



**EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
8 NOVEMBER 2022 AT 09:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS LIVE**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive Betsi Cadwaladr, BCUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB (in part)
Andrew Carruthers	Chief Operating Officer, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
<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
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Sian Ashford	Senior Lead Nurse, Quality and Delivery Frameworks, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

<b>In Attendance:</b>	
<b>In Attendance for agenda item 2.3 Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru Service Development Proposal</b>	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Sue Barnes	Chief Executive, Wales Air Ambulance Charity
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steven Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/111	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting. This was the first EASC meeting to be live streamed.</p>	Chair
EASC 22/112	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Steve Moore, Mark Hackett and Steve Ham.</p>	Chair
EASC 22/113	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 22/114	<p><b>MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 6 September 2022 with the exception of:</p> <ul style="list-style-type: none"> <li>• clarification between the 'Internal Service Analysis' undertaken by the Emergency Medical Retrieval and Transfer Service and the 'Strategic Review' undertaken by the Wales Air Ambulance Charity</li> <li>• the addition of the word 'need' at the top of minute 22/100 (page 9), so that the sentence now reads 'Key headlines from the Strategic Review included under-utilisation and unmet need (geographic, overnight and hours of darkness)'</li> <li>• Amend the resolution to reflect that a service development proposal would be received.</li> </ul>	Chair



	<p><b>EASC 22/81</b></p> <ul style="list-style-type: none"> <li>• <b>Roster Reviews</b> Jason Killens reported that this programme of work commenced in October and was on track for completion at the end of November. It was agreed that WAST would provide the numbers of staff available on a health board by health board basis.</li> <li>• <b>WAST Working Practices</b> Jason Killens confirmed that progress had been made on a range of working practices with the Trade Unions, including a potential pathway for emergency medical technicians. It was further noted that industrial action could take place in coming months.</li> <li>• <b>Immediate Red Release</b> The Chair asked Members to ensure that, whilst some progress was being made, a request for red release should continue to be seen as an absolute priority.</li> </ul> <p><b>EASC22/20</b></p> <ul style="list-style-type: none"> <li>• <b>Performance Report</b> This was on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes. In future this would be added as a standing item in the Chief Ambulance Services Commissioner’s Report.</li> </ul> <p><b>EASC 22/10</b></p> <ul style="list-style-type: none"> <li>• <b>Key Reports and Updates</b> It was reported that the new WAST Director of Quality and Nursing was currently in the process of reviewing the reporting process on a range of metrics. An update would be provided at a future meeting.</li> </ul> <p><b>EASC 21/26</b></p> <ul style="list-style-type: none"> <li>• <b>Committee effectiveness</b> The Chair reported that attempts had been made to contact the Citizen’s Voice Body and would report progress at the next meeting.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	<p>WAST</p> <p>ALL</p> <p>EASCT</p> <p>WAST</p>
<p>EASC 22/117</p>	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising from the minutes.</p>	<p>Chair</p>
<p>EASC 22/118</p>	<p><b>CHAIR’S REPORT</b></p> <p>The Chair’s report was received. Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair’s report and the Chair’s finalised objectives as set by the Minister.</li> </ul>	<p>Chair</p>

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/119</p> <p><b>PERFORMANCE REPORT</b></p> <p>The Performance Report was received. In presenting the report Ross Whitehead highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Ambulance Service Indicators</b> - September's data were now available on the EASC website</li> <li>• <b>Handover delays</b> including the handover improvement trajectories</li> <li>• <b>EASC Action Plan</b> – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme. The winter resilience letter issued by Welsh Government and its expectation for progress was also noted in this context.</li> </ul> <p>Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system.</p> <p>Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment to being a part of the conversations being held and to delivering the actions in the plan.</p> <p>Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted.</p> <p>There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.</p>	

