



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
6 SEPTEMBER 2022 AT 13:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner (CASC)
Glyn Jones	Aneurin Bevan ABUHB
Jo Whitehead	Chief Executive Betsi Cadwaladr, BCUHB
Paul Mears	Chief Executive Cwm Taf Morgannwg CTMUHB (in part)
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>	
Meriel Jenney	Medical Director, Cardiff and Vale CVUHB
Lee Davies	Director of Planning, Hywel Dda HDdUHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
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)
Gwenan Roberts	Committee Secretary

## Agenda Item 1.4

<b>In Attendance:</b>	
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
<b>In Attendance for agenda item 2.3 'Focus on' Session Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru</b>	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
David Rawlinson	Clinical Informatics and Research Manager, 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)
Michael Slattery	Consultant and Clinical Lead, Adult Critical Care Transfer Service, EMRTS Cymru
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steve Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity
<b>For Agenda item 2.4</b>	
Tef Jansma	Optima supporting Welsh Ambulance Services NHS Trust (WAST)
Brendan Lloyd	Medical Director, Welsh Ambulance Services NHS Trust (WAST)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/91	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair
EASC 22/92	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Steve Moore and Andrew Carruthers (Lee Davies representing), Suzanne Rankin (Meriel Jenney representing); Nicola Prygodzicz, Mark Hackett, Steve Ham and Ross Whitehead.</p>	Chair
EASC 22/93	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair

<p>EASC 22/94</p>	<p><b>MINUTES OF THE MEETING HELD ON 12 JULY 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 12 July 2022.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 12 July 2022.</li> </ul>	<p>Chair</p>
<p>EASC 22/95</p>	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p> <p><b>EASC 22/79</b></p> <ul style="list-style-type: none"> <li>• <b>EASC Action Plan</b></li> </ul> <p>Members noted that the EASC Action Plan received in the papers did not include the immediate release information. However, this had been included in the latest version which was submitted on 5 September 2022 and had been circulated to Chief Executives and Chief Operating Officers (COOs) in NHS Wales.</p> <ul style="list-style-type: none"> <li>• <b>Different staff input to WAST Control / call options</b></li> </ul> <p>Jason Killens explained that discussions were progressing in some community areas which reflected WASTs longer term strategy to work more closely with local authority staff within the call centres (Item to remain on Action Log).</p> <p>Carol Shillabeer raised this potential development in the ongoing work with all local authorities in relation to increasing community care capacity and confirmed that the first steering group meeting would take place on 12 September. Jason Killens welcomed the opportunity to develop a joint approach with local authorities across Wales.</p> <ul style="list-style-type: none"> <li>• <b>Red demand and variation</b></li> </ul> <p>Included within the WAST update section on Agenda Item 2.4.</p> <p><b>EASC 22/81</b></p> <ul style="list-style-type: none"> <li>• <b>Roster Reviews</b></li> </ul> <p>Jason Killens gave an overview of the work to date and confirmed that the first roster would 'go live' on 26 September 2022 in the Hywel Dda UHB area. For ease of reference, WAST agreed to forward a table of the roster changes on a health board basis (Added to Action Log). Members noted that as a result of these changes 30 more vehicles could be available at peak times.</p>	<p>WAST</p>

	<ul style="list-style-type: none"> <li>• <b>WAST Working Practices</b> Jason Killens confirmed that progress had been made with the Trade Unions, including an agreement that adjustments would be made on continuing professional development time for emergency medical services staff and this would be added into front line production (as identified in the Emergency Medical Services Demand and Capacity Review). It was likely to be implemented as a 'soft' launch in the financial year and would be mandatory from next year. Members noted that a further meeting was planned with the Trade Unions with the expectation that this would (best offer) be presented to their members. The next phase would discuss post production lost hours and the sensitive issue related to the management of meal and rest breaks. Some concerns regarding the current climate and pressures over winter were noted and therefore no timeline had yet been identified for delivery. An update would be provided at the next meeting.</li> <li>• <b>Immediate Red Release</b> The Chair asked Members to note that this action had been undertaken at health board level and that Chairs of health boards would be keen to be notified of any specific issues.</li> </ul> <p><b>EASC22/20</b></p> <ul style="list-style-type: none"> <li>• <b>Performance Report</b> To remain on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes.</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>	
EASC 22/96	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 22/97	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report and the wider circulation to the Chairs</li> <li>• <b>NOTE</b> the Chair's objectives set by the Minister.</li> </ul>	Chair

