



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
10 MAY 2022 AT 13:30HOURS
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
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust
In Attendance:	
Jeremy Griffith	Director of Operations NHS Wales Health and Social Services Group Welsh Government
Claire Nelson	Assistant Director of Planning, Cwm Taf Morgannwg UHB
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

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/52	WELCOME AND INTRODUCTIONS 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.	Chair

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	The Chair welcomed Claire Nelson representing Cwm Taf Morgannwg UHB.	
EASC 22/53	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Mark Hackett, Paul Mears, Linda Prosser, Ross Whitehead and Stuart Davies.</p>	Chair
EASC 22/54	<p>DECLARATIONS OF INTERESTS</p> <p>There were none.</p>	Chair
EASC 22/55	<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 15 March 2022 with the exception of the need to include Carol Shillabeer’s apologies for the meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 15 March 2022 subject to the one amendment noted above. 	Chair
EASC 22/56	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/20 Performance Report It was noted that work on patient outcomes data was ongoing with Digital Health and Care Wales and that a report would be presented to a future Committee meeting.</p> <p>EASC 22/21 WAST Deep Dive into Red Performance Jason Killens suggested that the detailed report focussing on red performance would be presented at an upcoming meeting of the EASC Management Group.</p> <p>EASC 22/21 Requirements for WAST In addition to the WAST Update provided against agenda item 2.3, it was noted that:</p> <ul style="list-style-type: none"> • trajectories had been set to achieve pre-pandemic sickness rates, these were included in a detailed action plan that had been reported to WAST Executives and would be included in the next WAST update report • positive discussions had recently been held with Trades Union representatives and further updates would be provided as the work continued • work was continuing to reduce variation across the service 	<p>WAST</p> <p>WAST</p> <p>WAST</p> <p>WAST</p> <p>WAST</p>

	<ul style="list-style-type: none"> new rosters were on track for implementation in Quarter 3, and Members were aware of political and public interest in the work. <p>EASC 22/22 Handover Improvement Plans Due to the variation in the status and development of plans, Members noted that not all health boards had found it helpful to use a template; however, there was a degree of consistency in terms of the actions being undertaken. The action regarding the use of a template was closed.</p> <p>EASC 22/10 Key Reports and Updates Further work would be 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. This would remain on the action log.</p> <p>EASC 21/65 Focus on session – Update on Demand and Capacity and modelling assumptions The link to the Final Emergency Medical Services Demand and Capacity Report was shared during the meeting by Jason Killens. Action completed.</p> <p>EASC 21-26 Committee Effectiveness – patient voice Discussions ongoing with an update to be provided as soon as possible. Remain on Action Log.</p> <p>EASC 20/74, 21/22 Serious Adverse Incidents (SAIs) Members had already noted that it was difficult to realistically benchmark the different ambulance services across the UK due to differing reporting arrangements that exist. Members noted that the EASC Management Group had agreed to establish a Task and Finish Group to consider the NHS Wales Delivery Unit’s Review of Appendix B Serious Adverse Incidents. It was agreed that this work would provide some indications of comparative performance as well as ensuring that appropriate processes were in place. Action to be removed from the Action Log.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>WAST</p> <p>WAST</p> <p>Chair / Ctte Sec</p> <p>EASC Management Group</p>
<p>EASC 22/57</p>	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	<p>Chair</p>
<p>EASC 22/58</p>	<p>CHAIR’S REPORT</p> <p>The Chair’s report was received, Members noted the recent meetings attended by the Chair and that the end of year assessment with the Minister would take place on 30 May 2022.</p>	<p>Chair</p>

