AGREED THE NEXT STEPS</b></li> <li>- WAST would to continue to focus on tactical actions in support of winter systems resilience</li> <li>- ORH to complete the independent and collaborative strategic EMS Demand &amp; Capacity Review in Quarter 4</li> <li>- EASC Team and WAST to collaborate on finalising their respective 2024-27 IMTPs to ensure they are aligned</li> <li>- WAST to continue to develop its strategic response to treating demand at the earliest point in the five step Emergency Medical Services (EMS) ambulance care pathway, aligning to the Six Goals for Urgent and Emergency Care Programme</li> <li>- Health Boards to continue focus on handover lost hours reduction.</li> </ul>	
<p>EASC 24/014</p>	<p><b>FOCUS ON – TRANSITION TO NEW JOINT COMMISSIONING COMMITTEE</b></p> <p>Stephen Harray presented slides to aid discussion on the work to transition to the new Joint Commissioning Committee utilising the commissioned services lens.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• Opportunities for EASC commissioned services including NHS Wales 111 services, Major Trauma and Neonatal/Paediatric Transport</li> <li>• The Welsh Government Policy view regarding the need to maintain an ambulance commissioning team as described in the EASC Regulations and Directions</li> <li>• Risks for EASC commissioned services identified included: <ul style="list-style-type: none"> <li>- maintaining the profile (of ambulances) within the larger Joint Commissioning Committee responsibilities</li> <li>- lack of engagement from the existing 111 programme team</li> <li>- capacity of the ambulance commissioning team</li> <li>- dilution of role and function of Chief Ambulance Services Commissioner (CASC) and ambulance commissioning team</li> <li>- loss of the existing integrated collaborative commissioning team approach</li> </ul> </li> <li>• The existing integrated and flexible approach of the National Collaborative Commissioning Unit.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the discussion and the risks identified</li> </ul>	
<p>EASC 24/015</p>	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER’S UPDATE REPORT</b></p> <p>The Chief Ambulance Services Commissioner’s Update Report was received and was presented by Stephen Harray. The report highlighted key areas which included:</p>	

	<ul style="list-style-type: none"> <li>• Winter Ambulance Improvement Plan</li> <li>• Connected Support Cymru</li> <li>• Data Linking</li> <li>• Transfer of 111 Services.</li> </ul> <p>Members particularly noted:</p> <ul style="list-style-type: none"> <li>• Connected Support Cymru - This service enabled individuals to get support in their home and avoided unnecessary hospital visits. This had been extended until the end of March 2023. Monthly reports continue to show the positive impact of the service and a detailed report on delivery, outcomes and next steps for the service would be brought to a future meeting (Action Log).</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report.</li> </ul>	EASC Team
EASC 24/016	<p><b>FINANCE REPORT MONTH 9</b></p> <p>The EASC Financial Performance Report at Month 9 in 2023/24 was received. Stacey Taylor presented the report and Members noted that there were no variances within the plan; the position showed £21k underspend.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the current financial position and forecast year-end position.</li> </ul>	
EASC 24/017	<p><b>SUMMARY OF EASC MANAGEMENT GROUP MEETING HELD 14 DECEMBER 2023</b></p> <p>Members noted the Chair’s summary of the EASC Management Group meeting which took place on 14 December 2023.</p>	
EASC 24/018	<p><b>SUB-GROUPS CONFIRMED MINUTES FOR APPROVAL</b></p> <p>The confirmed minutes from the following EASC sub-group were received:</p> <ul style="list-style-type: none"> <li>• EASC Management Group 19 October 2023</li> <li>• EMRTS Delivery Assurance Group June 2023</li> <li>• EMRTS Delivery Assurance Group September 2023</li> <li>• NEPTS Delivery Assurance Group August 2023</li> </ul> <p>Members <b>RESOLVED</b> to: <b>APPROVE</b> the confirmed minutes.</p>	
EASC 24/019	<p><b>EASC GOVERNANCE</b></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"> <li>• EASC Risk Register</li> <li>• EASC Assurance Framework</li> <li>• EASC Key Organisational Contacts</li> <li>• Arrangements for the new Joint Commissioning Committee.</li> </ul> <p>Noted that:</p> <ul style="list-style-type: none"> <li>• The Risk Register had recently been reviewed (January)</li> <li>• The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body’s risk management approach and assurance framework</li> <li>• The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups to ensure correct representation at meetings</li> <li>• Getting the right contacts was highlighted as being very important, this was reflected in the recent Option Appraisal Workshop for the EMRTS Service Review held on 12 January, the level of input and collaboration from health board and Trust colleagues from a broad range of disciplines was very helpful, resulting in a very successful meeting. The Chair thanked all colleagues for their support and participation</li> <li>• Arrangements to create a new National Joint Commissioning Committee continued, this included recruitment of the Chair and Lay Members and developing the supporting governance arrangements</li> <li>• Legislation had been drafted and would be laid before the Senedd in early February</li> <li>• Potential delays to some timelines particularly in relation to the completion of the Organisational Change Process (OCP) for the Tier 1 and Tier 2 posts</li> <li>• The work was underway to develop a comprehensive legacy statement which would be presented at the next meeting (Action Log).</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the EASC Risk Register</li> <li>• <b>APPROVE</b> the EASC Assurance Framework</li> <li>• <b>APPROVE</b> the key Organisational Contacts for presentation at the next EASC meeting</li> <li>• <b>NOTE</b> the ongoing work to deliver the new Joint Commissioning Committee.</li> </ul>	<p>Ctte Sec</p>
<p>EASC 24/020</p>	<p><b>FORWARD LOOK AND ANNUAL BUSINESS PLAN</b></p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future ‘Focus on’ sessions.</p>	

## Agenda Item 1.4

	Members <b>RESOLVED</b> to: <b>APPROVE</b> the Forward Look and Annual Business Plan.	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 24/021	<p><b>ANY OTHER BUSINESS</b></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>	
<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 24/022	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 19 March 2024 virtually on the Microsoft Teams platform.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....

	<p>Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.</p> <p>This document / form is also available in Welsh.</p>
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