

**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
19 MARCH 2024 AT 09:30 HOURS  
HELD VIRTUALLY BY MICROSOFT TEAMS 'LIVE'**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan University Health Board (ABUHB) (in part)
Carol Shillabeer	Chief Executive, Betsi Cadwaladr University Health Board (BCUHB)
Suzanne Rankin	Chief Executive, Cardiff and Vale University Health Board (CVUHB)
Paul Mears	Chief Executive, Cwm Taf Morgannwg University Health Board (CTMUHB)
Philip Kloer	Interim Chief Executive, Hywel Dda University Health Board (H DUHB)
Hayley Thomas	Chief Executive, Powys Teaching Health Board (PTHB)
Richard Evans	Interim Chief Executive, 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
Linda Prosser	Director of Strategy & Transformation, Cwm Taf Morgannwg University Health Board (CTMUHB)
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 (WHSSC)
Ross Whitehead	Deputy Chief Ambulance Services Commissioner (DCASC), EASC Team

<b>In Attendance:</b>	
Lee Leyshon	Interim Assistant Director of Communications and Engagement, 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
Professor David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS)
Dr Stuart Gill	Consultant, Emergency Medical Retrieval and Transfer Service (EMRTS)
Adrian Osborne	Deputy Director - Engagement and Communication, Powys Teaching Health Board (PTHB)
Gwenan Roberts	Committee Secretary

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 24/023	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams Live platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair
EASC 24/024	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Tracey Cooper (Public Health Wales).</p>	Chair
EASC 24/025	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 24/026	<p><b>MINUTES OF THE MEETING HELD ON 30 JANUARY 2024</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 30 January 2024.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 30 January 2024.</li> </ul>	Chair
EASC 24/027	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log.</p>	Chair

	<p>A number of actions were noted as legacy issues and would be carried forward to the Joint Commissioning Committee (JCC) and/or included in the EASC Workplan as appropriate. Members noted that updates would be provided at future meetings of the JCC.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the updates.</p>	
EASC 24/028	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 24/029	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received.</p> <p>Members noted the amount of work required to set up the new Joint Commissioning Committee (JCC) while also ensuring that business continuity arrangements provided the necessary assurances to the Committee for ongoing work.</p> <p>The Chair confirmed that as this would be the final Chair Report of EASC he took the opportunity to wish the new Committee well and placed his thanks on record to all present and past Members of EASC, to the Welsh Ambulance Services NHS Trust (WAST) staff, to the Chief Ambulance Services Commissioner, to the Committee Secretary and to the EASC Team.</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> <li>• <b>NOTE</b> the end of the Chair's term of appointment and last report.</li> </ul>	
EASC 24/030	<p><b>PATIENT STORY FROM THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)</b></p> <p>Dr Stuart Gill (EMRTS Consultant) introduced the video with the patient story. Josh suffered a serious incident in north Wales which needed the expertise of the EMRT service.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• The serious incident that occurred resulting in Josh falling 50ft down a cliff/waterfall</li> <li>• Josh was face down in the water, unconscious and critically injured</li> <li>• The combined life-saving action of Josh's friend and a bystander in performing cardio pulmonary resuscitation (CPR)</li> <li>• The early response from WAST colleagues</li> <li>• Support provided by Mountain Rescue Services</li> </ul>	

	<ul style="list-style-type: none"> <li>• The arrival of EMRTS crew</li> <li>• That the patient story typified the role of EMRTS' pre-hospital response, bringing advanced skills and interventions to a pre-hospital setting, providing life-saving treatment, stabilizing the patient and transferring to the most appropriate hospital</li> <li>• In Josh's case this included the administration of a general anaesthetic, blood products and treatment for spinal injuries at scene before being transferred to the Stoke Major Trauma Centre</li> <li>• The role of the Patient Liaison Service in supporting Josh to meet with the crew and discuss to better understand what happened to be able to move forward</li> <li>• Josh's view that the help of EMRTS and the Wales Air Ambulance Charity had affected multiple people, including his family and friends.</li> </ul> <p>Dr Gill highlighted the importance of the first actions taken by Josh's friend and a bystander, the actions of the initial resources on scene by WAST and then EMRTS.</p> <p>The Chair thanked Dr Gill for introducing an excellent example of the capability of the EMRT service. There were no questions or comments.</p> <p>On behalf of the Committee, the Chair also thanked Josh for sharing his story.</p>	
<b>Part 2. ITEMS FOR DISCUSSION AND APPROVAL</b>		<b>ACTION</b>
EASC 24/031	<p><b>PERFORMANCE REPORT</b></p> <p>The Performance Report was received which included detail from the latest published Ambulance Service Indicators.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• 999 call volumes in January 2024 were 20.1% higher than January 2023.</li> <li>• 17.5% increase in incidents in January 2024 compared with January 2023</li> <li>• Hear and Treat levels were 0.75% lower in January 2024 compared with January 2023</li> <li>• Red incidents increased by 8.3% between November 2023 and January 2024 and had increased by 21.9% between January 2023 and January 2024.</li> <li>• Amber incidents in January 2024 were 10% higher compared with January 2023.</li> <li>• Ambulance handover lost hours in January 2024 were 13.9% higher compared with January 2023.</li> </ul>	

