



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
12 JULY 2022 AT 09:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen HARRY	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Executive Director of Planning, Digital and IT, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Linda Prosser	Executive Director of Strategy & Transformation, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Gill Harris	Deputy CEO/Executive Director of Integrated Clinical Services, Betsi Cadwaladr, BCUHB
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
<b>In Attendance:</b>	
Nick Wood	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
Matthew Edwards	Head of Commissioning & Performance, EASC Team, NCCU

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/72	<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 22/73	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Glyn Jones, Mark Hackett, Paul Mears, Tracey Cooper and Cath O'Brien.</p>	Chair
EASC 22/74	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 22/75	<p><b>MINUTES OF THE MEETING HELD ON 10 MAY 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 10 May 2022.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 10 May 2022.</li> </ul>	Chair
EASC 22/76	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p> <p><b>EASC 22/20 Performance Report</b> The work on the patient outcomes data with Digital Health and Care Wales was progressing. Members noted that a further round of scrutiny and review would be undertaken with the WAST Team to ensure quality assurance; further consideration would take place at the next meeting of the EASC Management Group. To remain on the Action Log (Action Log).</p> <p><b>EASC 22/10 Key Reports and Updates</b> With regard to the work required for WAST to report on episodes where ambulance resources had not been able to be deployed and patients had found their own way to hospital, it was noted that the electronic patient care record (EPCR) was in operation across Wales. Jason Killens agreed to follow up with the project team and provide an update regarding impact at the next meeting. To remain on the Action Log (Action Log).</p> <p><b>EASC 21-26 Committee Effectiveness – patient voice</b> Discussions ongoing with the Citizens Voice Body. To remain on the Action Log (Action Log).</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	<p>EASCT</p> <p>WAST</p> <p>Chair/ Ctte Sec</p>

EASC 22/77	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	Chair
EASC 22/78	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received. Members noted the recent meetings attended by the Chair including the Appraisal with the Minister for Health and Social Services on 30 May 2022. The Chair confirmed that it would require a collaborative effort working with the Committee, WAST and health boards (HBs) to deliver the objectives relating to reductions in handover delays.</p> <p>Members also noted the meeting with the Chief Ambulance Services Commissioner (CASC), WAST Chair and Chief Executive and WAST Sub-Committee Chairs on 1 July 2022. Both the Chair and Jason Killens reported that all present at the meeting felt this was a useful session with all able to share their concerns in relation to quality, safety and patient experience. Members noted the next step by the WAST team to present a report to their Board providing the required assurance that everything that could reasonably be done, was being done although the situation remained of serious concern.</p> <p>The Chair also noted the meeting with Judith Paget, Chairs and Chief Executives on 8 June 2022. Members were aware that the Chairs and Chief Executives had made a commitment to improve immediate release requests and WAST had agreed to draft a protocol.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report and the wider circulation to the Chairs</li> <li>• <b>NOTE</b> the Chair's objectives set by the Minister.</li> </ul>	Chair
<b>Part 2. ITEMS FOR DISCUSSION AND APPROVAL</b>		<b>ACTION</b>
EASC 22/79	<p><b>'Focus on'</b> <b>PERFORMANCE REPORT INCLUDING THE ANNUAL SERVICE QUALITY INDICATORS (APRIL &amp; MAY 2022)</b></p> <p>The Performance Report was received which was presented by Ross Whitehead. Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April &amp; May 2022). The recent high-level outputs from the Performance Reports were noted, including:</p> <ul style="list-style-type: none"> <li>• Red performance remained extremely challenging (at approximately 50%) with some variation noted</li> <li>• Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes</li> </ul>	