	<p>Members also noted recent conversations with the All Wales Chairs' Group relating to the EASC agreed 'red lines' for ambulance handover delays (November 2021). Members were aware that the Chair's Summary was prepared as soon as possible following each Committee meeting and circulated to Members, along with the draft minutes. A further conversation had been held with the Chair of the All Wales Chairs' Group regarding this matter and it was agreed that the Chair's Summary would also be sent directly to the Chairs.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report and the wider circulation to the Chairs. 	
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
<p>EASC 22/59</p>	<p>AMBULANCE HANDOVER DELAYS</p> <p>The report on Ambulance Handover Delays was received. Stephen HARRY used presentation slides to inform discussion of the key areas. Members noted that the slides contained (currently) unverified data used as day-to-day management information, in addition to the verified data within the performance report.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • the current unsustainable levels of ambulance handover delay and the inability to deliver safe and effective ambulance responses • the need for handover improvement plans that concentrated on the pre-front door and front door • a summary of the position (January-April 2022) in terms of delivering safe and effective ambulance response including red 8-minute performance, Clinical Safety Plan (CSP) levels, numbers of 'no send', units of hours produced (UHP), lost hours and post-production hours lost (PPHL) • the work undertaken by the EASC team to produce a first draft 'patient conditions' analysis (including breathing problems, cardiac arrest, chest pain, falls, heart problems and stroke) • concerns regarding HM Coroner's Regulation 28 Report to Prevent Future Deaths • the NHS Wales Delivery Unit's Review of Appendix B serious adverse incidents that are passed to health boards by WAST for investigation • additional data to March 2022 for "hear and treat" services, sickness and post-production lost hours • actions already being undertaken, including: <ul style="list-style-type: none"> – Fortnightly tripartite meetings (HBs, WAST & CASC) – Evolving handover improvement plans 	

- NHS Leadership Board ‘System Wide Review’
- WAST Integrated Medium Term Plan (IMTP) commitments
- All-Wales Escalation Framework
- Welsh Government Integrated Quality Performance and Delivery (IQPD) meetings
- Commissioning Framework.

Carol Shillabeer updated Members in relation to the progress made at the NHS Wales Leadership Board in response to the sustained pressure across the health and social care system and increasing risk of harm to patients and staff. Members noted that the NHS Leadership Board had recognised the need for a different approach across the system involving defined deliverables, a key one being to increase the community care capacity across the system by an equivalent of 1,000 beds by October 2022.

Members also noted:

- The high level of patients within hospital system who are awaiting care support within the community
- While the number of plans in the medium term and policy intent had been noted, the Leadership Board had expressed the urgent need for short term action
- Positive discussions had taken place with local government colleagues in this regard to ensure the required whole system approach, at the same time ensuring the required political support and also the involvement and support of core enabling functions such as NHS Wales Shared Services Partnership Committee and Health Education Improvement Wales (HEIW).
- A task team had been established to progress the approach and plan with the required momentum, ensuring appropriate governance and the necessary collaborative approach.
- This work would not solve all of the issues across the system and that there was a need to look across the system and not just at community ‘care capacity’.
- The cautious approach to the focus on the defined number of beds and that work would continue with organisations across health and social care to deliver the maximum number possible.
- The links to the Six Goals for Urgent and Emergency Care Programme, Regional Investment Funds via the Regional Partnership Boards (community care capacity) and the Strategic Programme for Primary Care (community infrastructure elements).

Members commented that there was a significant energy in relation to this work currently but also a recognition that this work would not in itself solve all of the current issues.

