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WALES

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

# **LEGACY STATEMENT**

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

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## 1. INTRODUCTION

- 1.1. The Emergency Ambulance Services Committee (EASC) was a Joint Committee of the seven health boards in Wales and hosted by Cwm Taf Morgannwg University Health Board. EASC had the responsibility for planning and securing sufficient ambulance services for the population. Each of the seven Chief Executives was a member of the Committee and they collaboratively commissioned emergency and non-emergency ambulance services which included the Welsh Ambulance Services NHS Trust and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance). In addition, there were three associate members who were the chief executives of Velindre University NHS Trust, the Welsh Ambulance Services NHS Trust and Public Health Wales NHS Trust.
- 1.2. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board (HB) was represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner was also a member of the Committee. Other than the Chair of the Committee there were no other independent members of EASC.
- 1.3. The Joint Committee had been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions.
- 1.4. Although the Joint Committee acted on behalf of the seven LHBs in discharging its functions, individual LHBs remained responsible for their residents and were therefore accountable to citizens and other stakeholders for the provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).
- 1.5. **The EASC Committee ended on 31 March 2024 and its delegated functions are now undertaken by the NHS Wales Joint Commissioning Committee from 1 April 2024.**

### **Governance Framework**

- 1.6. In March 2014, the Joint Committee approved the revised Governance and Accountability Framework including the Standing Orders. These were reviewed and updated in November 2018 and again in September 2021 which included the Memorandum of Agreement and the Hosting Agreement. The model Standing Orders were most recently received and approved in September 2023 (**Governance documents attached at Appendix 3**).

- 1.7. In accordance with related Regulations and Directions, each Local Health Board ('LHB') in Wales were required to (must) agree the Model Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee (Joint Committee) proceedings and business. These Joint Committee Standing Orders (Joint Committee SOs) formed a schedule to each LHBs own Standing Orders and had the effect as if incorporated within them. Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provided the regulatory framework for the business conduct of the Joint Committee.
- 1.8. The Standing Financial Instructions were developed and were most recently approved by the Joint Committee in March 2023 (Appendix 3).
- 1.9. These documents, together with a Memorandum of Agreement set out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board UHB ("the Host LHB"), and formed the basis upon which the Joint Committee's governance and accountability framework was developed.
- 1.10. All of the EASC Governance Framework documents are available online here: <https://easc.nhs.wales/the-committee/governance/>.
- 1.11. The Cwm Taf Morgannwg University Health Board's Standards of Behaviour Policy was also adopted and this was designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

## **2. BACKGROUND**

### **History**

- 2.1. In 2013, following longstanding concern about the delivery of ambulance services in Wales, the former Minister for Health and Social Services announced in November 2012 that a Review would commence in January 2013. The Review was tasked with making recommendations to enable high quality and sustainable ambulance services for the people of Wales. This review was undertaken by Professor Siobhan McClelland.
- 2.2. The Review focused on appraising the effectiveness of current funding, accountability and governance arrangements, and identifying resilient options for the future strategic structure for ambulance services. The efficacy of targets and the performance of ambulance services in Wales were also assessed, alongside considerations of the management of WAST as an organisation.
- 2.3. The report contained 12 recommendations that invoked the requirement for an agreed vision for ambulance services, and identified the key challenges which needed to be mitigated. The Review reported that the ambulance service had probably been reviewed more than any other part of NHS Wales, and in part this constant cycle of Reviews had created some of the problems they sought to resolve.

- 2.4. The Minister for Health and Social Care was Mark Drakeford and a decision was made following the submission of the McClelland Review. A range of options were considered including maintaining the ambulance services trust as its own health body, disbanding WAST and directing that all health board would have their own ambulance services and also adopting a commissioning approach to the whole organisation. At this time, WAST was a failing organisation and subject to high levels of public scrutiny. The recommendations within the document were not fully accepted by the Minister, however, it was decided that WAST would be a commissioned organisation and the role of the Chief Ambulance Services Commissioner (CASC) was created. This option was not popular with the then WAST board.
- 2.5. The Welsh Government wanted to separate out the ambulance services from the remainder of the commissioned services in the Welsh Health Specialised Services Committee and wanted the Chief Commissioner to deal with the daily performance issues, as WAST was very much considered a ‘failing organisation’.
- 2.6. A new Chair, independent members, directors were appointed to start from scratch at WAST. Initially, Stephen Harray was appointed to EASC as an advisor before being substantially recruited to the CASC role. The first chair of EASC was Professor Siobhan McClelland.
- 2.7. Initially, monthly meetings were held with the Chair of EASC, CASC, the First Minister and the Minister for Health and Social Services and these gradually reduced as things improved.

#### **Legal position**

- 2.8. In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.08), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1 April 2014, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.
- 2.9. In establishing the Emergency Ambulance Services Joint Committee (EASC) to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.
- 2.10. The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67)<sup>1</sup> make provision for the constitution of the ‘Joint Committee’ including its procedures and administrative arrangements. The Joint Committee was a statutory Committee established under sections 11, 12(3), 13(2) (c) and (4) (c) and 203(9) and (10) of and paragraph 4 of Schedule 2 to the National Health Service (Wales) Act 2006(1). The LHBs were required to jointly exercise the Relevant Services.

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<sup>1</sup> The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67)<sup>1</sup><http://www.wales.nhs.uk/sitesplus/documents/1134/Welsh%20Statutory%20Instrument%20for%20EASC%202014%20No%20566%20%28w67%29.pdf>

- 2.11. In December 2015, the Welsh Ministers directed the Health Boards under the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)<sup>2</sup> to also be responsible for commissioning Non-Emergency Patient Transport (NEPT) services via the Emergency Ambulance Services Committee from April 2016.
- 2.12. The commissioning of services was identified in the [Parliamentary Review of Health and Social Care in Wales, published in 2018](#) which recommended supporting actions at a national level to consider the arrangements for operational and commissioning functions. This work commenced in February 2023 as a review of ‘National Commissioning Functions’ led by Steve Combe for Welsh Government. The final report is attached as **EASC Appendix 1**.
- 2.13. EASC has been committed to supporting achievement of the objectives outlined in [A Healthier Wales](#) to ensure that people stay healthy for as long as possible, and to supporting achievement of the ambitious objectives outlined in Welsh Government’s [“Health and Social Care in Wales COVID-19: Looking Forward”](#) guidance and adopt a realistic approach to supporting building back our health and care system in Wales, in a way that places fairness and equity at its heart.
- 2.14. The Cwm Taf Morgannwg University Health Board (CTUHB) was the identified host organisation. It provided administrative support for the running of EASC in line with the Directions and established the Welsh Health Ambulance Services Team known as the Emergency Ambulance Services Committee Team (EASC Team) and appointed the Chief Ambulance Services Commissioner as per Direction 8(4), 3 of the Emergency Ambulance Services Committee and related Regulations.
- 2.15. The Joint Committee complied with the host body arrangements in line with the Public Bodies (Admissions to Meetings) Act 1960 to hold meetings in public. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were continued. All EASC meetings and its sub-groups were held using Microsoft Teams. Since November 2022, to recognise the public concern related to the Service Development Proposal by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity all meetings were held using Microsoft Teams Live and therefore live streamed on the web. This ensured that the public were able to watch the Committee in real time and were also able to access the recording after the meeting.
- 2.16. 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, in relation to its governance and accountability arrangements.

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<sup>2</sup> the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)  
<http://www.wales.nhs.uk/sitesplus/documents/1134/2016%20No%208%20%28W8%29%20The%20EASC%20%28Wales%29%20%28Amendment%29%20Directions%202016.pdf>

- 2.17. The Annual Governance Statements outlined the different ways the EASC Team worked both internally and with partners in response to the unprecedented pressure in planning and providing services and explained arrangements for ensuring standards of governance were maintained, risks identified, mitigated and assurance had been sought and provided.
- 2.18. The most recent AGS 2022-2023 is attached as **EASC Appendix 2**.
- 2.19. EASC Annual Governance Statements are available from 2016-2017 onwards. These are stored on the shared drive [W:\NCCU\2\\_Emergency\\_Ambulance\\_Services\\_Committee\EASC\\_Committee\EAS\\_Joint\\_Committee\\_&\\_Sub\\_Committee\EASC\\_Annual\\_Governance\\_Statements](W:\NCCU\2_Emergency_Ambulance_Services_Committee\EASC_Committee\EAS_Joint_Committee_&_Sub_Committee\EASC_Annual_Governance_Statements).
- 2.20. Since 2020, Annual Committee Reports were also been developed to capture the ongoing work of the Committee. These are stored on the shared drive [W:\NCCU\2\\_Emergency\\_Ambulance\\_Services\\_Committee\EASC\\_Committee\EAS\\_Joint\\_Committee\\_&\\_Sub\\_Committee\EASC\\_Annual\\_Reports](W:\NCCU\2_Emergency_Ambulance_Services_Committee\EASC_Committee\EAS_Joint_Committee_&_Sub_Committee\EASC_Annual_Reports).
- 2.21. Most recent EASC Annual Report 2022-2023 is attached as **EASC Appendix 3**.

### **3. CURRENT POSITION**

- 3.1. The EAS Committee met at least bi monthly (six times per year) using Microsoft Teams Live.
- 3.2. During 2023 - 2024, there were 8 meetings of EASC held.
- 3.3. EASC papers are stored at [W:\NCCU\2\\_Emergency\\_Ambulance\\_Services\\_Committee\EASC\\_Committee\EAS\\_Joint\\_Committee\\_&\\_Sub\\_Committee\EAS\\_Joint\\_Committee](W:\NCCU\2_Emergency_Ambulance_Services_Committee\EASC_Committee\EAS_Joint_Committee_&_Sub_Committee\EAS_Joint_Committee) as well as within the Committee papers with CTMUHB.
- 3.4. Last public meeting of EASC was held 19 March 2024; agenda and reports available here: <https://easc.nhs.wales/the-committee/current-and-past-papers/>
- 3.5. An extraordinary private 'in committee' meeting was held on 28 March 2024.
- 3.6. Dr Chris Turner, Chair of EASC completed his tenure on 31 March 2024.

### **4. LEGACY MATTERS FOR THE NEW JOINT COMMISSIONING COMMITTEE**

- 4.1. The following commissioning intentions for 2024 – 2025 were approved at the EASC meeting on 19 March 2024 for Emergency Medical Services (Emergency

Ambulances); Non Emergency Patient Transport Services (NEPTS) and Emergency Medical Retrieval and Transfer Services (EMRTS Cymru).