	<ul style="list-style-type: none"> <li>• Median response times for Amber 1 patients (over 2 hours)</li> <li>• Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)</li> <li>• 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.</li> </ul> <p>The significant challenge in the provision of timely ambulance services at present was noted and the actions being taken and opportunities to drive improvement were discussed, including:</p> <ul style="list-style-type: none"> <li>• <b>EASC Action Plan</b></li> </ul> <p>It was noted that the EASC Team has been asked via the Welsh Government (WG) Integrated Quality, Planning and Delivery (IQPD) meeting to enhance the existing EASC Action Plan to provide one overall comprehensive plan with the focus on the improvement priorities and actions for the remainder of 2022-23.</p> <p>The draft EASC Action Plan, as presented, incorporated actions to be undertaken by WAST, by HBs or to be undertaken jointly between organisations. The expectation was that the plan would evolve to reflect the action being taken across the system and to identify additional opportunities to improve the performance and responsiveness of commissioned services. Members noted that the RAG (Red/ Amber/Green) ratings had been included to indicate confidence in the delivery of actions and it was confirmed that the plan would also incorporate actions from the Six Goals for Urgent and Emergency Care Programme in future iterations.</p> <p>The work undertaken, led by the CASC working with WAST and health board teams as part of the fortnightly handover improvement plan meetings, was noted including:</p> <ul style="list-style-type: none"> <li>• the agreement of trajectories against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours</li> <li>• the undertaking of an annual review at the end of September 2022 against the trajectories (Forward Look)</li> <li>• the number of core actions being undertaken across each health board</li> <li>• an element of variation in some of the other actions being undertaken by health boards</li> <li>• the impact that these actions would have on the trajectories and in ensuring the required progress was made.</li> </ul>	<p>EASCT</p>
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	<p>The EASC Action Plan would continue to be developed to reflect the discussions with Chief Operating Officers (COOs) and WAST and reported via the existing EASC governance arrangements, via the NHS Wales Leadership Board and also through the WG IQPD process.</p> <p>Members commented that:</p> <ul style="list-style-type: none"> <li>the weekly WAST Performance Dashboard (of management information) circulated by the EASC Team was very helpful and provided up to date live information that health board teams could relate to the previous week</li> <li>information relating to immediate release was not as transparent and it was requested that it could be added to the dashboard as a weekly metric. It was agreed that the EASC Team would work with WAST to provide this information as soon as practicable (Action Log). Jason Killens added (via the MS Teams chat) that a live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set</li> <li>the focus should be on the actions with the highest impact</li> <li>there was a need as individual Chief Executives to take responsibility for communicating decisions and agreements made to their respective Boards thus ensuring the required openness and transparency. This would ensure that Boards had oversight of the actions individual HBs were committed to and would ensure that Executives and Independent Members were clear on the actions being taken locally and nationally to improve system safety and the patient experience.</li> <li>The EASC Action Plan would be shared at the NHS Wales Leadership Board.</li> </ul> <p><b>Handover Delays</b></p> <p>An update was provided on the local fortnightly meetings being held between the CASC, COOs and WAST. This included the development of handover improvement plans for each health board, agreed trajectories for each organisation against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours, core actions being taken across the system and an element of variation in some of the other actions being undertaken.</p> <p>Members noted a number of core actions to avoid conveyance including:</p> <ul style="list-style-type: none"> <li>the advanced paramedic practitioner and its navigator role (SBUHB)</li> </ul>	<p>EASCT</p> <p>EASCT/ WAST</p> <p>EASCT</p>
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	<ul style="list-style-type: none"> <li>the need to explore the impact on the number of conveyances into emergency departments (EDs) and continuing to link in with flow centres, community hubs and primary care clusters to maximise the opportunities</li> <li>the potential for WAST access to urgent primary care centres</li> <li>the increased use of 111</li> <li>the likely impact of same day emergency care services (SDEC) following the immediate success of the Hywel Dda UHB pilot, although the likely staffing challenges were noted</li> <li>111 press 2 for Mental Health (MH) and its likely impact due to the number of MH calls to WAST.</li> </ul> <p>It was agreed that the next version of the EASC Action Plan would focus on the increasing number of long wait handovers.</p> <p>The principle of the importance of immediate red release was agreed, there was a concern about its viability at the present time. A proposal for maximising the impact of this was therefore made relating to compliance (of immediate release) when approaching the 4-hour deadline and the significant impact that this could have in terms of freeing up ambulance resources. Members noted that this would require the right conversation at the time between the hospital and ambulance control to ensure risks are balanced in the moment.</p> <p>Members noted issues relating to the lack of social care input (and ambulance services) and a proposal was made to consider the inclusion of a social care practitioner in the WAST control room to ensure that the social care requirements were identified to avoid ambulance conveyance to EDs; this could also be extended to provide an advice line for care homes. Other opportunities, such as having a national maternity line, would be explored further with the WAST Team, COOs and the EASC Management Group as appropriate (Action Log).</p> <ul style="list-style-type: none"> <li><b>Red Demand and Variation</b> Variation in terms of red performance was noted and an acceptance that this variation needed to be reduced. It was agreed that further work would be undertaken with Optima with a view to facilitating a presentation at a future meeting of the Committee to broaden colleagues understanding of the drivers of variation in red performance.</li> <li><b>Performance Reporting</b> Members noted exciting work relating to the linking of system wide data with Digital Health Care Wales which described and tracked the patient's journey through the system and how this could present opportunities for improving the design of services.</li> </ul>	<p>EASCT</p> <p>EASCT/ WAST</p> <p>WAST</p> <p>WAST/ EASCT</p> <p>EASCT/ Optima</p>
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	<p>Ross Whitehead and Ricky Thomas would provide an update of the work at a future meeting (Action Log).</p> <p>Members noted that the most important aspect currently being looked at was the application of the WAST Clinical Safety Plan, in particular understanding the impact of higher levels of CSP on patients waiting in the community. The risk and harm that patients could be exposed to, and also quantifying the impact of the non-attendance of an ambulance, would be areas to be focused on next.</p> <p>Members queried whether there was any evidence to suggest that escalation of the WAST CSP impacted on the numbers of patients attending ED by their own means; and also, the impact that this had on those waiting outside in an ambulance. Members noted that progress was slow as this was a complex and extensive data set and work to retrospectively track patients following 'can't send' and other touch points with health services were expected to provide clarity in relation to levels of harm and the impact of prioritisation.</p> <p>More sophisticated and robust data was expected as the electronic clinical patient record (ECPR) started to embed and this would further support the development of an appropriate evidence base.</p> <p>Members were asked to note that the two commitments (25% reduction on the minutes lost per arrival and no handover delays over 4 hours) had been referred to by the Minister for Health and Social Services as part of the update on the Six Goals for Urgent and Emergency Care Programme on the 19 May 2022 (Agenda item 3.2 for information), and were the subject of recommendations by the Health and Social Care Committee in their recent report on Hospital discharge and its impact on patient flow through hospitals (Agenda item 3.1).</p> <p>Following discussion, 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 Quality Indicators</li> <li>• <b>ENDORSE</b> the EASC Action Plan</li> <li>• <b>ENDORSE</b> the handover improvement trajectories</li> <li>• <b>NOTE</b> the performance reporting information submissions.</li> </ul>	<p>RW/RT</p>
<p>EASC 22/80</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 explained that the report provided Members with an update on quality and safety matters for commissioned services. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• the work of the Healthcare Improvement Wales (HIW) Task &amp; Finish Group established to coordinate and lead the work in response to the recommendations made as part of the HIW Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</li> <li>• progress of the NHS Wales Delivery Unit on Appendix B Task &amp; Finish Group which will be established to review the process related to serious incident joint investigation framework; working between WAST and health board and make recommendations for improvement</li> <li>• the general growth in the demand and focus on quality and safety issues closely linked to the deteriorating performance position.</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 impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services</li> <li>• <b>NOTE</b> the provision of Quality and Safety Reports relating to commissioned services at all future meetings.</li> </ul>	
<p>EASC 22/81</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</b></p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas from the Report:</p> <ul style="list-style-type: none"> <li>• (Point 2.2) the seasonal forecasting and modelling undertaken by WAST as a matter of routine and the concerning modelled results</li> <li>• WAST had updated its tactical Performance Improvement Plan with specific action for the summer months</li> <li>• WAST was currently at escalation level 3 (maximum 4)</li> <li>• (Point 2.11) in the last 3 months, 33 patient safety incidents had been shared with health boards as part of the joint investigation framework (known as Appendix B).</li> <li>• (Point 2.13) lost hours in relation to handover delays for May totalled 22,080 hours (18% of WAST’s total capacity or 25% of total conveying capacity)</li> <li>• (Point 2.16) related to two reports on handover that may be useful to Members (the Healthcare Safety Investigation Branch (HSIB) Interim bulletin Harm caused by delays in transferring patients to the right place of care June 2022 Publication ref: NI-004133/IB (<a href="https://hsib-kqcco125-">https://hsib-kqcco125-</a></li> </ul>	