	<p>Members noted that Hywel Dda UHB had commenced engagement with WAST staff in relation to direct paramedic referral into the Same Day Emergency Care (SDEC) service at Withybush hospital as an alternative to the Emergency Department and the positive response of staff to this development.</p> <p>Jeremy Griffith highlighted the significant risk implications that existed for patients in relation to ambulance handover delays and their continued pattern of deterioration. Members noted that the recalibrated Welsh Government Integrated Quality Planning and Delivery (IQPD) meetings would test the progress and impact made by organisations as part of the handover improvement plans. The key focus would be to assess the appropriate level of attention and urgency given to this issue to ensure the required wider system change. Members noted that the IQPD agenda would take a risk-based approach during the May round of meetings, while 3 health boards had shown signs of improvement some organisations were showing no improvement, and that this would require appropriate escalation going forward.</p> <p>Members also discussed:</p> <ul style="list-style-type: none"> • the need to understand the increase in red call demand (approximately 70% in the last two years), although it was noted that there had been an agreed system change in the application of the triage tool which had led to a slight increase in red demand together with an underlying increase in terms of patient acuity. It was agreed that the analysis that had been undertaken would be shared with Members and considered in more detail at the EASC Management Group • the consistent use of statistical analysis in order to understand the impact of actions taken across the system in order to prioritise future actions • the requirement to better understand the demographic data and the need for improved data linkages – the introduction of the electronic patient clinical record and improved information relating to patient outcomes would help in this regard • the link to the Six Goals for Urgent and Emergency Care programme, particularly Goal 1 • adhering to the existing targets rather than agreeing further ‘red lines’ with a focus on service improvement and quality and enhanced patient experience • the ongoing unacceptable risk in the community as a result of the unprecedented levels of ambulance handover delays 	<p>WAST</p>
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	<ul style="list-style-type: none"> the need to re-consider and agree a system-wide position for 'red-release requests' from the ambulance service with release refusal to be considered a 'never event' collective discussions among HM Coroners regarding their concerns and Regulation 28 Prevent Future Deaths Report. <p>In addition to the existing actions being taken, there was also a need to develop a 'Plan B' via the EASC Management Group in order to address the current position and patient safety risks across the system, this would be presented to the EASC Committee for approval. Members noted the ongoing work in relation to Handover Improvement Plans and the need to analyse the impact on the patient experience and the requirement that actions must lead to improved outcomes for patients.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the content of the report NOTE the ongoing work in relation to handover improvement plans. 	<p>All</p> <p>CEO WAST / CASC</p> <p>EASC Management Group</p>
<p>EASC 22/60</p>	<p>PERFORMANCE REPORT INCLUDING THE ANNUAL QUALITY INDICATORS (JANUARY-MARCH 2022)</p> <p>The Performance Report was received. Members noted the information contained within the Ambulance Quality Indicators (January to March 2022), including the:</p> <ul style="list-style-type: none"> reduction in the volume of 999 calls relating to breathing difficulties number of re-contacts into the system within the following 24 hours impact of Community First Responders (CFR), particularly in rural areas and the ongoing discussions regarding the role of CFRs as part of the emergency ambulance services provision. <p>In addition, Members noted a reduction in both conveyance volume and percentage within the Performance Report (Chart 7), though it was noted that the impact needed to be considered in light of the information provided which showed the reduction in attendance in response to escalation decisions relating to the impact of the Clinical Safety Plan. Members were reminded that optimising appropriate conveyance was a key aim of the Six Goals for Urgent and Emergency Care programme within Goal 4.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the content of the report and the published Ambulance Quality Indicators. 	