- 4.2. All services are commissioned using the Quality and Delivery Framework approach and based on the CAREMORE methodology (see NCCU Legacy Statement). There are three frameworks in operation for Emergency Medical Services (Emergency Ambulances) which will be reviewed in 2026/27; Non Emergency Patient Transport Services (NEPTS) to be reviewed in 2024-25 and Emergency Medical Retrieval and Transfer Services (EMRTS Cymru) to be reviewed in 2025-26.
- 4.3. The EASC Integrated Medium Term Plan for 2024 – 2027 was approved and was submitted to the Welsh Government to meet the deadline of the end of March.
- 4.4. Month 11 Finance Report presented to EASC on 19 March 2024 <https://easc.nhs.wales/the-committee/current-and-past-papers/march-2024/2-8-finance-report-month-11/>
- 4.5. EASC Governance to include
  - latest risk register <https://easc.nhs.wales/the-committee/current-and-past-papers/march-2024/2-10-1-app1-easc-risk-register/>
  - EASC Assurance Framework <https://easc.nhs.wales/the-committee/current-and-past-papers/march-2024/2-10-2-app-2-easc-assurance-framework/>
  - Action Log (March 2024) <https://easc.nhs.wales/the-committee/current-and-past-papers/march-2024/1-5-1-action-log/>
  - Annual Business Plan and Forward Look (March 2024) <https://easc.nhs.wales/the-committee/current-and-past-papers/march-2024/2-11-easc-forward-look-and-annual-business-plan/>
  - Key health board contacts - <https://easc.nhs.wales/the-committee/current-and-past-papers/march-2024/2-10-3-app-3-easc-key-org-contacts/>
- 4.6. At the EASC meeting in January 2024 it was agreed that the EASC Team would develop a work plan for the new Joint Commissioning Committee. Draft attached as **EASC Appendix 4**.
- 4.7. Ongoing work is continuing for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) which will be presented to the JCC at its meeting in April 2024.
- 4.8. There are two ongoing Freedom of Information requests relating to the EMRTS Service Review at the time of writing the report (2 April 2024).



- 4.9. There are no outstanding Internal or External Audit Reports for EASC any previous recommendations have been completed and closed.

## 5. ASSET REGISTER

- 5.1. There are no specific assets held by the EASC Team. Additional information is provided in the National Collaborative Commissioning Unit Legacy Statement.

## 6. COMMITTEE INFORMATION

### Meeting arrangements

- 6.1. Since November 2022, all EASC meetings were live streamed using Microsoft Teams live. Due to the number of emails generated by using Teams Live – the final meeting arrangements were sent the day before the meeting when attendances generally had been confirmed.
- 6.2. Meetings were generally virtual but members agreed to try and meet in person twice every year. This was last achieved in September 2023.
- 6.3. The EAS Committee used a standard agenda which was also available in Welsh. All confirmed minutes were also translated into Welsh as part of the commitment to the host body Welsh Language commitments.
- 6.4. A commitment was made by the Chair to the Minister for Health and Social Services to receive the Performance Report as the first agenda item following the preliminary matters closely followed by the Quality and Safety Report. This has been achieved for the last 4 years.

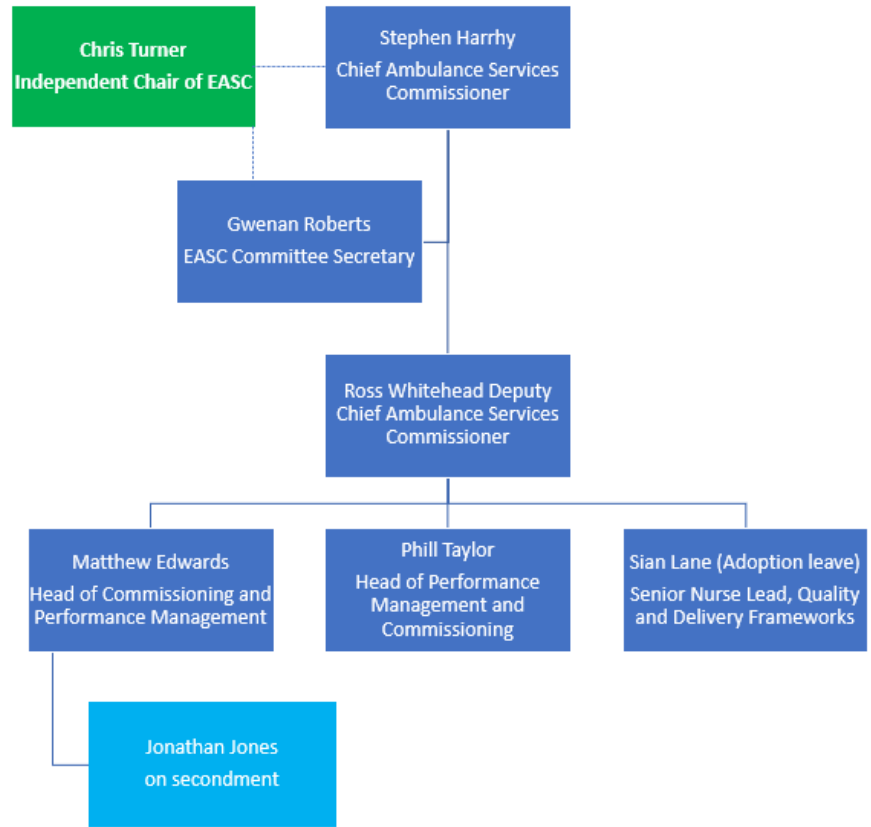
## 7. CONCLUSION

- 7.1. This Legacy Statement has been developed in accordance with guidance provided by Audit Wales. It sets out to summarise the resources, assets and liabilities that will transfer between the EASC Team and the successor JCC Team.
- 7.2. It is important to note that EASC was not a legal entity, the EASC Team supported the work of the Committee and were hosted by CTMUHB. There are no resources, assets or liabilities to transfer outside of CTMUHB.
- 7.3. In line with the Programme arrangements, the EASC Team will transfer to the new JCC.

- 7.4. The existing premises of the EASC Team is Unit 1, Charnwood Court, Nantgarw CF15 7QZ. Staff are also based at Media Point in Mold, hosted by Digital Health and Care Wales (2 staff).
- 7.5. All IT equipment, mobile phones, desk phones, work stations and associated office equipment and furniture, and contracts associated with these assets and the Property, will transfer or roll-over to the JCC on 1 April 2024.
- 7.6. The use of all critical IT systems utilised by the EASC Team will transfer or roll-over to the JCC on 1 April 2024. This will include but is not limited to MS Office and its component parts, MS Project, Adobe, MS SQL Server Management Studio, MS Co-pilot, MS Power BI, MS Visio, Oracle Financial Management, Qlikview Business Intelligence, R-Stat statistical software including Shiny Applications, MAIR, Model Hospital, CCAPS, ESR, TRAC.

**Appendices:**

**a. Section 1: Staffing information**



**Emergency Ambulance Services Committee Team**

**b. Section 2: Finance Information**

**See finance report**

**c. Section 3: Governance and Corporate Issues information**

Latest EASC Standing Orders – attached as **EASC Appendix 5.**

EASC Standing Financial Instructions – attached as **EASC Appendix 6.**

EASC Authorisation matrix approved 14 March 2023 – attached as **EASC Appendix 7.**

**d. Section 4: Committee information**

**included within the body of the Legacy Statement**

**Independent Report into a review of National Commissioning Functions**

# **Independent Report into a review of National Commissioning Functions**

**May 2023**

**Author: Steve Combe Independent Reviewer**

## **1. SCOPE and METHODOLOGY**

This review was commissioned by Welsh Government to review the national commissioning arrangements currently undertaken by the Welsh Health Services Commissioning Committee, The Emergency Ambulance Services Committee and the National Collaborative Commissioning Unit.

The scope of the Review as set out in the Terms of Reference is to:

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps
- Horizon scan future national (and regional) commissioning requirements
- Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive
- Describe the potential national commissioning functions to be undertaken ('function')
- Describe the different options for delivery of those functions ('form')
- Describe the different options for future governance and decision making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive
- Make recommendations on a preferred way forward
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation)

The Terms of Reference also state that the review recommendations will be founded on the following principles:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC and EASC/ NCCU
- Any changes to be implemented will maximise the value delivered by current commissioning arrangements and exploit where possible economies of scale.

The timescales for the completion of the review set out in the Terms of Reference were delayed by one month as the Independent reviewer was ill for a period.

The full Terms of Reference are set out in **APPENDIX 1**.

The methodology used in compiling this report was to undertake a review of relevant documentation and to hold a series of discussions with relevant individuals and groups to identify themes and issues. A large number of such meetings were held (all virtually). A schedule of the individuals and Groups that were involved is set out in **APPENDIX 2**.

### 1.1 Governance principles

In addition to the principles set out in the terms of reference it is important to consider good governance principles to help determine whether there are effective governance arrangements in place. These include whether:

- lines of accountability are clear;
- roles and responsibilities are clear;
- there is sufficient openness and transparency;

## 2. INTRODUCTION

Local Health Boards (LHBs) were established in 2009. There are 7 in total and integrated planning is the bedrock of the system, rather than pursuing the purchaser provider split. Integrated planning ensures organisations have autonomy to decide how their resources (human, financial and infrastructure) are used and deployed to meet the needs of their populations through the commissioning or provision of services.

Whilst local health boards remain accountable for the commissioning of services, two Joint Committees were established as national, hosted bodies to support LHBs in discharging this function. Health Boards provide the funding for these bodies i.e:

- 1) The **Welsh Health Specialised Services Committee (WHSSC)** was established in 2010<sup>1</sup> as a Joint Committee of the seven local health boards to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of specialised and tertiary services of the LHBs.

Although there is no statutory duty for WHSSC to publish an IMTP, WHSSC develops an Integrated Commissioning Plan on an annual basis and has used the planning process to strengthen and mature governance arrangements and collaborative decision making.

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<sup>1</sup> [The Welsh Health Specialised Services Committee \(Wales\) Regulations 2009 \(legislation.gov.uk\)](http://legislation.gov.uk)

The annual budget of WHSSC is £800m and there are 88.35 WTE staff.

- 2) Established in 2015<sup>2</sup> the **Emergency Ambulance Services Committee (EASC)** is also a Joint Committee of the health boards in Wales, with responsibility for planning and securing sufficient ambulance services for the population. It collaboratively commissions emergency and non-emergency ambulance services which includes the Welsh Ambulance Services NHS Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).

EASC develops an IMTP on an annual basis, although this is not a statutory requirement.

The EASC regulations and directions require the committee to establish an 'ambulance commissioning team' to support the Chief Ambulance Services Commissioners (CASC) and the business of the committee. The ambulance commissioning team was established by the CASC and is hosted by Cwm Taf Morgannwg UHB.

The annual budget of EASC is £239m and there are 5.4WTE staff

**National Collaborative Commissioning Unit (NCCU)** - the collaborative commissioning service of NHS Wales. Its vision is: "Leading quality assurance and improvement for NHS Wales through collaborative commissioning". The NCCU is responsible for delivering national commissioning programmes for mental health and learning disability services. The Managing Director of the NCCU is the CASC.

The annual budget of NCCU is £2.1m and there are 26.4 WTE staff.

Further details of the operating arrangements for these bodies are attached at **APPENDIX 3**.

