



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

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

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Hayley Thomas	Deputy Chief Executive, Powys Teaching Health Board
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
In Attendance:	
Nick Wood	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government
Aled Brown	Policy Lead Official, Welsh Government
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Nick Lyons	Executive Medical Director, Betsi Cadwaladr BCUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/13	<p>WELCOME AND INTRODUCTIONS</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

	<p>Suzanne Rankin, the new Chief Executive of the Cardiff & Vale UHB and Hayley Thomas, Deputy Chief Executive of Powys Teaching HB were welcomed to their first EASC meeting.</p> <p>The Chair also took opportunity to reaffirm the role of the EAS Committee in terms of its role within the EASC Directions to plan and secure sufficient ambulance services in Wales in line with Welsh Government and NHS Planning Frameworks.</p> <p>In terms of context for many of the discussions to take place at the meeting, the Chair reminded Members of the agreed deliverables. In particular, the previous agreed commitment to reducing handover delays – no handover delays over 4 hours and reduce the average time of lost hours by 25% from October 2021 level. It was noted that the current position needed to be significantly improved. In addition, Members noted the phasing out of the military support to WAST at the end of March and the likely impact on performance.</p> <p>The Chair noted that due to these and other system issues, the ability of the EAS Joint Committee to plan and secure sufficient ambulance resources was at risk and therefore the need to reduce this risk, as soon as practicable, was critical.</p> <p>Members noted that the Chair had agreed to a request from Jason Killens to leave the meeting early, therefore the agenda had been rearranged to assist this.</p>	
<p>EASC 22/14</p>	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead, Mark Hackett, Carol Shillabeer, Tracey Cooper and Ricky Thomas.</p>	<p>Chair</p>
<p>EASC 22/15</p>	<p>DECLARATIONS OF INTERESTS</p> <p>There were none. It was noted that the EASC Team would soon be asking for the annual declarations of interest and that this will need to be done specifically for EASC, in addition to those submitted to individual organisations.</p>	<p>Chair</p>
<p>EASC 22/16</p>	<p>MINUTES OF THE MEETING HELD ON 18 JANUARY 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 18 January 2022.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 18 January 2022. 	<p>Chair</p>

<p>EASC 22/17</p>	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/10 Key Reports and Updates It was noted that this work was progressing and would be included in a future report. This work would link to the roll out of the electronic case card.</p> <p>EASC 21/64 Ambulance Handover Delays Members were aware that the CASC had written to Chief Executives and Chief Operating Officers (COOs) with a request for detailed handover improvement plans; the Minister had also written to Chairs in this regard.</p> <p>The CASC reported that responses had been received from each organisation and that these included many actions to be undertaken across the system. Members noted that the next step would be to for the CASC to discuss actions with the COOs including how the actions would align; the impact of the ongoing system reset and anticipated outcomes would be included. Some health boards had identified specific actions and those would be shared with Members as soon as possible. Members noted that any actions that had a significant impact would be shared as soon as practicable. The CASC summarised the actions and shared the concern that safe ambulance services would not be able to be provided due to the escalating handover delays.</p> <p>EASC 21-26 Committee Effectiveness Members were reminded that the Chair was keen to ensure that appropriate representation of the 'patient voice' was included in the work of the Joint Committee. It was noted that the new national arrangements for the patient's voice may help in this regard. An update would be provided as soon as possible.</p> <p>EASC 20/74, 21/22 Serious Adverse Incidents (SAIs) It was noted that it was difficult to realistically benchmark the different ambulance services across the UK due to differing reporting arrangements that exist. In order to ensure that an element of benchmarking was available, it was agreed that the Association of Ambulance Chief Executives Report 'Delayed Hospital Handovers: Impact Assessment of Patient Harm' (AACE, Nov 2021)' would be circulated.</p> <p>The Deputy CASC reported that some work has recently been undertaken by Welsh Government Officials who had asked the Delivery Unit (DU) to review 'Appendix B Reports'.</p>	<p>WAST</p> <p>CASC</p> <p>Chair</p> <p>Ctte Sec</p>
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	<p>Members were aware that the nationally reported incident approach required incidents to be passed on from WAST to health boards for investigation where ambulance handover delays were deemed to be the underlying cause.</p> <p>Members noted that the report would be received and discussed by the Directors of Nursing (25 March 2022). Members noted that one recommendation within the draft report suggested that the EASC Team take a lead role in coordinating the work required within the system to improve processes and outcomes. Members noted that the EASC Team had not previously been involved in this work and it was felt this would be helpful to have additional input into this work.</p> <p>It was anticipated that the report would be shared with Members as soon as available and Members of the DU would be invited to attend the next meeting of the Joint Committee to present their findings.</p> <p>EASC 19/76 Emergency Medical Retrieval and Transfer Service (EMRTS) Evaluation</p> <p>It was noted that the EMRTS technical evaluation report had now been received and provided a positive review of the service to date. Members noted that the report would be received by the EMRTS Delivery Assurance Group at its next meeting and would then be shared with the Joint Committee.</p> <p>EASC 19/75 Chair and CASC Meetings</p> <p>Members noted that the Chair and CASC had presented slide packs at health board meetings developed to reflect the needs and challenges of the specific areas. The Chair explained that helpful discussions had been held and a generic feedback session report would be developed to share with Members.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>Ctte Sec</p> <p>Forward Look</p> <p>Forward Look</p> <p>Forward Look</p>
<p>EASC 22/18</p>	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	<p>Chair</p>
<p>EASC 22/19</p>	<p>CHAIR'S REPORT</p> <p>The Chair's report was received, Members noted that the Chair's objectives had been agreed and were included for information.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report 	<p>Chair</p>