<ul style="list-style-type: none"> <li>• In 2023, some improvements were made on a number of metrics, including percentage of patients handed over in 15 minutes and handovers over 4 hours. Between November 2023 and January 2024 there had been a 34.2% increase in handover lost hours</li> <li>• Work would be undertaken in relation to the analysis of patient condition and age profiles and exploring alternative pathways for managing patients differently</li> <li>• The EASC team had continued to work with health boards and WAST in the development and delivery of recommendations from the Immediate Release Request Task and Finish Group. Notable progress had been made with further work required with health boards and the Six Goals for Urgent and Emergency Care Programme for all health board related actions. Updates would be presented to the new JCC and future work could potentially include the development of national guidance</li> <li>• Integrated Commissioning Action Plans (ICAPs) were approved by Members at the November Joint Committee meeting, the ICAPs were undergoing a review to reflect the challenges in the system. In terms of evaluating the impact of the ICAP process, it was agreed that there was a need to concentrate on impact, outcomes and delivery and not on the process itself</li> <li>• The EASC Integrated Medium Term Plan (IMTP) Tracker was off target against a number of trajectories and metrics from last year's EASC IMTP. A more sophisticated approach to tracking progress had been proposed for 2024-25.</li> </ul> <p>Stephen Harray highlighted the significant and sustained pressure that the system was operating under and the impact of this on ambulance performance including on handover delays. The impact of junior doctor industrial actions was also noted. Members noted the ongoing agreement to focus on a small number of actions for delivery remained the right approach and it would be important to continue to collaborate to ensure improvements in performance were made.</p> <p>Nick Wood, Deputy Chief Executive of NHS Wales reiterated the importance of focusing on the impacts and outcomes for patients rather than process.</p> <p>Members noted that a meeting had taken place recently with NHS Executive staff and members of the Urgent and Emergency Care team and that a review of ICAP methodology would take place over the next 12 months with a view to ensuring a focus on key actions that would deliver the required improvements and identify different approaches.</p>	<p>EASC Team</p>
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	<p>This would include a refresh of actions relating to ambulance conveyance and ambulance arrivals at hospital sites and the impact of specific pathways e.g. alternative pathways for patients that currently present at hospital as a result of a fall and services for the frail elderly. This work would review the current position and consider other actions.</p> <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>	
<p>EASC 24/032</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 the target of 30 days and the need to improve the performance against the 75% target in coming months, currently at 53%</li> <li>• 16 cases were identified by WAST as requiring joint investigation in January 2024. The joint process had been implemented during the last 12 months and would be reviewed in 2024 (to be added to the Legacy Statement). Further work would be undertaken to ensure that the new process was working effectively and to increase system-wide learning</li> <li>• Work to be undertaken with HM Coroners across Wales (to be added to the Legacy Statement).</li> <li>• Publication by WAST of 'call to door times' for STEMI (ST elevation myocardial infarction – heart attack) and stroke</li> <li>• Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 77.3%</li> <li>• Work underway on data outcomes and the data linking work would also accelerate this; work to link to the deprivation index was also continuing (to be added to the Legacy Statement) and further information would be provided to Members, including the presentation of the variation in services</li> <li>• The return of spontaneous circulation (ROSC) rates had increased to 13.9% 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 228 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention) in January 2024.</li> </ul>	<p>Ctte Sec</p> <p>Ctte Sec</p> <p>Ctte Sec</p>

	<p>Noted that:</p> <ul style="list-style-type: none"> <li>Action would take place outside of the meeting to ensure the correct links were established with the HM Coroner’s Service and to ensure a consistent approach across the system.</li> <li>Health Board level reporting would be provided relating to specific conditions including stroke and STEMI.</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 and the actions agreed</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> </ul>	EASC Team
EASC 24/033	<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 would hold a workshop to develop the long term vision for the Non-Emergency Patient Transport Service (NEPTS) in April 2024 (as approved by Committee in July 2023). The workshop would take into account each organisation’s IMTPs for 2024-27 to ensure that the vision could reflect the health boards requirements aligned to their planned service changes.</li> <li>The importance of participation and representation from health boards, the EASC Team would be writing out to health boards to confirm the details of the workshop and asking for representatives shortly</li> <li>The need to re-think the model for the service, to think ambitiously and creatively and ensure that NEPT services respond appropriately to demand and support HB changes in relation to elective care and service re-design, working with partners including the voluntary sector and involving HB engagement teams</li> <li>That transport was the number one topic when CTMUHB had conversations relating to their Clinical Services for the Future Programme and that it was important to agree how local populations would be engaged in the work</li> <li>Quarter 3 updates against the Commissioning Intentions for Emergency Medical Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service were received. The updates provided information relating to the current position and actions that had already been delivered along with the next steps.</li> </ul>	<p>EASC Team</p> <p>EASC Team</p> <p>All</p>