### **3. PREVIOUS REVIEWS**

There have been 2 previous reviews of governance arrangements undertaken by external bodies, both of which are related to WHSSC. One in 2015 by the Good Governance Institute (GGI) and again in 2021 by Audit Wales<sup>3&4</sup>. There was also a

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<sup>2</sup> [The Emergency Ambulance Services Committee \(Wales\) Regulations 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

<sup>3</sup> [Welsh Health Specialised Services Committee Governance Arrangements \(Audit.Wales\)](https://audit.wales)



review by Health Inspectorate Wales in 2015 related to quality and an Audit / Audit Office review of emergency ambulance services commissioning arrangements but they are not included here.

The GGI report stated that:

“We found that whilst those involved were doing their best to make the current governance structure work, the paradigm within which WHSSC is governed does not best serve the effective governance of such a significant and sensitive national function”.

The report also stated that:

“WHSSC is not structured in a form that allows swift, decisive policies and actions to be agreed that will stick.”

And that:

“The Chief Executives of Health Boards are in an impossible position in terms of being both commissioners and sometimes providers of specialist services”.

The Audit Wales report found that:

“The current collaborative commissioning model has strengths in that it creates a collective and jointly owned approach to the planning and delivery of specialised services. However, it also has some in built risks that see individual Joint Committee members having to balance All Wales needs with those of their population and the individual NHS bodies that they lead”.

This report also expressed some concern re capacity of Cwm Taf Morgannwg Health Board (CTM) to support WHSSC as it is also a provider of specialist services.

In addition, “A Healthier Wales” described the governance arrangements of these bodies as “complex”.

#### **4. JOINT COMMITTEE ARRANGEMENTS**

Each of the 7 LHB’s has included in their Standing Orders (SO’s) a requirement to establish 2 Joint Committees i.e. WHSSC and EASC. LHB SOs also state that LHBs will be bound by decisions of the Joint Committees.

LHB model Standing Orders (SOs) adopted by Health Boards state that Health Boards shall establish two joint committees i.e. WHSSC and EASC.

These SOs also indicate that the Board can delegate any of its functions to a Committee or Joint Committee, except for those set out within the ‘Schedule of Matters Reserved for the Board’ within the SOs. (SO 2.2.1)

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<sup>4</sup> Governance Review of WHSSC, Good Governance Institute

## Independent Report into a review of National Commissioning Functions

“The Board may agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted.” (SO 2.2.2)

“In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Joint-Committee, keeping any such aspects to the minimum necessary.” (SO 3.2.5)

It is not clear whether Boards have specifically reviewed Joint Committee SOs to ensure there are no matters delegated that should be reserved to the Board.

Each Joint Committee has its own SOs and Standing Financial Instructions (SFIs) which form a schedule of LHB SOs.

### **a. WHSSC**

The Joint Committee is made up of

- An independent Chair (appointed by the Minister)
- Every LHB Chief Executive
- A Vice Chair and 2 Non Officer Members appointed from existing Non Officer Members of LHBs
- Officers of WHSSC ie the Managing Director, Finance Director, Medical Director and Nurse Director.
- The three Trust Chief Executives as Associate, not voting members.

Where a vote is required it is based on a two thirds majority.

In addition, there is a Memorandum of Agreement between WHSSC and the LHBs. This includes a number of relevant issues.

It highlights that each LHB Chief Executive shall operate in the Committee in the wider interests of NHS Wales and that each Chief Executive will advise the Chair of any circumstances where there may be a conflict of interest “between the performance of the national planning functions of the Joint Committee and the effect of any such decisions on the scope of the services which the constituent LHB provides.” If there is a clear conflict the Chief Executive will be required to abstain from the discussion.

The Memorandum of Agreement also states that a Service Level Agreement should be entered into between the host LHB and Public Health Wales setting out the services Public Health Wales will provide to the Joint Committee.

There is also a Hosting Agreement in place between the host LHB (Cwm Taf Morgannwg UHB), the 7 LHBs and the Joint Committee and WHSSC reports to both the Quality and Safety and Audit Committees of the host LHB.

WHSSC has 6 sub Committees including an Integrated Governance Committee and Quality and Patient Safety Committee.

Quality and Safety and Audit Committee functions are also provided via the host LHB Committees.

### **b. EASC**

The Joint Committee is made up of

- An Independent Chair appointed by the Minister
- Every LHB Chief Executive
- The Chief Ambulance Services Commissioner (CASC)
- The three Trust Chief Executives as Associate, not voting members.

EASC also has a Memorandum of Agreement and is also hosted by Cwm Taf Morgannwg UHB. The financial arrangements for EASC are managed by the Director of Finance of WHSSC.

Quality and Safety and Audit Committee functions are provided via the host UHB Committees.

### **c. NCCU**

NCCU is managed by the CASC and is hosted by Cwm Taf Morgannwg UHB. NCCU reporting functions are via the Quality and Safety and Audit Committee functions of the host UHB.

## **4.1 Issues with current arrangements**

The operating arrangements for WHSSC, EASC and NCCU all differ. Whilst there are advantages with the current arrangements in terms of collaborative working, jointly owned approaches and allowing protected time for discussions on these issues, there is inevitably an opportunity cost in time spent undertaking Joint Committee work

There are issues with each of these bodies including:

### **• WHSSC**

WHSSC has its own SOs and SFIs, an independent Chair and Managing Director as well as an Executive Team and a staffing establishment. The Vice Chair and Independent Members are remunerated for undertaking roles within WHSSC.

The Joint Committee is able to make decisions which bind LHBs, whereas normally any Committee decision would need to be ratified by the Board which the Committee reports to as the Board has overall authority over decisions and not a Committee.

These arrangements give the somewhat unhelpful impression that WHSSC is a statutory body, whereas it is not. WHSSC is a committee of the health boards. Health boards are responsible for commissioning all services for their populations – including those of a ‘specialised’ nature. The only difference is that for those

services, a joint committee has been set up to perform the functions on behalf of the health boards and with their agreement.

Previous reviews have highlighted issues which are still in need of consideration.

These include the fact that some Chief Executives feel they are being placed in a difficult position of being both a commissioner and provider and therefore have a potential conflict of interest. This tension was recognised when WHSSC was established and Chief Executives were expected to act in the interests of NHS Wales at Joint Committee meetings rather than as Chief Executives of individual Health Boards. In practice this has meant that substantive conflicts of interests are not declared at the start of Joint Committee meetings although it is on the agenda and Chief Executives are allowed to vote on issues directly affecting their host organisation. Interestingly the Memorandum of Agreement between LHBs and WHSSC does allow for conflicts of interest to be dealt with in the normal way so this behaviour appears at odds with the Agreement.

The same conflict also applies to Non Officer Members as they are drawn from Health Boards.

This leads to another issue in that the Chief Executives of Health Boards only have decision making authority as NHS Wales Chief Executives at Joint Committee meetings through Joint Committee SOs.

These decision making powers may not be the same as the delegated powers individual Chief Executives have from their Health Board SOs. There is a risk that the Chief Executives when attending the Joint Committee could make decisions beyond those set out in the Scheme of Delegation in their host LHBs SOs

Related to this is the fact that the Boards of LHBs may not have confirmed that the delegated powers they have agreed for the Joint Committee do not conflict with “decisions reserved for the Board”. This leads to the risk that the Joint Committee may have unwittingly made decisions which are beyond that which should have been delegated by Health Boards.

- **EASC**

Whilst the EASC Joint Committee has an independent Chair it has no Non Officer Members so the Chair is required to chair Joint Committee meetings and also act as the sole independent voice on the Committee.

Whilst EASC commissions services and is engaged in performance management arrangements, WAST also has a direct accountability to Welsh Government as a statutory body.

The same issues relating to conflicts of interest and decision making authority of Chief Executives highlighted for WHSSC also apply to EASC.

- **NCCU**

The governance arrangements for NCCU are not clear and are not provided for within the EASC regulations, therefore the links between these two functions and why they sit together are not transparent. The reporting mechanism is to the CASC but the decision making process and the involvement of LHBs in the work of NCCU is unclear. There does not appear to be any independent oversight of its work or how its work programme is agreed.

There is also a degree of overlap with the work undertaken by WHSSC on mental health and Learning Disabilities. Indeed, NCCU have an SLA with WHSSC on such issues.

## **5. ISSUES RAISED DURING CONSULTATION**

There were a number of issues raised during the consultation. These included:

- Whether the term “specialist” in relation to WHSSC was helpful going forward. This relates to an increasing move to treat patients as close to home as possible and that there may be missed commissioning opportunities if WHSSC only focussed on “specialist” services. This will need to be carefully constructed to ensure there is no overlap with the work being undertaken by LHBs.
- The future commissioning of the 111 service in Wales was highlighted, this service is currently operated by the Wales Ambulance NHS Trust (WAST) and operated via a Service Collaboration agreement with LHBs.
- The commissioning arrangements and performance management arrangements for WAST.
- The potential for closer working arrangements between WHSSC, EASC and NCCU.
- The growth in regional commissioning within NHS Wales.
- The option of creating a greater independent voice in Joint Committees.
- The need for work to be undertaken on organisational culture and behaviours.
- The current hosting arrangements.
- The need to increase public health input into national commissioning arrangements.

## **6. OPTIONS FOR NATIONAL COMMISSIONING**

The current governance model for the Joint Committees has some fundamental flaws as accountabilities, overall assurance arrangements and roles and responsibilities are not clear between the Joint Committees and LHBs. The only form of independent assurance (other than audit) is either via CTM committees or via reports to Health Boards. These are large complex organisations which have major agendas and so it is unlikely they would be able to devote sufficient time to these bodies.

Similarly, the governance structures for NCCU are unclear.

There are different models that could be considered for future national commissioning arrangements. These could include establishing a new statutory body.

In addition, a review of other models for commissioning such services both UK wide and internationally was undertaken. It is difficult to compare these models as many, including England have a more diverse approach to commissioning. The nearest comparator to Wales is the Scottish model, where specialist commissioning is undertaken on a Scotland wide basis. It is supported by a National Specialist Services Committee. This is chaired by the lead Chief Executive from Health Boards and is made up of representatives of Health Boards. Its remit is more limited than is the case with WHSSC and it has an advisory function ultimately to Ministers via the Chief Executives Group and the National Services Directorate which is part of NHS National Services Scotland. The National Services Division provides executive support to the National Specialist Services Committee and receives top sliced funding from Health Boards in Scotland to undertake this role. In Wales there is no equivalent national supporting infrastructure.

Any substantial change to the current arrangements involving WHSSC or EASC (e.g. by establishing a statutory body), including any change to Ambulance Service commissioning arrangements, are likely to require legislation and would take some time to complete. It would also lead to significant disruption for staff and would therefore conflict with the requirement in the Terms of Reference for this review to have “minimal disruption to the system” and “minimal disruption to staff”. Any such change would also require legislation and would lead to significant disruption to the health system.

## **7. CONCLUSIONS AND RECOMMENDATIONS.**

The current arrangements for national commissioning through the Joint Committee structure are less than optimal and a full option appraisal of alternative models to the current Joint Committee arrangements needs to be undertaken in the medium term.