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/20</p> <p>PERFORMANCE REPORT INCLUDING THE ANNUAL QUALITY INDICATORS (OCTOBER-DECEMBER 2021)</p> <p>The Performance Report was received. Members were reminded that the report presented information in line with the most recent publication of Ambulance Quality Indicators. Members noted that the AQIs would be published monthly from April 2022 providing an opportunity to discuss more recent information. In presenting the report, Ross Whitehead highlighted:</p> <ul style="list-style-type: none"> • the continued challenges around 999 call wait times • the growing gap between the number of calls answered and the number of incidents generated • slightly less incidents in January and February • mitigating action taken including investment in staff and technology • significant challenges in achieving red 65th percentile • growth in red demand – at 53% response and median 7mins and 30secs; joint work with Welsh Government and Digital Health and Care Wales looking at linked data sets related to patient outcomes and would report findings at a future meeting • amber responsiveness 95th percentile continued to grow with significant waits seen; Amber median 1hour 30mins (ongoing impact on patient journey) • More media stories and political interest being seen • in light of previous commitments to reduce ambulance handover delays, increases over recent months were noted, with the trend continuing into March (currently 700 hours per day) • with reducing staffing capacity, WAST forecasting the impact and the level of the Clinical Safety Plan to ensure response at red and amber 1. <p>The Chair thanked Ross Whitehead on the sobering performance information and invited further discussions.</p> <p>Nick Wood, Deputy Director of NHS Wales noted the mitigating actions and responses in place to deal with the current pressures within the system. Attention was drawn to the Red performance target being missed over a number of months and the record levels of handover delays across NHS Wales. Members were asked whether they felt their actions and mitigations would be sufficient to respond in a timely way to the current situation and reduce harm to patients.</p>	<p>Action Log</p>

Members recognised that the mitigation identified was maintaining the current level of performance but to improve the performance was the joint responsibility of WAST and health boards in responding to population needs and to ensure patient safety. Members highlighted the significant risks within the system for patients and suggestions were made to include the units of hours produced to understand where resources could be deployed. Members noted that despite the mitigations the risks continued to be realised. The recent reset underway over the last two weeks was also discussed although only marginal differences had been experienced by the ambulance services.

Nick Wood asked regarding the EASC perspective and the need for a joint response from WAST and health boards in relation to the safety of the service and meeting community expectations; the impact of the significant drift in lost hours, the deterioration in response rates, the increasing numbers of concerns and increasing numbers of serious adverse incidents. Members were asked if they were confident that their actions would mitigate against the identified risks and would lead to improvements in performance and reduce patient safety incidents.