<p>EASC 22/61</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"> • Key challenges in relation to handover delays and current position in terms of red and amber performance • Table (paragraph 2.8) illustrating the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service. Members noted that these numbers would be higher in April • Items relating to Non-Emergency Patient Transport Services (NEPTS) would be discussed in the 'Focus On' session • Electronic Patient Clinical Record (ePCR) was live nationally, phase 2 would include connecting to the Welsh Clinical Portal and access to patient records for WAST clinicians in the community to support decision-making in terms of non-conveyance, see and treat and see, treat and refer in the community • The implementation of the Emergency Communication Nurse System (ECNS - software to support and enhance 999 clinical triage) for 'consult and close' on track for planned implementation • The offers made by WAST in relation to the Six Goals for Urgent and Emergency Care Programme, particularly for Goals 2, 3 and 4. Members noted that no specific resource had been made available to WAST to establish a dedicated team to progress the work in this area. Members were asked to confirm their health board leads for this work in order that the WAST team could make contact as a minimum to contribute to the work to deliver the Six Goals. <p>The CASC noted that no resource allocation had been made for WAST from the £25m earmarked for urgent and emergency care and that WAST were bidding for resources following allocations made to health boards. Members noted that the CASC report included a bid for ECNS to ensure that urgent and emergency care services in Wales received an allocation from the Six Goals for Urgent and Emergency Care programme funding.</p> <p>Members RESOLVED to: NOTE the report.</p>	
<p>EASC 22/62</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</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"> • The £1.8m temporary funding agreed at the last meeting was being utilised to continue services such as cohorting in order to support patients within the system • System-wide Escalation Framework agreed by the NHS Wales Leadership Board; the proposed next steps were noted • A proposal to create a new Commissioning Framework to be presented to the EASC Management Group for development and to be received at the next EAS Joint Committee meeting for approval • A bid for funding had been made to the Six Goals for Urgent and Emergency Care Programme relating to the Emergency Communication Nurse System (ECNS), this would ensure the ability to clinically assess, advise and re-direct patients within the system. Members noted this would provide a key element of patient safety during the current and ongoing pressures • NHS Wales Delivery Unit (DU) Review of Serious Adverse Incidents (SAI) in relation to Appendix B (transferred from WAST to health boards). Members noted that the DU had undertaken a review and that there appeared to be a mismatch between the incidents referred for further investigation in health boards and the subsequent assessment and reporting of those incidents formally to Welsh Government as SAIs. Members approved the recommendation of the EASC Management Group to establish a task and finish group that would review the Appendix B process and agree a way forward. <p>Members RESOLVED to: NOTE the report.</p>	<p>CASC</p> <p>CASC</p> <p>DCASC</p>
<p>EASC 22/63</p>	<p>CHAIR’S SUMMARY EASC MANAGEMENT GROUP – 21 APRIL 2022</p> <p>The Chair reminded Members that the Committee currently received the minutes of EASCs sub-groups for approval once they had been confirmed at the subsequent sub-group meeting. Members noted that the time delay in receiving confirmed minutes could be as much as six months when a quarterly meeting had been cancelled. Therefore, it was proposed that a Chair’s Summary is produced after each sub-group meeting to mirror the arrangements of the EAS Joint Committee.</p> <p>For illustrative purposes, the Chair’s Summary for the EASC Management Group meeting held on 21 April 2022 was presented in order to ensure that Committee Members were fully updated on the discussions held and progress made at this recent meeting.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the preparation of a Chair’s Summary following each sub-group meeting. 	<p align="center">DCASC</p>
<p>EASC 22/64</p>	<p>EASC COMMISSIONING UPDATE</p> <p>Members noted that there were a number of operational and commissioning documents that had been prepared and updated for the EASC Committee. The EASC Commissioning Update had been prepared to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach including:</p> <ul style="list-style-type: none"> • Commissioning Frameworks • EASC Integrated Medium Term Plan (IMTP) • Commissioning Intentions • EASC Action Plan. <p>Members noted that the EMS Commissioning Framework was currently being refined to reflect recent discussions at EASC Management Group and would be presented at the next meeting of the Committee. This included utilising data relating to the front door (this had already been shared with Chief Operating Officers and Directors of Planning) and the development of local commissioning plans. Members noted that further discussion would take place at the next meeting of the EASC Management Group.</p> <p>Presentation slides had been developed to share with Members in relation to plans for the work to develop the new Commissioning Framework. Julian Baker agreed to share the slides with Members and key contacts within health boards to include those leading on the work to implement the Six Goals for Urgent and Emergency Care. Members noted the aim of the work was to improve the patient experience in both emergency ambulance services and emergency departments; this would include linking the patient clinical outcome data utilising a statistical analysis approach.</p> <p>Members noted that the EASC Team would continue to progress the work and would engage further with the WAST team for presentation at the next EASC Management Group.</p> <p>It was noted that the EASC IMTP had been included for information and that a quarterly update with regard progress made against the IMTP would be provided going forward.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the collaborative commissioning approach • NOTE the aims of the approach 	<p align="center">CASC</p> <p align="center">CASC</p> <p align="center">DCASC</p> <p align="center">DCASC</p>

	<ul style="list-style-type: none"> • RECEIVE the EASC IMTP, Commissioning Intentions Update (2021-22), the EASC Commissioning Intentions for 2022-23 and the EASC Action Plan • NOTE the proposal to develop the EASC Commissioning Update to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach. 	
<p>EASC 22/65</p>	<p>FOCUS ON SESSION: NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)</p> <p>The presentation on NEPTS was received. Members noted that Mark Harris (Assistant Director of Operations and lead for NEPTS) was unable to join the meeting and Rachel Marsh gave the presentation on the NEPTS service including the scope and scale of the service, managing demand and also the development of transfer and discharge services. Areas highlighted included:</p> <ul style="list-style-type: none"> • The differences with the Emergency Medical Services (EMS) including higher daily patient volumes and differing mobility requirements • In addition to WAST, the different transport providers of NEPTS as part of the plurality model • It was a predominantly daytime weekday service with a small volume of activity at weekends • Patient journey types, mainly for outpatient or enhanced care appointments • The impact of the pandemic on core outpatient demand and also the effects of social distancing regulations (relaxed in recent weeks) – with additional resources provided in 2021-2022 in order to engage private sector capacity to meet service demand • The requirement to understand health board plans for reset and recovery • Performance metrics centred around timeliness; Members noted a need for improvement particularly in relation to oncology patient journeys arriving within 30 minutes of appointment time and lost hours on transfers and discharges in order to meet the target • Eligibility criteria and suggested that an indicative 30% of NEPTS transport provided to patients that were not eligible and WASTs intention to work with commissioners and health boards towards a position where non-eligible patients were steered towards alternative providers • NEPTS Demand and Capacity Review; identification of a range of efficiencies to be worked towards and the predicted impact on performance • The agreed commissioning intentions for NEPTS 	