Given this there are a number of actions that should be taken in the short term to improve these national commissioning arrangements. These fall into two categories i.e. overall improvements and improvements to the way the Joint Committee arrangements work.

### **Overall improvements**

- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of commissioning expertise in Wales;

## **Independent Report into a review of National Commissioning Functions**

- This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies for example it could be called “The Welsh National Commissioning Committee”;
- The term “specialist” should not be used in any new name for the reasons outlined in this report but the scope and responsibilities of the service should be defined;
- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales;
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward;
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established;
- There is currently a lack of Public Health input around population needs assessment etc and this should be remedied in line with the requirement in the Memorandum of Agreement;
- An OD programme should be put in place, including a behaviour framework. This would help ensure the new body creates its own identity.

### **Joint Committee**

- The Independent Members (excluding the Chair) should be truly independent and not drawn from Health Board Independent Members. In order to distinguish these roles from Independent Members of NHS statutory bodies they should be called Lay Members or something similar. This would help strengthen the scrutiny and assurance arrangements;
- Health Boards should confirm the delegated authority arrangements to their Chief Executives as members of the Joint Committee. This would ensure Chief Executives are not inadvertently acting outside their delegated authority when attending joint Committee meetings;
- Health Board SOs state that the Board cannot delegate matters set out within “Decisions reserved for the Board” section of SOs. Boards should confirm this is the case in respect of the Joint Committee;
- A revised Memorandum of Understanding between the new body and Health Boards should be developed. This should be approved by the Boards of Health Boards;
- The agendas for future meetings should cover all the areas of work of the Joint Committee and the agenda should focus on core issues and decisions so meetings do not extend over a long period;
- Substantive declarations of interests should be stated at the beginning of the meeting for any specific issue being discussed;
- Health Board Chief Executives should include the Joint Committee briefing issued after every meeting as part of their Chief Executive reports. This would

## **Independent Report into a review of National Commissioning Functions**

help ensure Boards receive a speedy indication of matters being discussed at the Joint Committee;

- The option of asking a Health Board Director of Public Health to join Joint Committee meetings as an associate member should be explored.

It is recognised that these changes would require some form of subordinate legislation but not primary legislation. This would be the main limiting factor in taking forward these recommendations. As these timescales are not known it is not possible at this stage to confirm an implementation date.



## Review of National Commissioning Functions

### Terms of Reference

#### Background

The seven local health boards (LHBs) in Wales were established in 2009 as integrated organisations responsible for planning and securing or delivering health services for their populations, from primary to specialist care and covering the full span of care along the life course: From prevention and physical health to mental health, and from antenatal care to palliative care. In doing so, local health boards are responsible for:

- improving physical and mental health outcomes
- promoting wellbeing
- reducing health inequalities across their population
- commissioning services from other organisations to meet the needs of their residents

Duties are also placed on local health boards under Social Services & Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 to work with partners to improve outcomes for their populations.

In establishing local health boards, Wales had taken a deliberate path in making integrated planning the bedrock of the system, rather than pursuing the purchaser provider split. Integrated planning ensures organisations have autonomy to decide how their resources (human, financial and infrastructure) are used and deployed to meet the needs of their populations through the commissioning or provision of services.

Whilst local health boards remain accountable for the commissioning of services, two Joint Committees were established as national, hosted bodies to support LHBs in discharging this function:

- 3) The **Welsh Health Specialised Services Committee (WHSSC)** was established in 2010 by the seven local health boards to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of specialised and tertiary services of the LHBs.

In establishing WHSSC to work on their behalf, the seven LHBs recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

Each health board Chief Executive is a member of the Joint Committee.

The Joint Committee has an independent Chair appointed by the Minister and a Director who is accountable to the Chief Executive of NHS Wales.

## Independent Report into a review of National Commissioning Functions

Although there is no statutory duty for WHSSC to publish an IMTP, WHSSC develops an Integrated Commissioning Plan on an annual basis and has used the planning process to strengthen and mature governance arrangements and collaborative decision making.

- 4) Established in 2015 the **Emergency Ambulance Services Committee (EASC)** is a Joint Committee of the health boards in Wales, with responsibility for planning and securing sufficient ambulance services for the population. Each health board Chief Executive is a member of the Committee and they collaboratively commission emergency and non-emergency ambulance services which includes the Welsh Ambulance Services NHS Trust and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).

The Joint Committee has an independent Chair appointed by the Minister and a Chief Ambulance Services Commissioner (CASC) who is accountable to the Chief Executive of NHS Wales.

EASC develops an IMTP on an annual basis, although this is not a statutory requirement.

Sitting alongside EASC, is the **National Collaborative Commissioning Unit (NCCU)** - the collaborative commissioning service of NHS Wales. Its vision is: "Leading quality assurance and improvement for NHS Wales through collaborative commissioning". The NCCU is responsible for delivering national commissioning programmes for mental health and learning disability services.

The EASC regulations and directions require the committee to establish an 'ambulance commissioning team' to support the CASC and the business of the committee. The ambulance commissioning team was established by the CASC and is hosted by Cwm Taf Morgannwg UHB.

WHSSC, EASC and the NCCU are hosted by Cwm Taf Morgannwg University Health Board.

### Current Situation

The current national commissioning arrangements for WHSSC and EASC have been in place for 12 years and 7 years respectively, during this time there have been significant changes within the NHS in Wales and more recently the unprecedented challenges related to the pandemic. In addition, whilst there is good evidence of evolution and growing maturity in both organisations, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. This was recognised in *A Healthier Wales* which contained a number of actions, including a commitment to review national commissioning functions, alongside the establishment of the NHS Executive.

Current challenges and opportunities include:

## **Independent Report into a review of National Commissioning Functions**

- WHSSC and EASC ‘leaned in’ to the Welsh Government/ NHS Wales response to the Covid-19 Pandemic, demonstrating the benefits of collaboration at a national level. The size and scale of the Covid recovery programme has highlighted the opportunity to seek strengthened or alternative national commissioning arrangements.
- Speed of decision-making and implementation of changes across health boards since the pandemic has sometimes been slower than anticipated.
- Whilst evidence is seen of regional planning starting to take hold with implementation plans being developed across a number of specialties, in some instances national commissioning or procurement of solutions could be advantageous
- Ensuring that there is a commissioning approach to service development as opposed to a provider approach.
- Commissioning capacity and skills vary between LHBs.
- Ensuring there is insufficient alignment and interface between LHB IMTPs and WHSSC/ EASC national commissioning plans.
- There is potential to develop more national commissioning frameworks for local/ regional implementation across a number of service areas.
- There is potential for the post-Covid recovery to create inequalities in access. Stronger commissioning arrangements are required to address and mitigate this risk.
- There are potential synergies between WHSSC, EASC and the NCCU which are not fully exploited in the current arrangement.

### **Review of national commissioning functions**

A review of national commissioning functions is to be undertaken to:

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps.
- Horizon scan future national (and regional) commissioning requirements
- Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive
- Describe the potential national commissioning functions to be undertaken (‘function’)
- Describe the different options for delivery of those function (‘form’)
- Describe the different options for future governance and decision making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive
- Make recommendations on a preferred way forward
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation)

The review recommendations will be founded on the following principles:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales

## **Independent Report into a review of National Commissioning Functions**

- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC and EASC/ NCCU
- Any changes to be implemented will maximise the value delivered by current commissioning arrangements and exploit where possible economies of scale.

### **Resource Requirements**

- The review will be commissioned by the Chief Executive of NHS Wales
- The review will be led by an independent expert in the field
- The independent reviewer will be supported by a Programme Director working to Welsh Government, who will provide expert advice and knowledge in the area

The Directors of WHSSC and EASC, along with their senior teams, will be full participants in the review

The review will entail:

- Consideration of the strategic ambitions for NHS Wales, including delivery of Ministerial priorities
- Review of key documentation (e.g. standing orders, SFIs, Terms of Reference, MoUs, EASC and WHSSC IMTPs/ Integrated Commissioning Plans)
- Consideration of themes emerging from the current WHSSC engagement process on its longer-term strategy
- Interviews with key stakeholders
- A workshop/ focus session with the WHSSC and EASC Joint Committees
- A workshop/ focus session and discussions with the Directors of WHSSC and EASC, and their wider teams
- Discussion with the Health & Social Services Executive Directors Team
- Discussion at the NHS Wales Leadership Board
- Discussion with NHS Chairs
- Discussion with NHS Directors of Planning
- Production of a review report and recommendations

### **Accountabilities**

- The review team will be accountable to the Chief Executive, NHS Wales
- The review will be overseen by the Planning Director, WG on behalf of the Chief Executive of NHS Wales
- The review recommendations will be approved by:
  - Approved by the Chief Executive of NHS Wales

## **Independent Report into a review of National Commissioning Functions**

- Approved by the Minister of Health & Social Services
- Once approved, the review recommendations will be shared with:
  - The Directors and Chairs of WHSSC and EASC
  - The WHSSC and EASC Joint Committees
  - Staff at WHSSC and EASC
  - NHS organisations and discussed at the Wales Leadership Board

### **Timescales**

The Review will conclude by April 2023.

Following the Review and once a preferred option has been agreed by the Minister, an implementation plan will be developed and a programme structure established to take forward the preferred option. It is expected that the implementation programme will commence in April 2023.

## Appendix 2

### List of Individuals and Groups Interviewed as part of the Review

Below is a list of the individuals and groups who were interviewed as part of the Review. Thanks go to them for their time and giving their candid opinions which have been considered in formulating the conclusions and recommendations in this report.

Thanks also to Karen Preece, Programme Director for her support in organising the Review

#### Individual Interviews

- Director General
- Chairs EASC,
- Chair WHSSC
- Managing Director WHSSC
- Chief Ambulance Service Commissioner
- Lead All Wales Chief Executive Officer
- Lead All Wales Chairs
- Host Chair and Chief Executive Officer
- Lead National Clinical Framework Implementation
- Leads for All Wales Directors of Planning
- WAST Chair and CEO
- Audit Wales

#### Group Meetings

- Joint Committee EASC, WHSSC
- Directors of WHSSC
- Directors of EASC & NCCU
- Staff WHSSC
- Staff EASC and NCCU
- All Wales Chairs
- All Wales Directors of Planning
- Health Board Board Secretaries
- WG Health and Social Services Group Executive Directors Team
- Leadership Board

## Appendix 3

### CURRENT OPERATING ARRANGEMENTS

#### WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

WHSSC was established in 2010 as a Joint Committee of the seven Local Health Boards (LHBs) in Wales, and is hosted by Cwm Taf University Health Board, which provides administrative support such as ICT, HR, Facilities and Communications. The seven LHBs are responsible for meeting the health needs of their resident population; they have delegated the responsibility for commissioning a range of specialised services to WHSSC.

WHSSC's strategic mission is to ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources.