Members felt this was a fair challenge although there were expectations that the actions identified in the health board plans would lead to improvements in reducing lost hours and a consequence improvement in working towards meeting the performance targets. The CASC agreed that the Committee was not in a position to provide the level of assurance needed due to the position with handover delays. The Joint Committee had not been complacent, and Members were aware that the planning assumptions had assumed a maximum of 5,000 handover hours in one month. Once these levels had been overtaken a number of mitigating actions had been put in place which included the WAST Clinical Safety Plan. At 20,000 lost hours per month Members were aware that ambulances would not be sent for Amber 2 patients.

Suggested solutions were proposed including to:

- provide temporary additional front-line ambulance capacity into WAST to support the system over the coming months to mitigate the removal of the support from the military and until the required improvements are in place to handover delays and impacting across the system
- continue to work with health boards to understand the variation across the system identified within the action plans submitted and to identify and share best practice

	<ul style="list-style-type: none"> • ensure that the handover improvement plans deliver the required gains, to be monitored by the governance arrangements including the Commissioning Framework • constantly challenge the current culture where handover delays are tolerated. <p>It was proposed that the following actions were put in place as the key elements of the system-wide handover improvement plan to address the patient safety concerns, particularly with the withdrawal of support from the military in April:</p> <ul style="list-style-type: none"> • maximise temporary additional front-line ambulance capacity during the coming period including overtime and WAST to operate at a higher state of emergency alert to maximise front-line resource • use of the agreed whole system escalation process and the actions taken • re-focus on 'red release' to allow WAST to respond appropriately and promptly (had been slippage) • health board resources in place such as same day emergency care, urgent primary care centres, flow centres or communication hub etc and identify two or three deliverables as part of this Handover Improvement Plan. This would include managing or challenging slippage and monitoring the impact on the patient experience and recognised the need to move at pace. <p>The key points of the discussion that followed included:</p> <ul style="list-style-type: none"> • acceptance that patients were waiting too long for ambulance services • the inclusion of the availability of resources in the performance report to add to the understanding of ambulance performance and response • that only marginal improvements had been experienced by the ambulance service following the recent system reset • that system wide responses were required including the need to improve flow and discharge patients, to address staffing challenges in community and social services although this would not be addressed quickly • a 'cultural acceptance' had emerged in relation to current levels of handover delay which was unhelpful in relation to patient safety and harm • re-visiting discussions with WAST on a health board by health board basis, understanding the local issues and jointly agreeing actions and trajectories. • The importance of the consistency of the approach • Receiving information from the North West Ambulance Service in terms of their approach to handover delays and seeking different solutions 	<p>All</p>
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	<ul style="list-style-type: none"> • acknowledgement of the continued existence of COVID-19 and its impact within the system. <p>Nick Wood asked why the action plans for handover delays had not been included on the agenda for the meeting as he considered this matter the most pressing for ambulance services; this coupled with the loss of the military support for the service would have a significant impact. Furthermore, he asked whether further actions would be undertaken as when he met with the Chief Operating Officers (COO) this necessarily was not their key issue to resolve. Nick Wood confirmed that he was very concerned regarding the actions and the timescales involved.</p> <p>The CASC confirmed that detailed operational matters were discussed at the EASC Management Group and would be escalated by exception to the EAS Joint Committee. The CASC confirmed that he attended the COO meeting to discuss handover delays and receive updates on the actions taken.</p> <p>The Chair thanked Members for the helpful discussion and emphasised the requirement for all Committee Members to respond urgently to the current position related to handover delays and to work with WAST to mitigate the impact of the loss of military resource at the end of March. The suggestions set out by the CASC were accepted and the Chair articulated the hope to see an improved position at the next meeting.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and additional actions that would be taken to improve performance delivery to be included in the EASC Action Plan. • AGREE to include the units of hours produced to the next iteration of the Performance Report. 	
<p>EASC 22/21</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report Jason Killens highlighted:</p> <ul style="list-style-type: none"> • phased withdrawal of the military support of approximately 250 staff (reduction in capacity of approximately 15% of production) by 31 March 2022 • approximately 100 members of staff were currently in operational training and would become operational in quarter 1, the capacity of the Clinical Service Desk would be doubled early in quarter 1 and this would allow the volume of calls closed via the 'consult and close' process to lift from 10-12% to approximately 15% 	