	<p>Members noted that severe pressures exist throughout the system from the 'front door' to community care, and, in addition to the requirement for increased community care capacity, there was a need to maximise the opportunities with regard to admission avoidance schemes and same day emergency care services.</p> <p>The focus on the winter plan and the actions within the Six Goals for Urgent and Emergency Care Programme with a particular focus on improving handover delays, 4 hour waits, red release and reducing community risk.</p> <p>It was recognised that the role of local authorities was critical in addressing delayed transfers, also the impact of ambulance services on other emergency services (primarily police services) and there was therefore a requirement for a joint approach and a wider public service message than was currently being conveyed.</p> <p>Members noted that there was an increasing trend in terms of units of hours produced and this position would further improve once the additional 100 full time equivalents become operational; while red performance was challenging, more patients were receiving a service. Further work was also required in relation to outcomes for patients that do receive a response and outcomes for those that do not.</p> <p>Highlighting the citizen's perspective, the Chair welcomed the weekly dashboard being widely circulated to the NHS by the EASC Team. This was felt to be helpful in identifying where performance had improved and deteriorated and broadly indicated where actions at the front door might have made an impact. Members noted the use of the dashboard and requested further work to better understand the wider context, the correlation between different elements and to understand the key drivers behind the data.</p> <p>It was agreed that further work would now be undertaken with the required teams to ensure access to key data and further development of the dashboard.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report.</li> <li>• <b>NOTE</b> the Ambulance Services Indicators</li> <li>• <b>NOTE</b> additional actions that the committee could take to improve performance delivery of commissioned services</li> <li>• <b>NOTE</b> the handover improvement trajectories</li> <li>• <b>NOTE</b> the EASC Action Plan</li> <li>• <b>NOTE</b> the request to progress the dashboard.</li> </ul>	<p>WAST</p> <p>EASCT</p>
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<p>EASC 22/120</p>	<p><b>QUALITY AND SAFETY REPORT</b></p> <p>The Quality and Safety Report on commissioned services was received.</p> <p>In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).</p> <p>The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• The work of the <b>Healthcare Inspectorate Wales (HIW) Task &amp; Finish Group</b> (convened by the EASC Team) established to lead and coordinate 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> </ul> <p>A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations.</p> <p>A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response.</p> <p>A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals.</p> <ul style="list-style-type: none"> <li>• Fortnightly meetings had been held in response to the <b>NHS Wales Delivery Unit Report on Appendix B</b> submissions.</li> </ul> <p>As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks.</p> <p>The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process.</p> <p>In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.</p>	
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	<p>Rachel Marsh noted the potential additional workload and capacity issues for WAST and the need to review the impact of this as soon as feasible. It was confirmed that the group would continue to meet to review the new process and to intervene and adapt as required.</p> <ul style="list-style-type: none"> <li>• <b>Regulation 28 – Prevention of Future Deaths</b> – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board.</li> </ul> <p>Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report and the progress made by both Task and Finish Groups</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, including the recent issuing of a regulation 28.</li> <li>• <b>NOTE</b> that Quality and Safety Reports relating to commissioned services would be received at all future meetings.</li> </ul>	<p>EASCT</p>
<p>EASC 22/121</p>	<p><b>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</b></p> <p>The Service Development Proposal report was received. In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.</p> <p>Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements.</p> <p>Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness).</p>	

The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations. The proposal suggested that by optimizing the operational configuration the service could:

- potentially attend an additional 583 patients and
- achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards.

Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal.

The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work.

Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network.

Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023.

Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.

Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered.

Stephen Harray, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included:

- clarifying the position regarding resource implications
- responding to the significant comments raised and views regarding the importance of response times
- understanding how the air and road response model works, recognizing that for urban and rural areas it would be different
- further work required regarding the impact of weather
- consideration of the data reference period to ensure that this is appropriate and not unintentionally biased
- understanding any seasonal variation
- improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted
- working with health board colleagues to consider the modelling undertaken.

Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness.

Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.