#### 1.1 The Role of WHSSC

WHSSC's role is to:

- Plan, procure and monitor the performance of specialised services;
- Establish clear processes for the designation of specialised services providers and the specification of specialised services;
- Ensure there is assurance regarding clinical quality and outcomes through the contract mechanisms and a rolling programme of service review;
- Develop, negotiate, agree, maintain and monitor contracts with providers of specialised services;
- Undertake associated reviews of specialised services and manage the introduction of drugs and new technologies;
- Coordinate a common approach to the commissioning of specialised services outside Wales;
- Manage the pooled budget for planning and securing specialised services and put financial risk sharing arrangements in place;
- Ensure a formal process of public and patient involvement underpins its work; and
- Ensure that patients are central to commissioned services and that their experience when accessing specialised services is of a high standard.

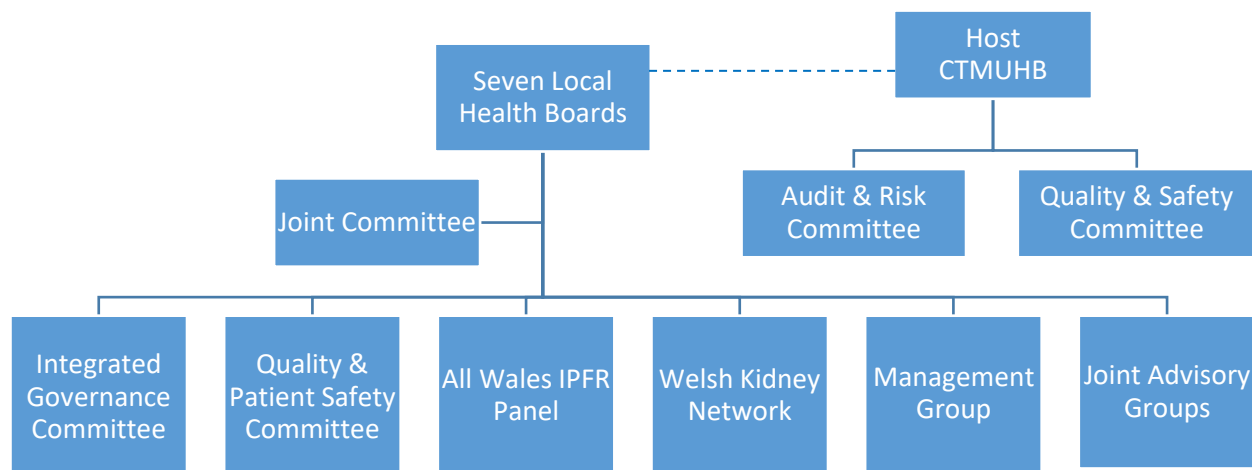
In order to achieve its strategic aim, WHSSC works closely with each of the LHBs (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector.

#### 1.2 WHSSC as an Organisation

The Joint Committee was established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for

their residents remains. They are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

### Joint Committee Governance Structure



### 1.3 WHSSC Profile

Organisationally WHSSC is split into five Directorates; Corporate, Finance, Nursing and Quality, Medical and Planning with five cross-directorate commissioning teams. WHSSC also hosts the Welsh Renal Clinical Network and Traumatic Stress Wales.

WHSSC WTE (including vacancies)

<b>WHSSC</b>	<b>66.15</b>
TSW/Vulnerable groups	7.10
PET PMO / MRT Programme	4.50
Renal	10.60
	<b>88.35</b>

#### Directors –

- Managing Director
- Medical Director
- Director of Finance & Information
- Director of Nursing & Quality Assurance
- Director of Planning
- Director of Mental Health & Vulnerable Group
- Programme Director Executive lead for Kidney Network
- Committee Secretary and Associate Director for Corporate Services

WHSSC has an overall commissioning budget of **£800m**.

## 2. EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)



The Emergency Ambulance Services Committee (EASC) was established in 2015 as a Joint Committee of the seven Local Health Boards (LHBs) in Wales and is hosted by Cwm Taf Morgannwg University Health Board. On behalf of the LHBs, EASC has delegated responsibility for planning and securing sufficient ambulance services for the population. Each of the seven Chief Executives is a member of the Committee and they collaboratively commission emergency ambulance and non-emergency patient transport services which includes the Welsh Ambulance Services NHS Trust and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).

### **2.1 The role of EASC**

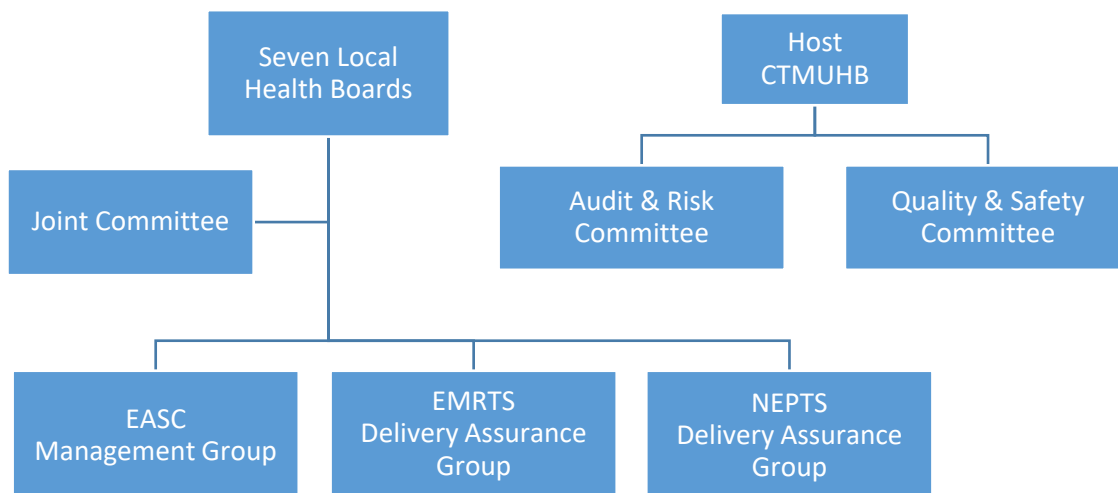
EASCs role is to:

- Determine a long-term strategic plan for the development of emergency ambulance non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance service;
- Produce an Integrated Medium-Term Plan (IMTP), including a balanced Medium Term Financial Plan for agreement by the Committee following the publication of individual LHBs Integrated Medium Term Plans (IMTPs), which should also make reference to the EASC commissioning intentions;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers
- Establish mechanisms for managing the commissioning risks; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance, non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services and take appropriate action.

### **2.2 EASC as an Organisation**

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions to plan and secure emergency and non-emergency ambulance services and EMRTS. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains. They are therefore accountable to citizens and other stakeholders for the provision of these services.

## Joint Committee Governance Structure



### 2.3 EASC Profile

EASC has 5.40 WTE staff, headed up by one Board Director/Chief Ambulance Service Commissioner, with an overall commissioning budget of £239m.

## 3. NATIONAL COLLABORATIVE COMMISSIONING UNIT (NCCU)

The NHS Wales National Collaborative Commissioning Unit (NCCU) is hosted by Cwm Taf Morgannwg University Health Board.

The vision of the NCCU is to “Lead quality assurance and improvement for NHS Wales through collaborative commissioning”

### 3.1 The role of NCCU

NCCU’s role is to:

- Improve patient outcomes and experience;
- From a patient’s perspective - understand and articulate what good looks like;
- Embed national policy into local practice;
- Benefit from collaborative relationships;
- Deliver value; and
- Change behaviour in order to embed innovation

The Quality Assurance Improvement Service (QAIS) is a Division of the NCCU that focuses on improving care, quality and value.

The objectives of the Division is to:

## Independent Report into a review of National Commissioning Functions

- Ensure safe, effective and high quality care is delivered that improves patient experience.
- Robustly challenge substandard provider performance.
- Provide oversight, advice and support to improve the quality of care.
- Facilitate collaborative working between providers and commissioners with the patient as the focus of care delivery.
- Ensure all procured services deliver value for money for the public purse.

### **3.2 NCCU as an Organisation**

NCCU has 31.86 WTE staff and is managed by the EASC Board Director/Chief Ambulance Service Commissioner in addition to a Director of Nursing, Quality & Performance.

NCCU do not have a commissioning budget but the budget for their running cost is currently £2.1m (There are non-recurrent allocations in this amount)

Also within this 2.1m is the budget for 5.40 EASC staff.

-



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

**EMERGENCY AMBULANCE SERVICES COMMITTEE  
ANNUAL GOVERNANCE STATEMENT  
2022-2023**

**To: Chris Turner,  
Emergency Ambulance Services Committee Chair  
Cwm Taf Morgannwg University Health Board (UHB)**

**cc: Emergency Ambulance Services Committee (EASC) Members**

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## 1. SCOPE OF RESPONSIBILITY

In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.08), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1 April 2014, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

In establishing the Emergency Ambulance Services Joint Committee (EASC) to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup> make provision for the constitution of the 'Joint Committee' including its procedures and administrative arrangements. The Joint Committee is a statutory Committee established under sections 11, 12(3), 13(2) (c) and (4) (c) and 203(9) and (10) of and paragraph 4 of Schedule 2 to the National Health Service (Wales) Act 2006(1). The LHBs are required to jointly exercise the Relevant Services.

In December 2015, the Welsh Ministers directed the Health Boards under the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)<sup>2</sup> to be responsible for commissioning Non-Emergency Patient Transport (NEPT) services via the Emergency Ambulance Services Committee from April 2016.

The commissioning of services is identified in the [Parliamentary Review of Health and Social Care in Wales, published in 2018](#) which recommended supporting actions at a national level to consider the arrangements for operational and commissioning functions. This work commenced in February 2023 as a review of 'National Commissioning Functions' led by Steve Combe for Welsh Government.

EASC is committed to supporting achievement of the objectives outlined in [A Healthier Wales](#) to ensure that people stay healthy for as long as possible, and to supporting achievement of the ambitious objectives outlined in Welsh Government's "[Health and Social Care in Wales COVID-19: Looking Forward](#)" guidance and adopt a realistic approach to supporting building back our health and care system in Wales, in a way that places fairness and equity at its heart.

<sup>1</sup> The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup><http://www.wales.nhs.uk/sitesplus/documents/1134/Welsh%20Statutory%20Instrument%20for%20EASC%202014%20No%20566%20%28w67%29.pdf>

<sup>2</sup> the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)  
<http://www.wales.nhs.uk/sitesplus/documents/1134/2016%20No%208%20%28W8%29%20The%20EASC%20%28Wales%29%20%28Amendment%29%20Directions%202016.pdf>

The Cwm Taf Morgannwg University Health Board (CTUHB) is the identified host organisation. It provides administrative support for the running of EASC in line with the Directions and has established the Welsh Health Ambulance Services Team known as the Emergency Ambulance Services Committee Team (EASCT) and appointed the Chief Ambulance Services Commissioner as per Direction 8(4), 3 of the Emergency Ambulance Services Committee and related Regulations.