- Draft Commissioning Intentions (2024-25) were received along with the Commissioning Intentions for Emergency Medical Services endorsed at EASC Management Group and both Non-Emergency Patient Transport Services (NEPTS) and the Emergency Medical Retrieval and Transfer Service (EMRTS) being discussed and endorsed by their respective Delivery Assurance Groups.
- As previously noted, these draft intentions built on the progress made during 2023-24 and had been updated following feedback from HBs and providers.

### **Draft EASC Integrated Medium Term Plan (IMTP) 2024 - 2027**

The draft EASC IMTP for 2024-27 was received. Members noted:

- That it would be a transition year for the EASC IMTP with the establishment of the new Joint Commissioning Committee (JCC)
- The assumptions within the IMTP regarding the financial requirements and an uplift in line with that received by HBs as confirmed by Welsh Government (WG)
- The plan aimed to strike a balance between prioritising the delivery of improvements to the services commissioned by the Committee whilst also progressing with elements of service transformation, within expected financial constraints.
- With the responsibility for commissioning of 111 services transferring to the new JCC, the plan also explored the opportunities for these services moving forward.

Members also noted:

- The familiar format
- Consistency with Welsh Government planning guidelines
- Developed through the EASC Management Group
- Links between the plan and the Six Goals for Urgent and Emergency Care Programme
- Reflected changes taking place also in local areas
- Consistency with the WAST IMTP
- Value-based approach adopted
- The role of digital in supporting innovation
- A focus on avoiding conveyance wherever possible
- A slightly different approach to performance with impact analysis against a range of scenarios, not just looking at performance in terms of red and amber response
- The work on demand, shift in terms of red and amber demand, and the need to better understand this.

Members discussed the existing Integrated Commissioning Action Plan (ICAP) approach. Noted that there was a need to ensure:

- More visible localisation of each plan that included the actions of WAST and HBs



## **THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW**

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 EMRTS Service Review report was received.

In presenting the Review, Stephen HARRY used a presentation to provide all relevant information for members. The report included the Engagement Report, responses to representations from Llais, further representations post engagement, the Picker Institute Report of national engagement, the Equality Impact Assessment and the EMRTS Service Review.

Members noted:

- The Review was independent of the assumptions, comparisons and modelling included within the original Service Development Proposal received by the Committee in November 2022
- The purpose of the Review was to ensure that as many people as possible benefit from improved clinical outcomes by making the best use of the expert EMRTS clinical teams across Wales
- That this was an extremely emotive matter provoking significant 'local-to-base' interest but that this was also an important national issue with 2-3 people per day across Wales not receiving a EMRT service that would benefit from receiving it
- The three phases of engagement undertaken
- The historical data and modelling that had been used, this had highlighted different levels of utilisation and unmet need across Wales
- The agreed evaluation framework that had been tested through phases of engagement and used to evaluate options
- The new scenarios that had been developed as a consequence of engagement feedback
- Recognition of the valued input of the health board and NHS Trust representatives at the Option Appraisal Workshop
- The support and advice of health board engagement leads in developing the Equality Impact Assessment and other engagement materials
- The proposed decision-making timeline and the offer for the Chief Ambulance Services Commissioner (CASC) to support Board discussions