<p>EASC 22/22</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST DRAFT INTEGRATED MEDIUM-TERM PLAN (WAST IMTP) UPDATE</p> <p>The WAST IMTP report was received. In presenting the report, Rachel Marsh highlighted the executive summary and key elements of the Plan including progress made in terms of:</p> <ul style="list-style-type: none"> • Progress to recruit the additional 127 full time equivalent (FTE) staff as agreed following the Emergency Medical Services Demand and Capacity Review • doubling the capacity of the Clinical Support Desk • introducing mental health practitioners to the organisation • completing the roll-out of NHS Wales 111 with the programme team • completing the transfers of Non-Emergency Patient Transport Services (NEPTS) from health boards. <p>The plan also set out the organisation’s desire to progress their ambition to ‘invert the triangle’ as presented and discussed at previous EASC meetings. The plan set out the strategy and a programme of work going forward. Members noted the offer from WAST for the provision of additional capacity to mitigate some of the immediate pressures on the system and releasing paramedics as part of their advanced paramedic practitioner training. For the NEPT Service the eligibility criteria and finding other ways of attending health care were considered important.</p> <p>Members noted that the plan did not include financial information at this point, as this was subject to ongoing discussions at WAST. A letter had been sent to Welsh Government and work was continuing in order to provide a balanced financial plan.</p> <p>Opportunities for joint working with academic institutions were noted and further discussions would be held outside of the meeting to consider opportunities across the system including joint appointments. The ongoing dialogue had continued between WAST and Health Education and Improvement Wales (HEIW) was noted along with WAST’s ambitions to pursue University Trust status.</p> <p>The CASC highlighted the consistency between the WAST IMTP, the agreed Commissioning Intentions (CIs) and Welsh Government targets. The shortage of capital within the system was noted and, while WAST had a significant capital allocation, work would also be required to understand how capital could be a restricting factor in delivering some of the transformational initiatives.</p>	
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	<p>The scale of WAST’s change programme was also highlighted and the risks associated with this, in relation to the impact on the workforce and working with trade unions and staff side organisations.</p> <p>Members noted that in terms of NHS Wales 111, a pragmatic approach had been adopted and an assumption that there would be no overhead contribution out of the 111 allocation had been made.</p> <p>In terms of the financial allocation, this would need to be clarified although there was a need for EASC to approve its own IMTP and this would provide the commissioning allocation that would need to be consistent with the WAST IMTP. If this was not so, the Chair and the CASC would not be able to support the WAST IMTP prior to submission to the Welsh Government (as in previous years). Assurance was given that no approval would be taken outside of the delegated authority of the Committee or outside of the EASC IMTP.</p> <p>Members noted that WAST had not presumed additional funding but would be able to move forward on proposed schemes if supported by the commissioners.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • SUPPORT the WAST IMTP, noting the risks and financial information to be worked through and mitigated, • The Chair and the CASC to subsequently endorse the final plan in line with the discussions at the meeting following WAST Board approval and prior to submission to the Welsh Government by the 31 March 2022. 	
<p>EASC 22/23</p>	<p>EASC INTEGRATED MEDIUM TERM PLAN</p> <p>The EASC IMTP was received. In presenting the report, Ross Whitehead highlighted that the EASC IMTP was consistent with principles presented at the Joint Committee meeting in January 2022 and had been presented at the recent EASC Management Group for endorsement.</p> <p>The plan focused on Commissioning Intentions (CIs) along with other priority areas for 2022-23 and the three-year planning cycle included the appetite for the commissioning of 111 Services and the development of a National Transfer and Discharge Service reflecting the regionalisation and reconfiguration of services.</p>	

The plan also articulated the need to respond to emerging system change and the role of EASC in working towards contributing to the delivery the 6 Goals for Urgent and Emergency Care. In particular the focus for EASC would be on Goal 4 but it was recognised that there could be a wider contribution to other goals. Members noted the intention to constantly refresh the Commissioning Framework to reflect these developments.