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/98</p> <p><b>PERFORMANCE REPORT</b></p> <p>The Performance Report was received. In presenting the report Phill Taylor explained that data had been used from July (Ambulance Service Indicators) and August for the wider performance report and highlighted the following areas:</p> <p><b>Ambulance Service Indicators (July data)</b></p> <ul style="list-style-type: none"> <li>• The improving outcomes and numbers of patients managed via 'hear and treat'</li> <li>• Incidents receiving a response were reduced (possible impact of the Clinical Safety Plan?)</li> <li>• Conveyance had reduced, although it was important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan</li> <li>• Ongoing work on post production lost hours and were now included in the EASC Action Plan</li> <li>• All-Wales red 8minute performance was 52% (target 65%)</li> <li>• Handover lost hours – over 24,000 in July (and subsequently 22,000 in August)</li> <li>• Weekly performance dashboard now circulated widely within health boards and Welsh Government.</li> </ul> <p>Members raised important points including:</p> <ul style="list-style-type: none"> <li>• Relentless demand across Wales and hours lost, would remain a challenge, whilst the work to deliver the circa 1,000 community or alternative beds continued</li> <li>• The significant numbers of patients within the system that were 'fit for discharge'</li> <li>• Concerns regarding the trajectory for the winter and the need for effective partnership working</li> <li>• That the volume of demand at the front door was likely to increase</li> <li>• Useful ideas that had been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system</li> <li>• Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings.</li> </ul> <p>Members noted that the first steering group meeting would take place on the week commencing 12 September regarding the development of the 1,000 community beds. It was agreed that there was a need to be realistic about what could be achieved with this work.</p>	<p>CASC</p>

	<p>The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.</p> <p><b>Immediate Release</b></p> <ul style="list-style-type: none"> <li>• WAST had presented the protocols to manage immediate release at the last meeting</li> <li>• Amber release increased from 31% to 44% with WAST and health boards working together.</li> </ul> <p><b>Handover delays</b></p> <ul style="list-style-type: none"> <li>• Fortnightly Handover Improvement Plan meetings continued with a focus on working towards the 2 agreed trajectories</li> <li>• Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing</li> <li>• Overall lost hours remained very high.</li> </ul> <p><b>EASC Action Plan</b></p> <ul style="list-style-type: none"> <li>• Latest plan submitted to Welsh Government on 5 September</li> <li>• Discussion at Directors of Planning meeting and linking to the integrated medium term plan (IMTP) process</li> <li>• Progress with some actions and linking to existing mechanisms with Welsh Government</li> <li>• Some small improvements and positive signs with good local actions seen.</li> </ul> <p>Members noted that the EASC Action plan was being well received and that it was important that any further actions were captured and included as necessary.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report.</li> <li>• <b>NOTE</b> the Ambulance Services Indicators</li> <li>• <b>NOTE</b> the performance reporting information submissions</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> </ul>	
<p>EASC 22/99</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, Matthew Edwards reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).</p>	



<p>EASC 22/100</p>	<p><b>'FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)</b></p>	
	<p>David Lockey was welcomed to the meeting and introduced his team which included Mark Winter, Sue Barnes, Steve Stokes, David Rawlinson and Michael Slattery.</p>	
	<p>David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:</p>	
	<ul style="list-style-type: none"> <li>• The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years including phase 1 of the 24-hour provision, implementation of the Adult Critical Care Transfer Service (ACCTS) and establishment of an Aftercare Service</li> <li>• The service continued to work closely with the Wales Air Ambulance Charity (the Charity)</li> <li>• Use of the CAREMORE Quality and Delivery Framework</li> <li>• Operational overview was now available instantly within the portal <a href="#">EMRTS Cymru AQIs - Power BI</a></li> <li>• 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics</li> <li>• Data overview of the services (available in the Annual Report)</li> <li>• Longitudinal view of the service from 2016 to present; seeing an increase in activity</li> <li>• An overview of EMRTS Commissioning Intentions for 2022/23</li> <li>• A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England - and activity 22% higher than forecasted and continuing to grow</li> <li>• A focus on the Strategic Review undertaken by the Charity System to determine "the optimal operational configuration and physical footprint for the lifesaving services that brings greatest benefit to all the people of Wales" ahead of the forthcoming commercial aviation procurement process.</li> </ul>	
	<p>Members noted that the internal service analysis had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.</p>	

Key headlines from the service analysis included under-utilisation and unmet need (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.

Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of service, particularly in Powys.

The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales included attending an additional 583 patients, improved average response times (on average 11 minutes quicker) and achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.