	<ul style="list-style-type: none"> <li>• The role of the Charity as a key partner and stakeholder and the fortunate position in Wales to be working with a very successful Charity who were providing more helicopter time to the population of Wales than that found in other areas of the UK</li> <li>• The significant financial risk to the Charity due to the lengthy process undertaken</li> <li>• The 5 teams currently active per day funded with only 1 available at night from Cardiff and over 70% of unmet patient need occurring after 8pm</li> <li>• The number of days where no patients at all were treated and the stark variation of bases across Wales</li> <li>• The specific needs of rural communities</li> <li>• That highly skilled/experienced clinicians were not being used efficiently in some bases</li> <li>• The highly specialised nature of the EMRTS service and feedback that suggested that it was too highly specialised for some parts of Wales</li> <li>• The opportunity to make more effective use of all of the assets available.</li> </ul> <p>Members were reminded of the ongoing dialogue with the then Board of Community Health Councils in Wales, now the Llais National Team since autumn 2022. Appendix 2 provided responses to points raised in a letter by the Llais National Team (dated 8 March) following the opportunity to comment on an early draft of the Final Report. It was agreed that these were important representations and that a formal response by letter should be prepared to these. Whilst many comments had been incorporated into the Final Report, Members noted the key points raised in Appendix 2 (relating to the correspondence received 8 March) including:</p> <ul style="list-style-type: none"> <li>• The tight timescales</li> <li>• That in mitigating the timescales the development of the weekly Snapshot Reports, PowerBI and Composite Report at the end of the phase to ensure appropriate consideration of the feedback as it was received</li> <li>• The offer of a further discussion regarding the bespoke model for rural communities</li> <li>• The publishing of EASC papers on the EASC website seven days before the EASC meeting in line with the Committee’s normal practice, this matter has also been discussed in detail at every EASC meeting since November 2022, ensuring that Members were fully aware of the issues and the challenge in ensuring sufficient time to consider the work.</li> </ul>	<p style="text-align: center;">CASC</p>
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- In addition, an extraordinary meeting of EASC had been arranged to take place on 28 March to consider the Review and recommendations to inform the final discussion and to ensure that health boards were able to make their decision before next EASC meeting
- Further consideration of an everyday language and easy read version of the Final Report by Members
- The very clear gap in engagement with people under the age of 45 and the concern that there was no reference to how efforts were made to engage this demographic. Members noted the weekly Snapshot Reports shared with health boards and their use of their local engagement strategies to engage with local communities
- Llais' view that the report had very fairly and honestly reflected the sentiment for and against the different options and provided an honest reflection of the feedback Llais has seen.

Members also noted matters raised in correspondence that had been received from Llais Regional Directors since the EASC papers had been circulated for the meeting (dated 15 March). It was noted that many of the matters raised were similar to the points raised by the Llais National Team letter (dated 8 March) above, and that these were not re-examined. The additional representations from Llais in the second letter were raised and considered, this included:

- The tight Phase 3 timescales and the potential to compromise the time available for 'adequate consideration', Members noted the timescales had been discussed and agreed at the December Committee meeting and the planned approach had been discussed then with the Llais National Team. Members agreed this was a difficult issue to ensure sufficient time for consideration of representations.
- Weekly Snapshot Reports had been provided to health boards and to Llais representatives to ensure consideration of the feedback as it was received, initial feedback had been received back and these had been considered helpful and informative of the public feedback
- Phase 3 feedback had been consistent with feedback received throughout the processes and was predominantly from the communities of mid and north Wales.

Additional representations in the correspondence received was also presented to the Committee and also included within the engagement findings in the main Engagement Report, and some specific findings were noted including:

	<ul style="list-style-type: none"> <li>• That people and communities had not been reassured that the impact of the proposal would not be a negative one on rural areas. This had been previously reported as part of the EMRTS Review updates throughout each phase</li> <li>• There was confusion about what service was currently providing (and what was not), the specialist nature of pre hospital critical care and EMRTS role as part of the wider emergency response system in Wales which had been clarified during the Review</li> <li>• The public perception that both preferred options would lead to a reduced emergency pre hospital critical care provision in rural Wales. However, the Review contradicted this and had confirmed that more patients would be treated across Wales and that the options also include increased cover beyond 8pm, particularly to north Wales</li> <li>• The belief of further erosion of services to rural areas, this had been consistently presented in emerging themes of the update reports, some of these were not within the scope of the Review (closure of GP and dental practices) and had been shared with relevant health boards</li> <li>• People and communities reported that they believed that they had been engaged with, but some reported they did not feel listened to and believed that the decision had been made before any engagement had been undertaken. However, the development of a bespoke rural model (Recommendation 4) was being developed <b>as a direct result of the feedback received</b> regarding the differing needs of rural populations.</li> <li>• Members noted that there had been a noticeable shift in Phase 3 from the evidenced positive feedback received following Phase 1 and 2 and regularly reported to negative feedback following the publication of the outcome of the option appraisal process</li> <li>• That the documentation was hard to understand because of the complexity and volume of the documentation, and the lack of clearly summarised information for those who wanted the facts, Members noted that a balanced approach had been taken including providing more simplified and summarised information in the easy read and everyday versions to the more technical detailed reports, the team has remained agile to these requests throughout</li> <li>• That there was no community representation at the Options Appraisal Workshop, with Members noting the attendance of health board representatives from a range of professions had been agreed at the December Committee meeting</li> <li>• The high volume of social media comments, whilst this was not a formal route, the sentiment expressed on social media and any discussions with campaign organisers had been listened to and incorporated</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Concern that Phase 3 may have digitally excluded some people, noting that the engagement plan had been delivered as approved including many ways of responding to the engagement and local health board engagement teams assisting any members of the public in line with their usual practice and local engagement strategies</li> <li>• The level of detail in the recommendations, this would now be discussed.</li> </ul> <p>Members were asked:</p> <ul style="list-style-type: none"> <li>• If they felt that the representations made by Llais had been properly considered by way of the updates provided and whether there was anything else that should be provided</li> <li>• If additional work should be undertaken to create an easy read version of the Final Report</li> <li>• If additional work should be undertaken to make all feedback responses available online, noting that this would be a considerable undertaking</li> <li>• Whether they had any further views on the information in the updates provided.</li> </ul> <p>Hayley Thomas (PTHB) confirmed that the letters from Llais were really important as representations needed to be properly considered. There was a need to respond to provide assurance in terms of the points raised. As a Committee there was also a need to ensure that there was sufficient time to consider their points and the strength of feeling within these to form a view.</p> <p>Stephen HARRY (CASC) agreed that it was really important that Members paid due regard to the important representations made by Llais and that a draft formal response by way of a letter to the most recent correspondence received on 17 March would be prepared following the meeting.</p> <p>Members noted the concerns raised in joint correspondence received from Powys campaign members on 21 February 2023. It was noted that many of the matters raised were similar to the points raised by Llais and that these were not discussed further. The matters raised and discussed included:</p> <ul style="list-style-type: none"> <li>• Mission Creep / Narrative slippage – In considering this concern, the Deputy CASC reminded Members that it was important to note that there remained a level of unmet need across Wales, this need was not uniformly distributed, there remained bases that were significantly underutilised compared to others, and there was limited overnight provision, with this being particularly acute in North Wales. The Deputy CASC suggested to Members that individually these were strong justifications for change but combined they were compelling</li> </ul>	<p>CASC</p>
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	<ul style="list-style-type: none"> <li>• The Unmet Need – The impact of the additional day shift in Cardiff in April 2022 was recognised as a contributor to a reduction in the level of unmet need across Wales. It was also recognised that even if the recommendations were implemented there would still remain a level of unmet need across Wales; the service had continually adapted and evolved since its establishment and would continue to do so in order to improve the service (in line with the requirements within the approved commissioning intentions)</li> <li>• The ‘additional extras’ – The need for further detail was noted. Members were advised that the development of Recommendation 4 was a direct response to the concerns heard during the public engagement phases where people shared their anxiety around emergency health provision in rural and remote areas. Members noted that many of the concerns raised related to conditions that would not require pre-hospital critical care and so would not fall into the remit to receive the EMRTS service as it currently operated but remained a tangible concern for the public particularly those ‘local-to-base’</li> <li>• The Scoring/Ranking Workshop – Members noted the resolution of EASC to nominate staff from each organisation to undertake the assessment of the options. Nominations included a range of clinical, operational, planning, finance and engagement staff from across NHS Wales. Members of the Wales Air Ambulance Charity and EMRTS management were present at the workshop to answer technical questions and did not take part in the scoring of the options. Information was provided to participants in advance of the workshop and the evaluation framework agreed as part of the public engagement process(Phase 2). this was used to score and rank the shortlisted options. The workshop was well evaluated by the representatives and no feedback has been received from EASC members regarding any concerns their representatives had in relation to the workshop</li> <li>• The Preferred Options – Members noted that the detail raised in the correspondence relating to the preferred options was available in Appendix 3 of the meeting papers as well as within the Final Report and supporting documents</li> <li>• The Questionnaire – Members noted that engagement leads in health boards had supported the work and it was in line with best practice, an easy read version was also professionally produced to help all members of the communities and there were many ways of responding to the engagement including by telephone and email. In addition, local health board engagement teams were prepared to assist any members of the public in line with their usual practices</li> <li>• Ministerial Oversight – Briefings to Welsh Government officials on this matter, as with all important matters, were noted</li> </ul>	
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- Wales Air Ambulance Charity – The impact on the Charity was noted and that Wales was fortunate to have a very successful charity who were providing 4 aircraft to provide pre hospital critical care to the people of Wales. In relation to the original service development proposal, Members were aware that the committee, through the commissioning intentions required all commissioned services to review, model and assess the development of their services for improvement
- Our Preferred Option – Members noted the comments relating to Option 6, it was not felt that any of the proposed adjustments to this option would change the underlying limitations of this option and this option was fully explored as part of the Options Appraisal Workshop.