	<ul style="list-style-type: none"> • Map of key strategic changes being undertaken across health boards and the modelling undertaken in order to understand the impact on patient transport • Ambitions for the NEPTS service within the WAST IMTP. <p>The Chair thanked Rachel Marsh for the very helpful presentation and a detailed discussion was held on a number of matters, which included:</p> <ul style="list-style-type: none"> • the current weekday nature of the service, it was confirmed that there could be flexibility to provide patient transport for services being delivered at weekends subject to the required activity profiles, workforce discussions and changes to roster patterns • that patient demand was at approximately 90% of the pre-pandemic levels including the sharp increase experienced in March and that work would be undertaken to understand this in light of the reduction in outpatient activities and increase use of digital technology • in terms of eligibility criteria, the likely political and public interest in relation to any proposal for changes to patient transport provision and the need to collectively undertake a robust equality impact assessment to progress this work • the need to agree the scope of the work to deliver a National Transfer and Discharge Service and sign off the sequencing of the implementation at a future meeting • the need for WAST to provide assurance regarding the efficiencies and additional investment intended for renal and oncology services that were included in the original case for transforming NEPTS services • the need to consider the challenges and complexities regarding the cross-border activity and nature of Powys THB and the associated procurement routes • the fragmented NEPTS services that exist in England, with many small providers under differing contractual arrangements were noted in comparison. <p>Members stated that the specific need for performance improvement for oncology patients and it was agreed that this would be provided to Members.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the key discussion points and agreed actions. 	
<p>EASC 22/66</p>	<p>FINANCE REPORT MONTH 12</p> <p>The Month 12 Finance Report was received. The Month 12 outturn showed an underspend of £347k.</p> <p>Members RESOLVED to: NOTE the report.</p>	

<p>EASC 22/67</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 – 24 February 2022 • NEPTS Delivery Assurance Group – 3 February 2022 • EMRTS Delivery Assurance Group – 28 September 2021. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
<p>EASC 22/68</p>	<p>EASC GOVERNANCE</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"> • The EASC Risk Register included 3 red risks relating to items already discussed at the meeting, these would continue to be reported to the CTMUHB Audit and Risk Committee • The EASC did not have a statutory duty to produce an Annual Governance Statement (AGS) but did so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation. The AGS would be forwarded to the CTMUHB Audit and Risk Committee and would inform the CTMUHB’s Annual Governance Statement • The Annual Audit Enquiries Letter 2021-2022 • The draft EASC Annual Report that provided an overview of the business undertaken by the EASC as well as providing an opportunity to assess the effectiveness of the Committee in achieving its stated purpose. • Progress made against the EASC Audit Recommendations Tracker • Annual Reports for the EASC Sub-Groups Annual Reports for 2021-2022, including the EASC Management Group and Non-Emergency Patient Transport Services Delivery Assurance Group Annual Report. The Annual Report for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Delivery Assurance Group would be considered at the next meeting in June 2022 for endorsement, prior to submission to EASC for approval in July 2022 • That plans were in place to deliver the requirements of the Standing Orders by July 22. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register and NOTE the updates relating to red performance • APPROVE the EASC Annual Governance Statement 2021-2022 	

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	<ul style="list-style-type: none"> • APPROVE the EASC Response to the Annual Audit Enquiries Letter 2021-2022. • APPROVE the EASC Annual Report 2021-2022 • APPROVE the EASC Audit Recommendations Tracker • APPROVE the EASC Sub-Groups Annual Reports 2021-2022 for EASC Management Group and the NEPTS DAG • NOTE the EMRTS DAG Annual Report for 2021-2022 will be presented at the next Committee meeting. 	
EASC 22/69	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
Part 3. OTHER MATTERS		ACTION
EASC 22/50	<p>ANY OTHER BUSINESS</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussion particularly regarding ambulance handover delays and the key challenges for NEPTS.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/51	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 July 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