	<p><a href="https://media.s3.amazonaws.com/assets/documents/hsib-interim-report-harm-caused-by-delays-in-transferring-patients-to-the-righ_EPeMfuS.pdf">media.s3.amazonaws.com/assets/documents/hsib-interim-report-harm-caused-by-delays-in-transferring-patients-to-the-righ_EPeMfuS.pdf</a>) and Association of Ambulance Chief Executives (AACE) AACE and NHS Providers roundtable on tackling handover delays: note of discussion.</p> <ul style="list-style-type: none"> <li>• WAST has recently introduced a new Managing Attendance Plan with seven work-streams and improvement trajectories. The Plan was being reported to the Executive Management Team every two weeks</li> <li>• Post-production Lost Hours (PPLHs) amounting to 5,835 hours were lost in May-22 for a range of reasons e.g. vehicle defect, trauma stand down, police interview, etc. Members noted these could not be viewed as areas for potential efficiencies.</li> <li>• (Point 2.37) detailed the significant programme of work relating to the Non-Emergency Patient Transport Service (NEPTS) including to further assess the benefits of the all Wales business case and the transfers of work from HBs. Members noted that a roster review to maximise efficiency would be undertaken with implementation expected in 2023-24.</li> </ul> <p>Members noted that the 4-stage process to develop rosters had been completed, with the new rosters implemented from September 2022 starting with Hywel Dda University Health Board. It was confirmed that the roster review roll-out would continue as follows:</p> <ul style="list-style-type: none"> <li>• Cardiff and Vale UHB in late September</li> <li>• Swansea Bay UHB in early October</li> <li>• Aneurin Bevan UHB during mid-October</li> <li>• Cwm Taf Morgannwg UHB in late October</li> <li>• Betsi Cadwaladr UHB in early November and</li> <li>• Powys mid-November 2022</li> </ul> <p>As part of this process, it was noted that each health board would benefit from growth in terms of total numbers of staff and a commitment was made to ensure that there would be no reduction in emergency ambulance cover in West Wales. However, there would be changes in the mix of the fleet including less single staffed cars and an increase in double staffed resources. It was agreed that more information would be provided by WAST on a health board by health board basis (Action Log).</p> <p>Stephen Harray updated Members in relation to the ongoing work WAST to ensure the required progress was made against key elements of work within the report including:</p> <ul style="list-style-type: none"> <li>• the roster review programme equated to approximately 70 additional WTEs</li> </ul>	<p>WAST</p>
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	<ul style="list-style-type: none"> <li>• supporting the constructive discussions with the staff side representatives regarding working practices – it was noted that indicative timescales would be helpful and would be provided in the next report (Action Log)</li> <li>• the improvement trajectories for sickness as part of the new Managing Attendance Plan</li> <li>• the role that first responders could take to supplement ambulance services, although not at the expense of the core ambulance service.</li> </ul> <p><b>Immediate red release</b></p> <p>The Immediate Release Protocol developed by WAST was considered and discussed with a view to agreeing the next steps. It was noted that the protocol had been considered by Chief Operating Officers and set out the national process relating to Red and Amber 1 immediate release requirements.</p> <p>A conversation was held on the implications of classifying each episode where an immediate release direction was declined as a 'never event' (this was specific terminology used within the Welsh Health Circular WHC / 2018 / 12 <a href="https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf">https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf</a> which did not include immediate release of ambulances). It was agreed that the protocol needed to emphasise the requirement to improve and enhance the escalation process; all were keen not to over complicate the process and there was agreement that WAST would amend the language used and circulate a further version (Action Log). Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes (Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the WAST Provider Report</li> <li>• <b>NOTE</b> the actions required for the immediate red release protocol.</li> </ul>	<p>WAST</p> <p>ALL</p>
<p>EASC 22/82</p>	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</b></p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harray presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity had undertaken a strategic review of the service and confirmed that the existing model of four aircraft would be retained for the population of Wales.</li> </ul>	