Phillip Kloer (H DUHB) raised questions regarding:

The level of unmet need and how much of the unmet need would be mitigated by the recommendations.

- Ross Whitehead (Deputy CASC) confirmed that the modelling indicated that this would reduce the current levels of unmet need (currently approximately 1,000 patients per annum) by approximately 140 and further work would be required to address the remaining unmet need across Wales, mainly in the urban highly populated areas of north and south Wales, as part of an incremental approach.

The impact of the proposal on additional flying time to a north Ceredigion resident.

- Ross Whitehead explained that average response times for the EMRTS service were 40-50 minutes from the time of the call, the service was not commissioned to provide primary or rapid response, the service was generally the specialised secondary response. While all of the shortlisted options reduced the average response times compared to the baseline it was stated the modelling indicated there was no significant shift for many options

The detail relating to and the impact of Recommendation 4 in terms of mitigating any risks of the change.

- This was discussed as part of the presentation.

In relation to the impact on flying times, Stephen HARRY added that the single crew at night (based in Cardiff) was often being drawn to north Wales. With the proposed additional crew at the centralised base in north Wales after 8pm and until 2am, there would be protected time in south and mid Wales and an improvement in response times would be expected.

	<p>Members also noted the 'Conflicting analysis of EASC's data (by a member of a campaign group)' as referenced in the correspondence received from Llais on 15 March. Members noted that:</p> <ul style="list-style-type: none"> <li>• The basis of the analysis was to set out why the location of a centralised base in north Wales near Rhuddlan was worse than retaining the current bases in Welshpool and Caernarfon</li> <li>• There were a number of factual inaccuracies with the analysis and that therefore the work could not be relied upon to provide an accurate representation of the service as it currently operated or as the recommendations suggested it could operate</li> <li>• The claims made within the work were unsubstantiated and did not provide evidence for consideration</li> <li>• 1,718 locations across mid and north Wales had been modelled for incident coverage isochrones, a location south of Rhyl/Rhuddlan was identified as the most effective area</li> <li>• The document focused on population coverage by air within 30 minutes from each base and did not appear to take account of other flying time parameters, road coverage, distribution of unmet need, variations in utilisation, incident distribution or feasibility of service delivery</li> <li>• The assessment of night time coverage was based on air cover within 30 minutes. This time parameter was deliberately avoided within the Final EMRTS Service Review due to the increased planning time required at night for air (up to 45 minutes) which makes a 30 minutes response isochrone by air at night limited</li> <li>• The analysis attempted to quantify total population covered by each helicopter by adding the figures for individual helicopter coverage together and presented this as a total population covered. However, in presenting in this way it doubled, tripled and quadrupled counts some of the population of Wales</li> <li>• There are number of reasons why the methodology was flawed but chiefly it resulted in a claimed population coverage figure many times large than the population of Wales that was not a reflection of reality. In addition, this methodology was not applied consistently and therefore could not be relied upon</li> <li>• The analysis stated that at the 30 minute response time the combination of bases at Rhuddlan and Cardiff would leave a coverage gap in the middle of Wales. However, Members were reminded of the population coverage maps provided as part of the Phase 2 engagement that demonstrated clearly that this would not be the case</li> <li>• Limitations were raised relating to the location of a base near Rhuddlan and these were responded to in pages 46-48 in the Final Report.</li> </ul>	<p>CASC</p>
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Stephen Harray added that it would be important to take due notice of the representations received and the analysis undertaken by the EASC Team and committed to respond formally to each of these.

Stephen Harray continued with the presentation that captured the key points relating to the Review and the public engagement process that had been undertaken. Members noted:

- The advice and expertise received from health board colleagues in preparing the detailed Equality Impact Assessment (EIA) was noted and individuals thanked for their support
- The legal advice had been sought from King's Counsel with regard to the process undertaken
- Emerging themes on a local perspective with the key message of 'do not close' the bases in Welshpool and Caernarfon
- The CASC had been struck by the strength of feeling in rural areas and their sense of loss
- The distribution of respondents by health board area with Powys being the highest responding area, followed by Betsi Cadwaladr
- Emerging themes from the national representative sample, provided independently by the Picker Institute offering a different view, that
  - **Everyone in Wales should have equal access to the service**
  - **The service should be structured to treat as many people as possible**
  - **Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.**
- The risks of the 'do nothing' option with unmet need remaining at current levels, continued low levels of utilisation for some bases, high levels of no arrival days (no patients attended), continued lack of night time capacity and poor population coverage at night
- The opportunity that exists to improve the service within the commissioning allocation that would also provide a bespoke clinical model for rural areas
- The four recommendations for the Committee to:
  1. Approve the consolidation of the EMRTS Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales
  2. Request that the Charity secures an appropriately located operational base in line with the findings of this Report