	<p>The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process.</p> <p>It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December.</p> <p>After discussion Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices</li> <li>• <b>AGREE</b> the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal</li> <li>• <b>NOTE</b> the key risks and any mitigations the Committee need to be put in place.</li> </ul>	<p>EASCT</p> <p>EASCT</p>
<p>EASC 22/122</p>	<p><b>PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</b></p> <p>The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the:</p> <ul style="list-style-type: none"> <li>• Activities already undertaken with stakeholders</li> <li>• Comments and questions received to date</li> <li>• Draft Communications and Engagement Plan</li> <li>• Draft Project Plan</li> <li>• Initial Equality Impact Assessment.</li> </ul>	

<p>Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan.</p> <p>Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today’s meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase.</p> <p>In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work.</p> <p>In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the structured approach adopted since the Committee meeting held 6 September</li> <li>• <b>NOTE</b> the activities already undertaken with stakeholders both face-to-face and online</li> <li>• <b>NOTE</b> the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC ‘Joint Services, Planning &amp; Change Committee Service Change Pro forma’</li> <li>• <b>NOTE</b> the record of activities undertaken to date</li> <li>• <b>NOTE</b> the key themes arising from the questions, comments and letters received by stakeholders</li> <li>• <b>NOTE</b> the Briefing Note sent to stakeholders on 14 October</li> <li>• <b>NOTE</b> the development of a dedicated page on the EASC website</li> <li>• <b>NOTE</b> the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed</li> <li>• <b>NOTE</b> the draft project plan included for comment</li> <li>• <b>NOTE</b> the Initial Equality Impact Assessment.</li> </ul>	<p>EASCT</p> <p>EASCT</p>
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<p>EASC 22/123</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:</p> <ul style="list-style-type: none"> <li>• Point 2.5 - challenging red performance in September 2022</li> <li>• Point 2.8 - almost 900 patients waiting more than 12 hours</li> <li>• Points 2.16 &amp; 2.17 following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction (STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months</li> <li>• Point 2.21 – increase in red demand</li> <li>• Point 2.21 – ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95%</li> <li>• Point 2.21 – improvements in sickness aligned to IMTP trend</li> <li>• Point 2.21 – highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity</li> <li>• A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process.</li> </ul> <p>It was agreed that the additionality diagram at the bottom of page 12 was useful, that it is a complicated picture and that it would now be sensible to build an improvement trajectory and to understand the likely impact of all interventions.</p> <p>The Chair summarised including to:</p> <ul style="list-style-type: none"> <li>• Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above</li> <li>• Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages</li> <li>• Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> and <b>NOTE</b> the WAST Provider Report</li> </ul>	<p>WAST</p> <p>WAST</p>

<p>EASC 22/124</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>• Progress on the recruitment of the additional 100 front line staff at WAST</li> <li>• Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<p>EASC 22/125</p>	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs).</p> <p>The commissioning framework was included as a ‘focus on’ item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings.</p> <p>The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme.</p> <p>In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.</p>	

	<p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the collaborative commissioning approach</li> <li>• <b>NOTE</b> the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans</li> <li>• <b>NOTE</b> the progress made against the EASC IMTP in Quarter 2 as set out in the update provided</li> <li>• <b>NOTE</b> the Quarter 2 update against the commissioning intentions for each of the commissioned services.</li> </ul>	
<p>EASC 22/126</p>	<p><b>FINANCE REPORT MONTH 6</b></p> <p>The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6<sup>th</sup> month of 2022/23 together with any corrective action required.</p> <p>A forecasted break-even position was reported.</p> <p>In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions are in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations.</p> <p>Further discussions would be held to ensure alignment with the IMTP process.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<p>EASC 22/127</p>	<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 – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings.</li> <li>• EASC Management Group – 18 August 2022</li> <li>• NEPTS Delivery Assurance Group – 4 August 2022</li> <li>• EMRTS Delivery Assurance Group – 7 June 2022</li> </ul> <p>Members <b>RESOLVED</b> to: <b>APPROVE</b> the confirmed minutes.</p>	
<p>EASC 22/128</p>	<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 Assurance Framework report, it was noted that this was in same style as the host body’s assurance framework (CTMUHB)</li> <li>• The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions</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>APPROVE</b> the risk register</li> <li>• <b>APPROVE</b> the EASC Assurance Framework</li> <li>• <b>NOTE</b> the EASC Standing Orders would be reviewed prior to the next meeting</li> <li>• <b>NOTE</b> the information within the EASC Key Organisational Contacts.</li> </ul>	
EASC 22/129	<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: <b>NOTE</b> the report.</p>	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/130	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 22/131	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 December 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 .....