Members raised:

- The need to have follow up conversations related to the Powys health board area and the Powys related data
- Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales)
- Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view
- It would be helpful to map out and present the changing demand and the service changes over the years
- The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this
- The importance of clarifying the distinctive roles of the ambulance service and EMRTS
- Future opportunities for the ACCTS service and other transfer services like neonatal

	<ul style="list-style-type: none"> <li>• The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change</li> <li>• Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter; it was agreed that this was a commissioning issue for the committee</li> <li>• The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs</li> <li>• That a briefing session had been planned with the Minister week commencing 12 September to consider the press leak</li> <li>• Stuart Davies asked regarding a presentation received earlier at the Welsh Health Specialised Services Committee (WHSSC) in relation to the Major Trauma Centre in the south and the main impact on primary and secondary transfers and if this has settled or were further impact assessments required? – David Lockety responded and emphasised the importance of taking patients to the right place at the right time and since EMRTS Cymru had been in operation there had been a considerable reduction in the number of secondary transfers. The Major Trauma Network had made the pathway easier as expected and no further large changes were anticipated but fine tuning would be required and the trauma desk had been very helpful</li> <li>• That it was important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only EMRTS service was provided from Cardiff but the proposed changes may widen this provision</li> <li>• The importance of ensuring an all-Wales view during the consideration process, for example, David Lockety explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas</li> <li>• Stephen Harray suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales</li> <li>• The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances</li> <li>• That the presentation was compelling but that this was an emotive subject and there was a need for wider engagement</li> <li>• Important to consider the impact on the Charity</li> </ul>	<p>CASC</p>
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	<ul style="list-style-type: none"> <li>• The importance of ensuring the approach was fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes. The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log)</li> <li>• Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change.</li> </ul> <p>(Tef Jansma joined the meeting)</p> <p>The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the presentation</li> <li>• <b>RECEIVE</b> formally the Service Development Proposal at a future meeting</li> <li>• <b>AGREE</b> in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps.</li> </ul>	<p>EMRTS Team</p> <p>EASC Team</p> <p>EASC Team</p>
<p>EASC 22/101</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>• The link to the performance and quality &amp; safety reports (already received)</li> <li>• Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022; now receiving care bundle reports and trend of improvement with compliance in two of the three care bundles and work to draw data from the e-case card and the new reporting regarding the quality of care provided and how this might be changed. Members noted that there was more to come in this area and would be received in future meetings</li> </ul> <p>(Paul Mears joined the meeting at 15:10)</p> <ul style="list-style-type: none"> <li>• Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment</li> <li>• Immediate release and the latest compliance report had been shared and Jason Killens welcomed the support in terms of week on week improvement</li> </ul>	

- Roster reviews would share current state in line with the Action Log.

(Brendan Lloyd joined the meeting)

**Red Demand and Variation**

Tef Jansma gave a presentation 'Variables affecting Red Performance'. The following areas were highlighted:

- Inverse relationship between Red performance and vehicle utilisation – the increase on utilisation makes it difficult to have high red performance and a certain amount of excess vehicle availability is required
- Correlations (one variable is affected by another variable not necessarily causal relationship) can be positive or negative, 0% is no relationship at all (and range from -100% to +100%)
- Comparison requested by WAST between 2021 and 2022; script of correlations developed by Optima and in 2021 -53% red travel duration of emergency ambulance (EA) vehicles; - EA utilisation 50%; red calls responded to -50%. In 2022, the top correlations were highlighted WAST have some scope to influence (includes duration spent at hospital)
- Red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced (100 additional staff; increased overtime; procurement of third-party ambulance resources; managing attendance)
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.



	<ul style="list-style-type: none"> <li>As this was a significant change had it been endorsed by the WAST Board? Jason Killens responded and Members noted that informal discussions had been held and this would be formally taken through the Board at the end of September (added to the Action Log)</li> <li>CASC offered to work with WAST to discuss appropriate engagement regarding the changes and offered to inform the Welsh Government regarding this matter so that they were aware of the impact.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the WAST Provider Report</li> <li><b>NOTE</b> the actions in relation to the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table.</li> </ul>	<p>WAST</p> <p>CASC</p>
<p>EASC 22/102</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>For the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at <ul style="list-style-type: none"> <li>- additional transfer and discharge services</li> <li>- targeted outcomes to support performance and mitigating clinical risk</li> </ul> </li> </ul> <p>The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following the agreement of an implementation plan with COOs.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<p>EASC 22/103</p>	<p><b>EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK</b></p> <p>The report on the Emergency Ambulance Services Commissioning Framework was received. In presenting the report Matthew Edwards highlighted the following areas:</p> <ul style="list-style-type: none"> <li>Enhanced commissioning framework as a key element of the collaborative commissioning approach</li> <li>Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers with the aim to support an improvement in service delivery, quality, and performance with a view always to optimise patient outcomes, patient safety and the patient experience</li> </ul>	