	<p>3. Require that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements</p> <p>4. Approve the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.</p> <ul style="list-style-type: none"> <li>• The need to continue to develop elements of these and to provide more detail including the critical path and a transition plan and to ensure a sense of ownership.</li> </ul> <p>Nicola Prygodzicz (ABUHB) noted the huge amount of work which had taken place on this really important matter and added that:</p> <ul style="list-style-type: none"> <li>• Whilst it may not appear so, all health boards were affected</li> <li>• It was important that we recognise that the case for change was very strong</li> <li>• Whilst there was strong clinical support and the belief that the recommendations would ensure enhanced service and a safer system across Wales it was important to understand how much consensus there was across the EMRTS team</li> <li>• Consideration should be given to the use of clinicians to provide reassurance to the public regarding the impact of the recommendations.</li> </ul> <p>Stephen Harray agreed with the points made, adding that there was clinical buy-in, although recognised that some clinicians did have concerns the majority supported the change. Further work would need to be undertaken to ensure further engagement would be led by the expert clinicians in order to address some of the concerns raised. In addition, a process of review and evaluation would be adopted as part of the commissioning approach going forward.</p> <p>Carol Shillabeer (BCUHB) thanked Stephen Harray and the EASC Team for the presentation and the responses to correspondence and representations received and also for the open and transparent approach that has been adopted throughout the Review, which had been really important. The detailed discussion at the meeting on this important matter was noted and that this was important so that the public could see how seriously Members take this issue and added:</p> <ul style="list-style-type: none"> <li>• It is important to ensure that sufficient time is taken to ensure due consideration of the feedback received and the concerns and representations made by Llais.</li> <li>• The views of clinicians had been mentioned, these views were important and it would be helpful for Members to hear more about these and if there are clinical concerns, then there is a need to ensure that an appropriate clinical response is in place</li> </ul>	<p>CASC</p> <p>CASC</p> <p>CASC</p> <p>CASC</p>
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- It had been suggested that the recommendations would not be the final development of the service and careful consideration has to be taken to understand how a decision may impact on future expansion
- There was a need to approve the four recommendations as a package
- There was a need to be clear when making a decision where the new base would be.

Stephen Harray responded:

- The need to ensure due regard of the concerns and representations of Llais is a really important point and there is a need to ensure that appropriate assurance is provided
- There was a need to look at the recommendations as a suite of recommendations and provide more detail
- If a new base is agreed, a new base would not be established until 2026
- In terms of concerns, these were not clinical concerns but rather concerns and challenges in terms of retaining and recruiting staff which would be a matter for the EMRTS management team.

Hayley Thomas (PTHB) raised the following:

- the 66% response rate from Powys illustrated how highly regarded the service was and that the health board supported the aim to reduce the current level of unmet need across Wales
- Agreement with the points raised by Carol Shillabeer that there was a need to look at all of the recommendations collectively and the need for more detail in order to make the right decision and to be able to support the decision-making process
- if Members were to approve the recommendations, then a very clear fire break that those changes and those services would need to be in place before any changes to any sites were implemented
- Referenced the important relationship with the Wales Air Ambulance Charity and the very clear financial risks to the Charity in terms of maintaining the charitable income streams to sustain the delivery of the service and how EASC could continue to work with the Charity alongside the need for a more detailed assessment and understanding of the recommendations.
- that the meeting of the Powys Board would take place on Wednesday 20 March and there would be consideration of the recommendations through the lens of public confidence and raised whether the Powys Board would be able to take assurance that they had given conscientious consideration of the representations and had sufficient time to assess the merits of each of the arguments raised.

With the Powys Board meeting taking place the day after the Committee meeting, she was felt that it would be difficult to take forward some of the aspects as discussed.

Stephen Harray agreed and reiterated that:

- it was essential that due regard was given to ensuring sufficient consideration for the representations made
- there was a need for a clear critical path
- there was a need for the right level of detail in the recommendations
- it was essential to work with the Charity to mitigate the risks as a key partner of this service and further discussions would need to take place outside of the meeting on this matter
- importance of the partnership arrangements with the Wales Air Ambulance Charity and the clear risks to them of a further delay in making a decision.

Richard Evans (SBUHB) supported the issues raised by colleagues and:

- Welcomed the responses to the representations from Llais, the Powys campaign group and the conflicting analysis referenced by Llais
- Agreed that there was a need to respond in a timely manner to the recent correspondence received by Llais
- Agreed that these could then be considered by each Board along with the legal advice received.

Suzanne Rankin (CVUHB) also supported the issues raised by Carol Shillabeer and:

- Agreed that there was a need for more detail around the recommendations and for more time before further discussion and due consideration by Members at a future meeting
- There was a need for a plan to consider next steps towards addressing remaining unmet need.