The draft EASC financial plan was included, this was consistent with that presented at the November Joint Committee meeting and subsequently presented to Deputy and Directors of Finance. Regular meetings also were taking place between the EASC Team and WAST Directors.

The CASC emphasised the consistency between EASC and WAST IMTPs and explained that the plan has been endorsed by EASC Management Group and shared with Welsh Government colleagues for comment.

It was agreed that the joint commitment to optimise conveyance strategy, including joint trajectories and expectations was a key part and joint commitment of the IMTP and that this should be emphasised.

The CASC reported that a financial allocation had initially been presented to Members in November, this had been shared with Deputy and Directors of Finance. Members noted that no assumption had been made regarding transformation within the financial schedules. For consistency, these schedules remained in the plan. No specific responses had been received in relation to the information presented.

Conversations with peer groups, EAS Joint Committee and EASC Management Group Members indicated that they would support the submission of a bid to the Welsh Government for funding from the 6 Goals for Urgent and Emergency Care programme; this assumption was included in the plan which asked that funding be made available to EASC from the £25m previously announced. The proposed use of the funding would be to expand the clinical resource 'hear and treat' and ensure that clinical advice using the emergency communications nurse system (ECNS) to support a clinical safety valve within the system to avoid harm to patients. The aim of the proposal was to ensure sufficient clinicians in the ambulance control to provide a ring back service to advise patients within an hour when an ambulance response could not be sent. This would strengthen clinical governance and allow individuals callers to have a more timely and flexible response.

This could include upgrading or downgrading of calls and would assist clinicians to provide alternatives for patients and facilitate referrals to available services such as urgent primary care, same day emergency care services, assessment centres, communication hubs etc where available. Members noted that approximately 30% of patients taken to an emergency department by WAST were discharged with no follow up required.

The CASC highlighted to Members the key inefficiencies in the system which included:

- Handover delays - It was suggested that the required system improvements that would reduce ambulance handover delays sufficiently would not be in place for some time and that it would be sensible to retain front line ambulance resource for the start of the 2022-23 financial year to manage the clinical risk and patient safety concerns that exist, until wider system improvements could be made.
- WAST financial plan included a £1.8m cost reduction plan to impact on front line costs which would reduce overtime and hold vacancies - it was suggested that this £1.8m be waived due to the current issues related to handover hours and the loss of the military personnel on a 'non-recurrent basis'. The proposal for the temporary resource recognised both the need for action across the system but also the length of time that it was anticipated that required improvements would take place.

Members noted that a scrutiny panel for the WAST Transition Plan had been held with health board colleagues on 8 February 2022 and that one of the outcomes was an expectation to revisit the cost improvement programme (CIP) level and to ensure that this was consistent with that required of health boards. Members noted that there was a choice to be made in this regard. At a 1% CIP level it was clarified that this assumed the £1.8m CIP would not be delivered. The CASC suggested that if a 1% CIP for WAST be maintained this would support the issues identified within Q1 in terms of the increasing handover delays and also the loss of the military personnel.

The CASC suggested that, on a non-recurrent basis to waive the £1.8m. If the improvements in handover delays did not materialise and if WAST did not meet their improved efficiencies, then a significant pressure would remain in the system. However, if improvements were made within the system and handover delays reduced then the ask for the funding would also be reduced. A mixture of improvement across the system would give a shared risk which would need to be further clarified.

Nick Wood asked the CASC to confirm the detail in the financial year 2022-23 which related to the assumptions of a non-recurrent bid to the Welsh Government 6 Goals for Urgent and Emergency Care funding (£25m). Stephen Harray confirmed that the assumption within the financial plan was a minimum of £750k but possibly would require some additionality in terms of coverage for the ECNS scheme. Nick Wood noted this and explained that this was under discussion by the Welsh Government Policy Lead officials who were considering the allocation.

Stephen Harray explained that this had been the approach suggested by health boards to apply for specific urgent and emergency care funding from the £25m which was reflected in the plan. Nick Wood thanked Stephen Harray for the clarification.