	<p>Members noted that a strategic review of air bases was also being considered in order to maximise coverage. It was noted that this could impact on the location of the existing bases in North Wales. Jason Killens suggested that there could be opportunities to explore efficiencies in co-locating services for EMRTS and WAST and agreed to make contact to discuss potential options (Action Log).</p> <ul style="list-style-type: none"> <li>• Temporary funding (£3m non-recurrent funding) for additional ambulance capacity had been secured from Welsh Government to fund additional front-line staff (approximately 100 additional staff members) to support WAST services during these unprecedented system wide pressures. The progress of recruitment, utilisation and impact would be reported via the EASC Management Group and an update on progress provided at the next Committee meeting (Action Log)</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	<p>WAST</p> <p>WAST</p>
<p>EASC 22/83</p>	<p><b>EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK</b></p> <p>The report on the Emergency Ambulance Services Commissioning Framework was received. In presenting the report Ross Whitehead reminded Members of the previous discussions at the Committee and that a 'Focus on' session had been held at the EASC Management Group. Members noted that the approach taken in the development of the Framework had been adapted to provide clarity on the commissioning of core services alongside services considered to be 'transformational,' but optional, within the commissioning arrangements.</p> <p>Members received a draft of the Framework as an appendix to the report and it included the high-level expectations of the ambulance service and proposed the opportunity to develop local Integrated Commissioning Action Plans (ICAPs). The process would involve more joint working with WAST and health boards to develop plans at a local level. Members noted the process would also provide the foundation for development of the Commissioning Intentions for emergency ambulance services.</p> <p>The work around the development of the detailed schedules within the ICAPs would require the EASC Team to work with WAST and health boards and the process would also aim to ensure that opportunities for transformation and 'shift left' or 'inverting the triangle' would be identified and aligned to the 5-Step ambulance patient care pathway and best practice could be shared across Wales.</p>	<p>EASCT</p>