It is acknowledged that in the pandemic there were limitations on the Joint Committee and its sub-groups being able to physically meet where this is not necessary and can be achieved by other means. The Joint Committee complies with the host body arrangements in line with the Public Bodies (Admissions to Meetings) Act 1960 to hold meetings in public. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were continued. For the whole year, all EASC meetings and its sub-groups were held using Microsoft Teams. Since November 2022, to recognise the public concern related to the Service Development Proposal by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity all meetings have been held using Microsoft Teams Live. This has ensured that the public have been able to watch the Committee in real time and also able to access the recording after the meeting.

EASC does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation, in relation to its governance and accountability arrangements. This report outlines the different ways the EASC Team has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services and explains arrangements for ensuring standards of governance are maintained, risks are identified, mitigated and assurance has been sought and provided.

## **2. GOVERNANCE FRAMEWORK**

In March 2014, the Joint Committee approved the revised Governance and Accountability Framework including the Standing Orders. These were reviewed and updated in November 2018 and again in July 2021 which included the Memorandum of Understanding and the Hosting Agreement.

In accordance with related Regulations and Directions, each Local Health Board ('LHB') in Wales must then agree the Model Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee (Joint Committee) proceedings and business.

These Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each LHB's own Standing Orders and have effect as if incorporated within them. Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

The Standing Financial Instructions were developed and were approved by the Joint Committee in March 2023. The remaining work to complete the Standing Orders has been presented to the EAS Joint Committee and it is anticipated will be finalised and shared with health boards by the end of May 2023.

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board UHB ("the Host LHB"), form the basis upon which the Joint Committee's governance and accountability framework is developed.

All of the EASC Governance Framework documents are available online here: <https://easc.nhs.wales/the-committee/governance/>

The Cwm Taf Morgannwg University Health Board's Standards of Behaviour Policy has also been adopted and this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

## **2.1 Quality & Delivery Framework Agreements**

The Emergency Ambulance Services Committee (EASC) at its inaugural meeting in April 2014 sponsored the use of CAREMORE<sup>®</sup> and the creation of National Collaborative Commissioning, Quality & Delivery Frameworks ('Framework Agreement') to commission services. Currently EASC commissions the following services:

- Emergency Medical Services (EMS – Emergency ambulances)
- Non-Emergency Patient Transport Services (NEPTS)
- Emergency Medical Retrieval Transfer Services (EMRTS Cymru).

### **Emergency Ambulance Services**

The Framework Agreement for Emergency Ambulance Services operational from 2015/16 is structured to support the following scope of services:

- a) responses to emergency calls via 999
- b) urgent hospital admission requests from general practitioners
- c) high dependency and inter-hospital transfers
- d) major incident response and urgent patient triage by telephone
- e) NHS Direct Wales Services.



This is in line with the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)), 10 March 2014. The Emergency Medical Services (Emergency Ambulances) Quality and Delivery Commissioning Framework was renewed and approved by the Committee in September 2022.

Link here: <https://easc.nhs.wales/the-committee/archived-papers/september-2022/261-easc-collaborative-commissioning-framework-agreement-easc-6sept2022/>

### **Non-Emergency Patient Transport Services**

In line with the recommendations of the 2013 'A Strategic Review of Welsh Ambulance Services' and a Framework Agreement was developed to commissioning Non-Emergency Patient Transport Services (NEPTS).

The scope of services covered by the Quality and Delivery Framework (operational from 2019/20) are commissioning arrangements for non-emergency patient transport services (NEPTS), including:

- a) all non-emergency patient transport provided by the Welsh Ambulance Services NHS Trust
- b) all non-emergency patient transport commissioned by Health Boards and NHS Trusts
- c) all non-emergency patient transport commissioned by the Welsh Health Specialised Services Committee (WHSCC) for the Welsh Renal Clinical Network.

### **Emergency Medical Retrieval Transfer Service**

The Framework Agreement for Emergency Medical Retrieval Transfer Services operational for 3 years from 1 April 2021. The scope of services covered by the Quality and Delivery Framework are commissioning arrangements for Emergency Medical Retrieval & Transfer Service (EMRTS), including:

- a) all Emergency Medical Retrieval & Transfer Services provided by EMRTS;
- b) all Emergency Medical Retrieval & Transfer Services commissioned by Health Boards from EMRTS

### **CAREMORE®**

One of the main ambitions of EASC is to encourage and enable patients to access services through other, more appropriate means before their needs become urgent and/or life-threatening, and require a response from the emergency ambulance service. In 2015, EASC developed a new, citizen-centred pathway which describes a five-step process that supports the delivery of emergency ambulance services within



Wales. Every service commissioned using the CAREMORE® methodology describes the five step model of care and service delivery.

The Ambulance Patient Care Pathway (referred to as the five-step model) is set out in Figure 1 below:

Figure 1 - CAREMORE® Emergency Ambulance Services 5 Step Model



The CAREMORE® model defines the expected care standards to be met for each of the five steps of the Ambulance Patient Care Pathway; as well as setting out activity, performance and resource management information available for each of the steps of the pathway.

It also details the outcomes required in pursuit of improving patient experience; improving patient's clinical outcomes and demonstrating value for money.

## 2.2 The Joint Committee

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions to plan and secure Emergency Ambulance Services (relevant services), Emergency Medical Retrieval & Transfer Service (EMRTS) and Non-Emergency Patient Transport Service (NEPTS) and in accordance with their defined delegated functions.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of Emergency Ambulance Services; Emergency Medical Retrieval & Transfer Service and Non-Emergency Patient Transport Services.

The membership of the Joint Committee consists of 9 voting members and 3 Associate Members. The voting members include the Independent Chair (appointed by the Minister for Health and Social Services), the 7 LHB Chief Executives and the Chief Ambulance Services Commissioner (CASC). Decisions taken at Joint Committee meetings are subject to a two-thirds majority of voting members present. Nominated deputies, who must be LHB executive directors, may be named to attend by LHB Chief Executives; they formally count towards the quorum and have voting rights. However, anyone deputising for the CASC does not have voting rights.

The Joint Committee is accountable for internal control. As Chief Ambulance Services Commissioner NHS Wales, I have the responsibility for maintaining a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives and to report the adequacy of these arrangements to the Chief Executive of Cwm Taf Morgannwg University Health Board (CTMUHB).

Health Boards and NHS Trusts in Wales have collaborated over the operational arrangements for the provision of the emergency ambulance services and have agreed the terms of a Memorandum of Understanding to ensure that the arrangements are introduced and operate effectively by collective decision making, in accordance with the policy and strategy set out above determined by the EASC.

Whilst the EASC acts on behalf of the Health Boards and NHS Trusts in undertaking its functions, the responsibility for the exercise of the emergency ambulance functions is a shared responsibility of all NHS bodies in Wales. Under the terms of the establishment arrangements, Cwm Taf Morgannwg University Health Board (UHB) is deemed to be held harmless and have no additional financial liabilities beyond those for their own resident population.

The Joint Committee is supported by a Committee Secretary, who acts as the guardian of good governance within the Joint Committee.

The Governance framework for the operation of EASC is presented in Figures 3 and a flowchart outlining the current supporting sub-groups is outlined in Figure 4.

Figure 3 - Governance Framework for EASC

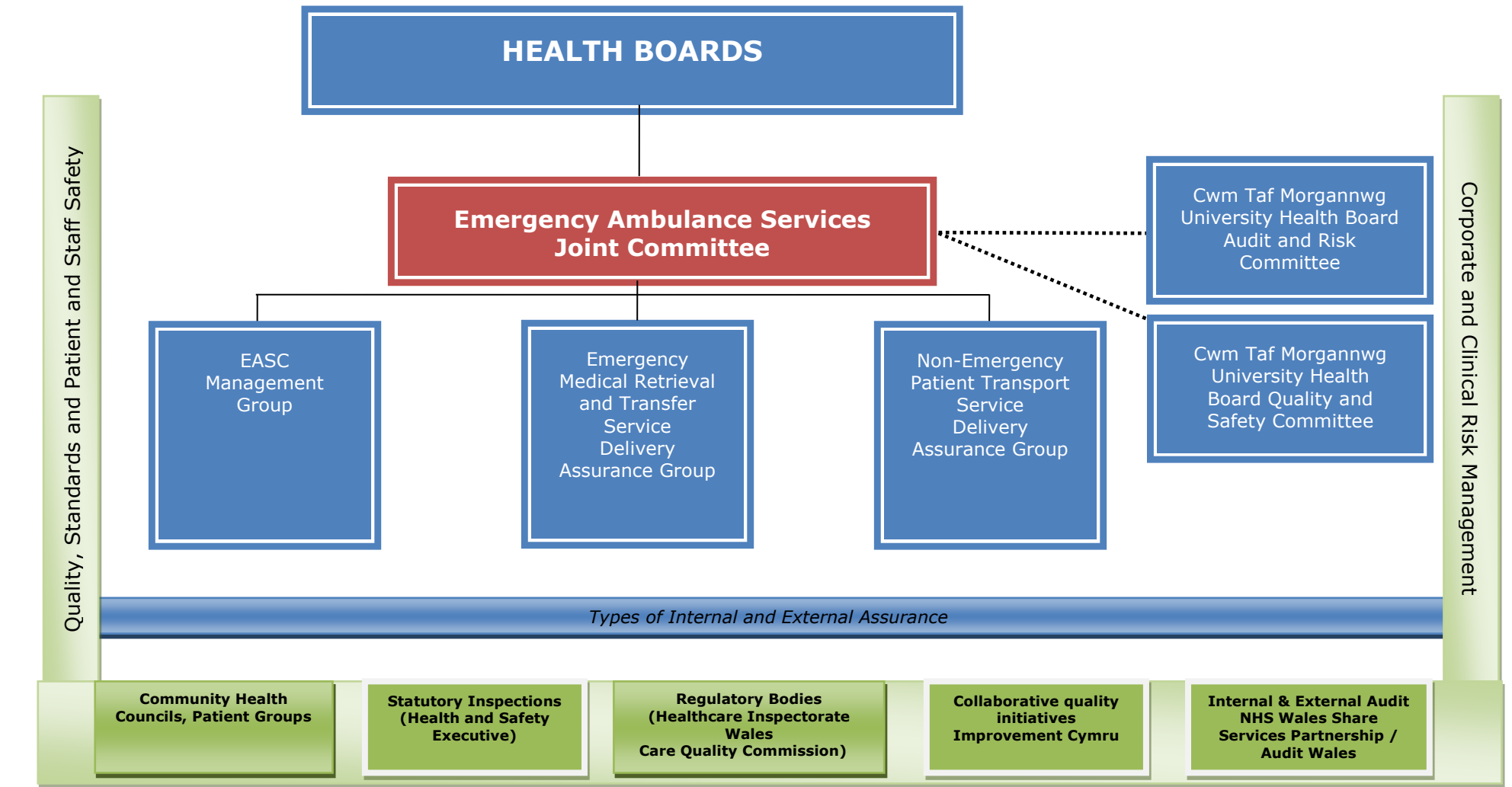


Figure 4 – Sub Groups of the EASC

Emergency Ambulance Services Committee (EASC) Sub groups		
EASC Management Group	Emergency Medical Retrieval and Transfer Service Delivery Assurance Group	Non-Emergency Patient Transport Service Delivery Assurance Group
<p>The overall purpose of the Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services, non-emergency patient transport services and Emergency Medical Retrieval &amp; Transfer Service.</p> <p>Ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.</p>	<p><b>EMRTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the delivery, direction and performance of the EMRTS.</p>	<p><b>NEPTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the implementation of the NEPTS work programmes that deliver WHC 2007 (005) and the 2015 business case 'The Future of NEPTS in Wales'.</p> <p>Oversee the transfers of work from health boards to WAST</p>
<p>Members include: Chaired by CASC; representatives from Host Body, membership from health boards; Welsh Government representative; EASC Team; WAST Chief Executive; Representatives from WAST; Clinical representatives welcomed from health boards.</p>	<p>Members include: Chaired by CASC; representatives from Host Body, membership from health boards; Welsh Government representative; EASC Team; EMRTS National director and service manager; WAST; Contract and Performance lead.</p>	<p>Members include: Chaired by CASC; EASC Team; NEPT Champion from every Health Board and Velindre NHS Trust; Director of Finance WHSSC; representative from Welsh Renal Clinical Network and from the Welsh Government.</p>