Members questioned the level of the CIP (1% would have been 2% if the £1.8m was included) and the CASC explained the WAST had also been asked not to make assumptions regarding their Transition Plan within the IMTP as this had not been widely supported at the scrutiny session. The option related to the WAST CIP which included the £1.8 million from front line staff remained contentious but the CASC suggested that the increasing concerns related to patient safety and the likelihood of harm within the current system this was an option to try and get to a balanced financial plan for WAST. Members confirmed that the financial envelope had been agreed by the Directors of Finance but questioned whether the CIP needed to be made from savings around front line staff, i.e. were there other options. Members explained that much higher levels of CIP had been agreed within health boards and felt that WAST should not be subject to different efficiency measures.

Members were keen that the CIP was revisited to be in line with health boards across Wales. The CASC responded and suggested that if additional funding, albeit on a temporary basis, was not provided to WAST the performance would deteriorate further and this would increase risks in terms of patient safety and experience. Stephen Harray suggested that if handover delays were reduced to 15,000 hours by April (which seemed unlikely) there remained a need for temporary funding for WAST. Furthermore, the CASC explained that without the temporary funding information would need to be provided to explain exactly what services could be offered by WAST.

	<p>Members suggested that they required more financial detail to discuss within health boards which would need to be balanced against other priority areas. Members felt they would need more granularity in relation to the ambulance services to balance for the wider health of local populations in decisions made by health boards.</p> <p>Stephen Harray agreed to write to Members to explain clearly how the options and opportunities on a Health Board by Health Board basis. This information could be presented in different ways including having a 2% CIP and a non-recurrent allocation of £1.8m. The implications of all options would be clarified although the CASC felt it was essential that WAST have additional funding due to the level of inefficiency within the system at present.</p> <p>Members agreed to the need for additional non-recurrent funding to ensure additional front-line ambulance capacity however more detail would need to be provided, as requested.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the process of engagement undertaken in the development of the EASC Integrated Medium Term Plan • APPROVE the EASC Integrated Medium Term Plan (2022-25) for submission to Welsh Government • Receive information on a health board by health board basis in terms of the WAST CIP and additional temporary funding 	<p>CASC</p>
<p>EASC 22/24</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER’S (CASC) REPORT</p> <p>The CASC report was received. Stephen Harray presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Non Emergency Patient Transport Services (NEPTS) Members noted that detailed work was now being undertaken on NEPTS and the impact of health boards reset and reconfiguration on different elements of NEPTS activity, for example reduced outpatient journeys and an increase in demand for transfers and discharge. A ‘Focus on’ session will be held at the next EASC meeting exploring this on a health board by health board basis. • EASC Action Plan It was reported that the Minister had requested that the EASC Action Plan be updated to incorporate the expected impact of the actions being taken across the system. The latest version had been appended to the CASC report, this would now be updated. 	<p>Forward Look</p>

	<ul style="list-style-type: none"> • System Wide Escalation <p>Members noted that a conversation had been held at the recent NHS Wales Leadership regarding the final version of the System Escalation Plan. Members noted that the final version would be endorsed at the next meeting of the Leadership Board and implemented in April 2022.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
<p>EASC 22/25</p>	<p>EMERGENCY MEDICAL SERVICES (EMS) COMMISSIONING FRAMEWORK</p> <p>The EMS Commissioning Framework report was received. Ross Whitehead presented the report and noted previous discussions at EASC Management Group and the recent scrutiny panel on the WAST Transition Plan held with health board representatives.</p> <p>Members noted that it had become clear from these recent discussions that health boards expected clarity on the commissioning of core ambulance service provision, separately from the transformation elements. This approach would provide health boards with the required clarity on how framework resources were being utilised to deliver the priorities of the Committee and would allow the development of different and transformational service offers within each health board areas to address the needs of their populations.</p> <p>Rachel Marsh suggested that it would be helpful to have a conversation with the team at WAST to discuss this approach to the development of the Commissioning Framework to understand what this would mean from the provider perspective. The ability to separate core service provision from transformational programmes was raised and whether it would be possible.</p> <p>Ross Whitehead responded and explained that at the scrutiny panel meeting to discuss the WAST Transition Plan and at the last EASC meeting health boards had their own views and expectations around WAST developments relating to pre hospital urgent and emergency care and that having clear lines of sight within the Commissioning Framework would be helpful. Members were also reminded that the framework was a live document that would be refreshed every 6 months, responding to developments within the service.</p>	