	<p>In supporting the development of the Framework, Members noted that the draft commissioning framework clearly defined and protected the core ambulance service as required, with the clear process to clarify the scope, care standards, activity, and the resource envelope.</p> <p>In addition to recognising opportunities for national transformation, the local ICAPs would capture the local transformation programmes and their implications for ambulance services, identifying opportunities and developing and tracking resource requirements for delivery.</p> <p>The Chair thanked the Team for the collaborative work to date and noted that more work with WAST and health boards would be undertaken. It was agreed that the Framework would need to be formatted and finalised to include comments received around purpose, ownership of the Framework, roles and responsibilities, logos etc prior to submission for approval.</p> <p>The key principles and content of the draft Framework were endorsed, it was confirmed that the existing Framework would remain extant until the final version was presented and approved.</p> <p>Following discussion Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress made in developing the new Emergency Ambulance Services Commissioning Framework</li> <li>• <b>ENDORSE</b> the content of the Framework and the ongoing plans for development.</li> </ul>	<p>EASCT</p>
<p>EASC 22/84</p>	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The report on the EASC Commissioning Update was received. Members noted that the update has been prepared to provide an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>Members noted that formal confirmation was awaited from Welsh Government regarding the status of the EASC Integrated Medium Term Plan and that a quarterly update with regard progress made against the IMTP would be provided at the next meeting (Forward Look). An update against the Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services) would be provided to EASC Management Group at the August meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the ongoing collaborative commissioning approach</li> </ul>	<p>EASCT</p> <p>EASCT</p>

	<ul style="list-style-type: none"> <li>• <b>NOTE</b> that a Quarter 1 update against the commissioning intentions for each of the commissioned services will be presented at the August meeting of the EASC Management Group and to the next EASC meeting.</li> </ul>	EASCT
EASC 22/85	<p><b>FINANCE REPORT MONTH 12</b></p> <p>The Month 2 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 2<sup>nd</sup> month of 2022/23 together with any corrective action required. No corrective action was required.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
EASC 22/86	<p><b>EASC SUB-GROUPS CONFIRMED MINUTES</b></p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> <li>• Chair’s Summary EASC Management Group – 16 June 2022</li> <li>• EASC Management Group – 21 April 2022</li> <li>• NEPTS Delivery Assurance Group – 3 May 2022</li> <li>• EMRTS Delivery Assurance Group – 29 March 2022.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the confirmed minutes.</li> </ul>	
EASC 22/87	<p><b>EASC GOVERNANCE</b></p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p> <ul style="list-style-type: none"> <li>• the EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)</li> <li>• the 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting</li> <li>• EASC Model Standing Orders and it was confirmed that all outstanding areas had been completed</li> <li>• the EMRTS DAG Annual Report including an overview of the work undertaken, membership and terms of reference, noting cancellation of one meeting in December 2021 due to operational pressures</li> <li>• EASC Communication and Engagement Plan – requirement as part of our Standing Orders to set out how EASC communicates and engages with stakeholders</li> </ul>	

## Agenda Item 1.4

	<ul style="list-style-type: none"> <li>• EASC Assurance Framework report, it was noted that this was in same style as the host body’s assurance framework – this was the first iteration and would be presented at each future meeting of the Committee</li> <li>• The closure of all recommendations from the audit of EASC Governance</li> <li>• The list of key organisational contacts was noted.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the risk register (Appendix 1)</li> <li>• <b>NOTE</b> the progress with the actions to complete the requirements of the EASC Standing Orders (Appendix 2)</li> <li>• <b>APPROVE</b> the EMRTS DAG Annual Report 2021-2022 (Appendix 3)</li> <li>• <b>APPROVE</b> the EASC Communications and Engagement Plan (Appendix 4)</li> <li>• <b>APPROVE</b> the EASC Assurance Framework (Appendix 5)</li> <li>• <b>APPROVE</b> the completion of the Internal Audit on EASC Governance (Appendix 6)</li> <li>• <b>NOTE</b> the information within the EASC Key Organisational Contacts (Appendix 7).</li> </ul>	EASCT
EASC 22/88	<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> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report.</li> </ul>	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/89	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussion.</p>	

<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 22/90	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 September 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed .....

**Christopher Turner (Chair)**

Date .....