The table in Figure 5 below outlines the Composition of the Joint Committee during the financial year 2022-2023.  
Figure 5

<b>Organisation</b>	<b>Name</b>	<b>Role</b>	<b>Attendance at meetings 2022-2023</b>	<b>Nominated deputy present</b>
University Health Board (UHB)				
<b>Members</b>				
Emergency Ambulance Services Committee	Chris Turner	Chair (since Nov 2018)	7/7	N/A
Emergency Ambulance Services Committee	Stephen HARRY	Chief Ambulance Services Commissioner	7/7	N/A
Chief Executive, Aneurin Bevan UHB	Glyn Jones	Interim Chief Executive (From 9 November 2021 to August 2022)	1/2	1/1
	Nicola Prygodzicz	Chief Executive (from September 2022)	3/5	2/2
Chief Executive, Betsi Cadwaladr UHB	Jo Whitehead	Chief Executive (until December 2022)	1/5	1/5
	Gill Harris	Interim Chief Executive (from 17 January 2023)	1/2	0/2
Chief Executive, Cardiff & Vale UHB	Suzanne Rankin	Chief Executive (from 1 February 2022)	6/7	1/1
Chief Executive, Cwm Taf Morgannwg UHB	Paul Mears	Chief Executive	4/7	1/3
Chief Executive, Hywel Dda UHB	Steve Moore	Chief Executive	4/7	1/3
Chief Executive, Powys Teaching HB	Carol Shillabeer	Chief Executive	7/7	0/0
Chief Executive, Swansea Bay UHB	Mark Hackett	Chief Executive	0/7	6/7

<b>Organisation</b>	<b>Name</b>	<b>Role</b>	<b>Attendance at meetings 2022-2023</b>	<b>Nominated deputy present</b>
University Health Board (UHB)				
<b>Associate Members</b>				
Chief Executive, Welsh Ambulance Services NHS Trust	Jason Killens	Chief Executive	7/7	
Chief Executive, Public Health Wales NHS Trust	Tracey Cooper	Chief Executive	0/7	0/7
Chief Executive, Velindre University NHS Trust	Steve Ham	Chief Executive	1/7	1/6

In accordance with the EASC Standing Orders, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers, must appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

The purpose of the Joint Committee is to jointly exercise those functions relating to the commissioning of emergency ambulance services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance services for residents within their area.

The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of emergency ambulance non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services in Wales, in conjunction with the Welsh Ministers
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance service
- Produce an Integrated Medium-Term Plan (IMTP), including a balanced Medium Term Financial Plan for agreement by the Committee following the publication of individual LHBs Integrated Medium Term Plans (IMTPs), which should also make reference to the EASC commissioning intentions
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers
- Establish mechanisms for managing the commissioning risks
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance, non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services and take appropriate action.

The EASC monitors performance on a quarterly basis against the key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report to the Committee along with any remedial actions to improve performance.



The Joint Committee ensures that the principles of good governance applicable to NHS organisations are followed consistently, including the oversight and development of systems and processes for financial control, organisational control, governance and risk management. The EASC assesses strategic and corporate risks through the Risk Register, which is reviewed at each meeting.

### **2.2.1 Joint Committee Meetings**

The table in Figure 6 outlines dates of Joint Committee meetings held during 2021-2022 and attendance by Members.

All meetings held were quorate.

The Committee met 7 times and in addition a special briefing meeting was held in October 2022 to update Members on the Service Development Proposal for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) in partnership with the Wales Air Ambulance Charity.

All agenda and reports are available here: <https://easc.nhs.wales/>

Figure 6 – EASC Committee Attendance 2022-2023

<b>University Health Board (UHB)</b>	<b>10 May</b>	<b>12 Jul</b>	<b>6 Sep</b>	<b>8 Nov</b>	<b>6 Dec</b>	<b>17 Jan</b>	<b>14 Mar</b>
<b>Committee Members</b>							
Chair	√	√	√	√	√	√	√
Chief Ambulance Services Commissioner (CASC)	√	√	√	√	√	√	√
Aneurin Bevan UHB	√	√*	√*	√	√	√*	√
Betsi Cadwaladr UHB	X	√*	√	√	X	√	√**
Cardiff & Vale UHB	√	√	√**	√	√	√	√
Cwm Taf Morgannwg UHB	√**	√*	√	√	√**	√	√
Hywel Dda UHB	√	√	√**	√*	√	√	√**
Powys Teaching HB	√	√	√	√	√	√	√
Swansea Bay UHB	√*	√*	√*	√*	√*	√*	√**
<b>Associate Committee Members</b>							
Welsh Ambulance Services NHS Trust	√	√	√	√	√	√	√
Public Health Wales NHS Trust	X	X	X	X	X	X	X
Velindre University NHS Trust	√	X	X	X	X	√*	X

X \* denotes CEO not present but the nominated deputy (Executive Director) present

X \*\* denotes CEO not present but sent a representative (not nominated deputy)

The Chair of the Committee routinely emphasises the importance of attendance at the Joint Committee and escalates any matters of member non-attendance, as appropriate, with Members and/or Chairs of NHS organisations. The issue of non-attendance of organisation representatives at sub-group meetings has also been raised by the Chair and the CASC and discussed with Members at Joint Committee meetings.

### **2.2.2 Joint Committee Performance and Self-Assessment**

During 2022-2023 the Emergency Ambulance Services Committee approved an annual forward plan of business, including:

#### Standing items

- Approval of minutes and action log
- Declarations of interest
- Chair's report
- Performance Report
- Quality and Safety Report (from July 2022)
- Chief Ambulance Services Commissioner (CASC) report
- Provider Report
- EASC Commissioning Update
- Finance Report
- EASC Governance report including the risk register
- Provider issues by exception
- Forward Plan of Business

#### Focus on sessions

- Performance Report
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)

#### Other items included:

- Draft EASC Integrated Medium Term Plan 2023-26
- WAST Draft Integrated Medium Term Plan
- Emergency Medical Services Commissioning Framework

#### Reports from EASC Sub-Groups

- EASC Management Group
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group (EMRTS DAG)
- Non-Emergency Patient Transport Services Delivery Assurance Group (NEPTS DAG).

## **2.3 Sub Committees / Sub Groups**

### **2.3.1 The Audit and Risk Committee of the Cwm Taf Morgannwg University Health Board**

The primary role of the Cwm Taf Morgannwg University Health Board Audit and Risk Committee is to review and report upon the adequacy and effective operation of EASC's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of EASC's objectives. This role is set out clearly in the Audit and Risk Committee's terms of reference which were revised in 2017 to ensure these key functions were embedded within the standing orders and governance arrangements.

The Audit and Risk Committee reviews the effective local operation of internal and external audit, as well as the Counter Fraud Service. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that reporting lines can be effectively used.

The Audit and Risk Committee supports the Joint Committee in discharging its accountabilities for securing the achievement of the EASC objectives in accordance with the standards of good governance determined for the NHS in Wales.

The Cwm Taf Morgannwg University Health Board Audit and Risk Committee attendees during 2022-2023 comprised Independent Members supported by representatives of both Internal and External Audit and senior officers of Cwm Taf Morgannwg University Health UHB. Where necessary, relevant officers are in attendance for the EASC components of the Cwm Taf Morgannwg University Health Board Audit and Risk Committee, and it is recognised that as the EASC continues to evolve and mature as a Joint Committee, there will be an increasing level of audit related activity.

Relevant staff from the EASC Team attend the Hosted Bodies CTMUHB Audit and Risk Committee for agenda items concerned with EASC responsibilities and accountabilities.

CTM UHB Audit and Risk Committee link:

<https://ctmuhb.nhs.wales/about-us/our-board/committees/audit-and-risk-committee/>

### **2.3.2 EASC Management Group**

The overall purpose of the EASC Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services, non-emergency patient transport services and Emergency Medical Retrieval & Transfer Service.

The EASC Management Group underpins the commissioning responsibilities of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.

The Group will be responsible to EASC for undertaking the following functions:

- To agree, make recommendations and monitor the EASC IMTP and the commissioning framework
- To receive recommendations from sub-groups and to make recommendations to the EASC regarding service improvements including investments, disinvestments and other service changes
- To monitor the delivery of the quality and delivery commissioning frameworks for EASC Commissioned Services
- To receive regular reports on performance monitoring and management and the main actions to address performance issues
- To undertake the role of Programme Board for specific work streams and monitor their implementation
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC members
- To ensure the development and maintenance of the needs assessment across Wales for Ambulance Services in accordance with the requirements of the Future Generations Act
- To consider, agree and recommend commissioning/service issues to the EASC which are to be considered as part of the EASC IMTP. This will include issues which will have an impact on the plan raised by other sub-groups/advisory groups, the WAST IMTP and EASC's strategic commissioning intentions.

The EASC Standing Orders have been reviewed and the updated terms of reference for the EASC Management Group have been included.

### **2.3.3 Emergency Medical Retrieval & Transfer Service (EMRTS Cymru)**

The EMRTS is commissioned by the Emergency Ambulance Service Committee (EASC) and is hosted by Swansea Bay University Health Board (SBUHB).

The organisational governance structure consists of an EMRTS Delivery Assurance Group (DAG) which reports to the Chief Ambulance Service Commissioner and through to the EASC Joint Committee. The EASC Joint Committee delegates responsibility to the DAG for the delivery, direction and performance of the EMRTS. The Chief Ambulance Services Commissioner is a member of the SBUHB EMRTS Clinical Governance sub-group.