<ul style="list-style-type: none"> <li>• Discussions regarding the enhanced commissioning framework and the approach to commissioning emergency ambulance services going forward had been held at EASC Committee and EASC Management Group meetings over many months</li> <li>• At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to:             <ul style="list-style-type: none"> <li>• identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST)</li> <li>• identify opportunities for service re-design</li> <li>• develop different and optional transformational service offers within each health board area</li> <li>• develop alternative pathways and new roles across the system</li> <li>• specify services that should be standardised across Wales and share areas of best practice</li> <li>• ensure that evidence-based commissioning decisions were made.</li> </ul> </li> <li>• The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, had been the focus at subsequent meetings. This was a key enhancement of the commissioning framework and would provide clarity on how resources were being utilised to deliver the priorities of the Committee and its sub-groups and would support decision-making in terms of investment, resource utilisation and patient outcomes</li> <li>• The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement had now been formatted and finalised to include comments received from Members</li> <li>• The key principles of an implementation plan were noted, this plan would:             <ul style="list-style-type: none"> <li>• ensure that local ICAPs were developed and signed off as required</li> <li>• inform the development of commissioning intentions for 2023-24</li> <li>• inform the IMTP section relating to EASC and emergency ambulance services for each organisation.</li> </ul> </li> <li>• As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes.</li> </ul> <p>Members noted the need to align:</p> <ul style="list-style-type: none"> <li>• the development of ICAPs with the IMTP planning process</li> </ul>	
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	<ul style="list-style-type: none"> <li>• the ICAP process with the requirements of the Six Goals for Urgent and Emergency Care.</li> </ul> <p>Following discussion Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework</li> <li>• <b>NOTE</b> the development of local Integrated Commissioning Action Plans that respond to the needs of the local population</li> <li>• <b>NOTE</b> the key principles of the implementation plan and next steps</li> <li>• <b>APPROVE</b> the Collaborative Commissioning Framework Agreement.</li> </ul>	
<p>EASC 22/104</p>	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The report on the EASC Commissioning Update was received. Matthew Edwards presented the report and Members were reminded that this was now a standing agenda item. Members noted that the update provided an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p><b>EASC Integrated Medium Term Plan (IMTP)</b></p> <p>It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality. Members noted the introduction of the Quality &amp; Safety Report as a standing agenda item for the EASC Committee and EASC Management Group meeting and ongoing work to strengthen the approach.</p> <p>Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Members noted:</p> <ul style="list-style-type: none"> <li>• The progress made against the EASC Commissioning Intentions</li> <li>• The refreshed EASC Action Plan which reflected the actions and initiatives being undertaken by WAST, health boards and jointly and an indication of the level of progress made and the level of confidence in terms of delivery of each initiative</li> <li>• Work to develop the refreshed Emergency Ambulance Services Commissioning Framework and the requirement for the co-production (involving WAST, health boards and EASC Team) of local integrated commissioning action plans</li> </ul>	

- The progress made in relation to the National Transfer and Discharge Service with the establishment of the Project team, with scope and principles being developed
- Emerging system transformational change with discussions ongoing with each organisation to ensure that implications for NHS Wales are understood at the earliest stage.

This update against the EASC IMTP was noted at the recent meeting of the EASC Management Group and further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

### **EASC Commissioning Intentions**

Members were reminded that Commissioning Intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.

The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent is achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.

Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during today's Committee meeting.

Key progress relating to the NEPTS service was noted by Members including:

- The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award)
- Increasing the number of providers in line with the NEPTS business case and the plurality model
- Early work in relation to re-rostering with the Project Initiation Document anticipated for October.

The Commissioning Intention update was noted at the recent meeting of the EASC Management Group and further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

	<p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the collaborative commissioning approach in place</li> <li>• <b>APPROVE</b> the progress made against the EASC IMTP in Quarter 1 as set out in the update provided</li> <li>• <b>NOTE</b> the Quarter 1 update against the commissioning intentions for each of the commissioned services.</li> </ul>	
<p>EASC 22/105</p>	<p><b>FINANCE REPORT MONTH 4</b></p> <p>The Month 4 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 4<sup>th</sup> month of 2022/23 together with any corrective action required. Members noted that there was no variance to report and the finance team were tracking the WAST spend against the £3m for additional WAST front line staff and further information as well as the year end forecast would be presented at the next meeting.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<p>EASC 22/106</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 – 18 August 2022</li> <li>• EASC Management Group – 16 June 2022</li> <li>• NEPTS Delivery Assurance Group – 6 June 2022.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the confirmed minutes.</li> </ul>	
<p>EASC 22/107</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</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 information within the EASC Key Organisational Contacts</li> </ul>	

## Agenda Item 1.4

EASC 22/108	<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 22/109	<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 22/110	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 8 November 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 .....