	<p>The Chair added that the key principle here was that as things progress Members did not lose sight of the core services; further detailed conversation with the WAST Team on this matter would be helpful and was agreed.</p> <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the development of a framework that distinguishes between core service provision and transformational services • APPROVE the extension of the interim arrangements until the May Committee meeting. 	
<p>EASC 22/26</p>	<p>FOCUS ON SESSION – HEALTHCARE INSPECTORATE WALES (HIW) - REVIEW OF PATIENT SAFETY, PRIVACY, DIGNITY AND EXPERIENCE WHILST WAITING IN AMBULANCES DURING DELAYED HANDOVER</p> <p>The HIW review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover was received. Ross Whitehead presented the session and Members noted that many elements of this ‘Focus On’ agenda item had already been discussed earlier in the meeting.</p> <p>Members noted that the HIW report focusing on ambulance handover delays had already been considered at many health board sub committees. Twenty recommendations had been made which required a system wide response and it was confirmed that the action plan had been accepted by HIW.</p> <p>The EASC Management Group (EASC MG) agreed to establish a task and finish group to deliver the recommendations. Draft terms of reference had been circulated to EASC MG members with dates of the first two meetings and a request for clinical and operational representatives from each health board.</p> <p>It was agreed that regular updates on this work would be provided at future meetings of the Committee and the EASC Team would work closely with HIW on this matter. The first meeting would take place in early April and had been planned for 6 months in the first instance.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the HIW Review and responses to the recommendations • NOTE the establishment of a task and finish group to focus on delivery of the recommendations via the EASC Management Group. 	<p>Forward Look</p>

<p>EASC 22/26</p>	<p>FINANCE REPORT MONTH 11</p> <p>The Month 11 Finance Report was received. Stuart Davies presented the report and highlighted no significant changes and forecast end of year position of a £383k underspend. No significant movements were anticipated.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
<p>EASC 22/27</p>	<p>EASC SUB GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • EASC Management Group – 21 Oct 2021 • NEPTS Delivery Assurance Group – 12 Oct 2021 • NEPTS Delivery Assurance Group – 30 Nov 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
<p>EASC 22/28</p>	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted:</p> <ul style="list-style-type: none"> • The EASC Risk Register including 2 new risks and the three red risks which were also being reported to the CTMUHB Audit and Risk Committee • Internal Audit report on EASC Governance. Members noted that the report provided reasonable assurance and the five recommendations have now been added to audit tracker. The two audit recommendations from a previous report had now been closed. • Standing Financial Instructions reflected those approved by WHSSC and were the first specific SFIs for EASC • The summary of the progress made to complete EASC Standing Orders, Members noted that actions would be completed by the July meeting of the Committee. • Scheme of Delegation and Schedule of Powers had been updated • The Annual Business Plan was received • Declarations of interest have all been received and would be reported in the Annual Governance Statement. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • APPROVE the Model Standing Financial Instructions 	

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	<ul style="list-style-type: none"> • APPROVE the final information for the model Standing Orders namely the Delegation of Powers and Scheme of Delegation • NOTE and APPROVE the Draft Annual Business plan • NOTE the updates relating to red performance and the additional new risks • NOTE the progress with the actions to complete the EASC Standing Orders and the aim to complete all actions by the next meeting • NOTE the Internal Audit on EASC Governance and the plans to track the recommendations. 	
EASC 22/29	<p>FORWARD LOOK</p> <p>The Forward Look was received</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
Part 3. OTHER MATTERS		ACTION
EASC 22/30	<p>ANY OTHER BUSINESS</p> <p>The Chair closed the meeting by reminding Members of the urgency of the work to reduce handover delays which were a matter of real concern in relation to patient safety and the patient experience.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/31	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 10 May 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.	Committee Secretary

Signed

Christopher Turner (Chair)

Date