Paul Mears (CTMUHB) added that:

- There was a need to ensure that enough time was taken to review the representations made
- Consider any further correspondence to understand concerns raised by residents, politicians and clinicians
- There was a need to take the right amount of time even if that meant slippage in timescales and the complexity in terms of the new Joint Commissioning Committee coming into place
- The important thing was to make the right decision with the right information and following due consideration of the representations made
- There was a need to take the time to do a review all of the feedback received to make an informed decision.


	<p>Stephen HARRY responded that there was a balancing act in terms of making sure that we are working closely with the Charity as a key partner with the EMRT service. It was important that there was due consideration of the representations that had been made, noting that there were no new issues being raised and emerging themes had been gathered and reported throughout the engagement process.</p> <p><b>In summary</b></p> <p>The Chair stated that there had been no challenge to the basis of the Review but that there were some questions regarding the processes undertaken although many of these had been answered during the meeting.</p> <p>Further work would be taken to respond to correspondence and representations made relating to the Review. Further detail would be provided particularly in relation to Recommendation 4. Further consideration would also be required in relation to the risks to the Wales Air Ambulance Charity.</p> <p>The Chair proposed that the Review be presented to each health board over the next week or two and that the template report provided to Health Boards should be amended to reflect the discussions during the meeting. Furthermore, the Committee would meet again on the 28<sup>th</sup> March to agree whether to take a decision or to pass to the new NHS Wales Joint Commissioning Committee.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• Present the EMRTS Service Review Engagement Report, the EMRTS Service Review document and the updated Equality Impact Assessment to all health boards for consideration and noting</li> <li>• Receive further information in relation to Recommendation 4</li> <li>• <b>NOTE</b> the risk to the Charity</li> <li>• <b>NOTE</b> the conclusion of Phase 3 and the overall engagement process</li> <li>• <b>NOTE</b> the response to Llais and the additional responses in Appendices 2 and 3</li> <li>• <b>NOTE</b> the risk to patients and under-utilisation levels across Wales</li> <li>• <b>NOTE</b> that the EASC Team continue to work with Health Board engagement, communication and service change leads, and Llais throughout the conclusion of the Review.</li> </ul>	<p>CASC</p> <p>CASC</p>
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	<p>Due to limitations related to the reduced timescale of the meeting, the following items were received and approved where identified. The Chair offered an opportunity for questions on an exception basis. All reports were accepted as provided and the resolution as laid out in the reports received.</p>	
EASC 24/035	<p><b>WELSH AMBULANCE SERVICES NHS TRUST PROVIDER REPORT</b></p> <p>The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the WAST Provider Report.</p>	
EASC 24/036	<p><b>WELSH AMBULANCE SERVICES NHS TRUST INTEGRATED MEDIUM TERM PLAN 2024 TO 2027</b></p> <p>It was agreed that a Briefing Session would be arranged to secure the agreement needed for the WAST IMTP.</p>	EASC Team
EASC 24/037	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT</b></p> <p>The Chief Ambulance Services Commissioner's Update Report was noted. The report highlighted key areas which included:</p> <ul style="list-style-type: none"> <li>• Winter Ambulance Improvement Plan</li> <li>• Funding 2024-25</li> <li>• EASC Legacy Statement</li> <li>• Adult Critical Care Transfer Service (ACCTS)</li> <li>• Connected Support Cymru</li> <li>• Transfer of 111 Services.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the contents of the report.</p>	
EASC 24/038	<p><b>FINANCE REPORT MONTH 11</b></p> <p>The EASC Financial Performance Report at Month 11 in 2023-24 was received. Members noted that there were no key risks to report.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the current financial position and forecast year-end position.</p>	
EASC 24/039	<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 meeting 14 December</li> <li>• NEPTS DAG meeting 7 December</li> </ul> <p>Members <b>RESOLVED</b> to: <b>APPROVE</b> the confirmed minutes.</p>	

EASC 24/040	<p><b>EASC GOVERNANCE</b></p> <p>The report on EASC Governance was noted 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>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>	
EASC 24/041	<p><b>FORWARD LOOK AND ANNUAL BUSINESS PLAN</b></p> <p>The Forward Look and Annual Business Plan was received. This would form part of the EASC Legacy Statement.</p> <p>Members <b>RESOLVED</b> to: <b>APPROVE</b> the Forward Look and Annual Business Plan.</p>	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 24/042	<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 24/043	<p>The next scheduled meeting of the Joint Commissioning Committee would be held on Tuesday 9 April 2024 virtually on the Microsoft Teams platform.</p>	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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