The National Director is accountable to the EMRTS DAG for the delivery and performance of the EMRTS and to the SBUHB Chief Executive for organisational and clinical governance. There are a number of supporting agreed documents which underpin the organisational governance of the service as follows:

1. Memorandum of Agreement between SBUHB and EASC.
2. Terms of reference for the EMRTS Delivery Assurance Group
3. Collaborative agreement between AB SBUHB, the Wales Air Ambulance Charity Trust (WAACT) and the Welsh Ambulance Service Trust (WAST)
4. Memorandum of Understanding between SBUHB and other Welsh LHBs/NHS Trusts
5. Service level agreement between EMRTS and SBUHB for accessing supporting services
6. Terms of Reference for the EMRTS Clinical and Operational Board.

The Emergency Medical Retrieval and Transfer Service went live on the 27 April 2015. The service was commissioned "to provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility." The service represents a joint partnership between NHS Wales, The Wales Air Ambulance Charity Trust (WAACT) and Welsh Government. The service was initially commissioned by the Welsh Health Specialised Services Committee; however, this function transferred to the Emergency Ambulance Services Committee on the 1 April 2016.

The EASC Standing Orders have been reviewed and the updated terms of reference for the EMRTS DAG have been included in the document.

#### **2.3.4 Non-Emergency Patient Transport Service (NEPTS)**

The Non-Emergency Patient Transport Services Delivery Assurance Group is the mechanism through which the Health Boards and WAST jointly plan and take collective action to deliver the NEPTS Commissioning Intentions and 2015 business case 'The Future of NEPTS in Wales'. Ensuring a robust and collaborative approach is taken to develop and implement the key outcomes from the task and finish group.

The NEPTS Delivery Assurance Group provide advice and make recommendations to EASC Management Group and to ensure that the seven LHBs in Wales work jointly to exercise functions relating to the planning and securing non-emergency patient transport services. The Group underpins the commissioning responsibilities of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC Integrated Medium Term Plan (IMTP).

The Group is responsible to EASC Management Group for undertaking the following functions:

- To receive recommendations and to make recommendations to the EASC Management Group regarding service improvements including investments, disinvestments and other service changes.
- To develop, establish and manage performance arrangements including a team with relevant expertise, which:
  - gives assurances on the adherence to agreed Care standards
  - reviews and reports on performance improvements
  - reviews and reports upon activity information
  - reviews and reports on resource utilisation and effectiveness
  - reviews delivery of agreed service change initiatives in line with agreed milestones
  - provides assurance that Framework Agreement is operating effectively between all parties i.e. health boards & NEPTS
  - evaluate patient outcomes, patient experience and cost impact - to inform learning & continuous improvement, plus, ongoing development of the Framework Agreement.
- To monitor the delivery of the quality and delivery commissioning frameworks for NEPTS
- To receive regular reports on performance monitoring and management and the main actions to address performance issues
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC Members.

The EASC Standing Orders have been reviewed and the updated terms of reference for the NEPTS DAG have been included.

### **2.3.5 Quality and Safety Committee at Cwm Taf Morgannwg University Health Board**

The Quality and Safety Committee of the Cwm Taf Morgannwg University Health Board as host organisation advises and assures the Joint Committee on the provision of workplace health and safety for the EASC Team. Relevant staff from the EASC Team attend the Committee for agenda items when appropriate.

Website link:

<https://ctmuhb.nhs.wales/about-us/our-board/committees/quality-safety-committee/>

## **2.4 Reviewing the Effectiveness of EASC**

The Audit and Risk Committee of Cwm Taf Morgannwg University Health Board advises and assures the Joint Committee on the effectiveness of its risk management arrangements, by reviewing its risk register and approach to risk management at each of its meetings. It is also important to note that the risk register and EASC Assurance Framework are a routine feature of each meeting of the Joint Committee and EASC Management Group. The risk register has been comprehensively updated in January 2023 and follows the Cwm Taf Morgannwg UHBs Risk Management Strategy. All risks are recorded on the Datix Risk Management System.

## **2.5 Standards of Behaviour**

The Welsh Government's Citizen-Centred Governance Principles apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

*"Public service values and associated behaviours are and must be at the heart of the NHS in Wales"*

The Joint Committee is strongly committed to EASC being value-driven, rooted in the Nolan principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

The Joint Committee expects all Members and employees to practice high standards of corporate and personal conduct, based on the recognition that the needs of service users must come first.

The "Seven Principles of Public Life", or the "Nolan Principles" form the basis of the Standards of Behaviour requirements for the EASC members and the supporting team.

The Cwm Taf Morgannwg UHB Standards of Behaviour Policy, incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship, aims to ensure that arrangements are in place to support employees to act in a manner that upholds the Standards of Behaviour Framework as well as setting out specific arrangements for the appropriate declarations of interests and acceptance / refusal and record of offers of Gifts, Hospitality or Sponsorship. The Policy also aims to capture public acceptability of behaviours of those working in the public sector so that EASC can be seen to have exemplary practice in this regard.



For 2022-2023, the DOI form has been updated to align the Health Board processes and our DOI process has been strengthened to include cross-referencing information with the Companies House register and any other related declaration processes.

All Members and Senior Managers and their close family members have declared any pecuniary interests and positions of authority which may result in a conflict with their responsibilities. No material interests have been declared during 2022-23, a full register of interests for 2022-23 will be available on the EASC website. A register of interests is maintained and is available on request in line with the host body arrangements.

### **3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

A summary briefing (Chair's summary) from each Joint Committee meeting is circulated to all health boards following the meeting along with the confirmed minutes (bilingual) which are also available on the EASC website.

#### **3.1 External Audit**

During 2022-2023 there were no specific reports from external auditors.

As a hosted organisation under Cwm Taf Morgannwg University Health Board, the work of external audit is monitored by the Cwm Taf Morgannwg University Health Board Audit and Risk Committee through regular progress reports. Their work is both timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and our work on minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented. In addition to EASC matters, the Cwm Taf Morgannwg University Health Board Audit and Risk Committee has been kept apprised by its external auditors of developments across NHS Wales and elsewhere in the public service. These discussions have been helpful in extending the Audit and Risk Committee's awareness of the wider context of the work.

### **3.2 Internal Audit**

The Cwm Taf Morgannwg University Health Board Audit and Risk Committee regularly review and consider the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit have attended each meeting to discuss their work and present their findings. The Audit and Risk Committee are satisfied with the liaison and coordination between the external and internal auditors.

During the reporting period 2022-2023 there were no EASC audit reports And therefore no reports received a “no assurance or limited assurance” assessment rating during the year.

### **3.3 Counter Fraud**

Counter Fraud support is incorporated within the hosting agreement with Cwm Taf Morgannwg University Health Board. Local Counter Fraud Plans relating to the role of the Host body, including matters relating to EASC, are considered via the Cwm Taf Morgannwg University Health Board Audit and Risk Committee.

### **3.4 Integrated Governance**

The Cwm Taf Morgannwg University Health Board Audit and Risk Committee is responsible for the maintenance and effective system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- Tracking of Audit Recommendations
- EASC Risk Register.

During 2022-2023, the Cwm Taf Morgannwg University Health Board Quality and Safety and the Audit and Risk Committee played a proactive role in communicating suggested amendments to governance procedures and the corporate risk register.

### **3.5 Quality**

#### **3.5.1 Ambulance Service Indicators**

To support the measurement of the new Clinical Model a comprehensive suite of Ambulance Service Indicators (ASIs) were developed in collaboration with the Welsh Ambulance Services NHS Trust and Welsh Government. The new ASIs were first published as part of a pilot in January 2016, and thereafter quarterly reports were presented to each EASC meeting. The ASIs are now reported on a monthly basis.

The ASI reports for the 2022-2023 reporting period can be viewed on the link here: <https://easc.nhs.wales/asi/>

Releases of official statistics and research on Wales can be found at the following link: <https://gov.wales/statistics-and-research>.

### **3.5.2 Quality and Patient Experience**

During 2022-2023, the Joint Committee has continued its commitment to assuring the quality of services by including a standard agenda item at every Committee meeting on 'Quality and Safety'; as one of the core considerations in the Commissioning Frameworks and also on the updated committee report template which directs the report author to consider the implications when drafting reports for EASC meetings.

The Chief Ambulance Services Commissioner (CASC) undertakes a monthly Quality and Delivery meeting with the Welsh Ambulance Services NHS Trust which is reported within the CASC report to the EASC Committee. The CASC also has an Integrated Quality, Planning and Delivery (IQPD) meeting on a bi-monthly basis with Welsh Government officials.

## **4. CAPACITY TO HANDLE RISK**

As the Chief Ambulance Services Commissioner for NHS Wales, I have responsibility for maintaining a sound system of internal control that supports the achievement of EASC's policies, aims and objectives and need to be satisfied that appropriate policies and strategies are in place and that systems are functioning effectively, through the development implementation and review of Collaborative Commissioning Framework Agreements. The Joint Committee's Sub-Groups have assisted in providing these assurances and I am supported by the Head of Internal Audit's related work, report and opinion on the effectiveness of our system of internal control.

The Joint Committee reviews the EASC Risk Register and the EASC Assurance Framework at each meeting and the key risks identified are aligned to delivery and are considered and scrutinised by the Cwm Taf Morgannwg University Health Board Audit & Risk Committee (for hosted bodies) as a whole. It must be noted that responsibility for the commissioning of Emergency Ambulance Services, Emergency Medical Retrieval & Transfer Services and Non-Emergency Patient Transport Services remains that of individual health boards, discharged collaboratively through the Emergency Ambulance Services Joint Committee (EASC).

The joint Memorandum of Understanding (MoU) between the EASC; Welsh Government and the Chief Ambulance Services Commissioner was endorsed by the Joint Committee in March 2016 and was reviewed at the meeting in September 2021. The Model Standing Orders and the Hosting Agreement with the host body (Cwm Taf Morgannwg University Health Board) were also endorsed in March 2023 and the Model Standing Financial Instructions in March 2023 for approval at all health board meetings to

meet the requirements of the [Welsh Health Circular WHC 2019/027](#) (Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the issuing of Model Standing Orders for the Emergency Ambulance Services Committee).

## **5. THE RISK AND CONTROL FRAMEWORK**

Under the hosting agreement with Cwm Taf Morgannwg University Health Board, the EASC complies with the Risk Management Strategy, the Risk Management Policy and the Risk Assessment Procedure.

The aim of the Risk Management Strategy is to:

- Set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation;
- Set out responsibility for Board committees, in particular, the Audit and Risk Committee; and
- Describe the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives.

The objectives of CTMUHB's Risk Management Strategy (and Board Assurance Framework) are to:

- minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management;
- ensure that risk management is an integral part of CTMUHB's culture;
- maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively;
- maintain a cohesive approach to corporate governance and effectively manage risk management resources;
- minimise avoidable financial loss;
- ensure that CTMUHB meets its obligations in respect of Health and Safety and Quality and Safety;
- Manage all potential risks CTMUHB are exposed to.

Risk management relating to the activities of EASC has matured throughout the year and arrangements for reporting risks agreed and developed.

The Committee Risk Register forms part of the process in terms of the identification and management of strategic risks in relation to the commissioning of Emergency Ambulance Services. The Risk Register continues to evolve and is a 'living' document and should be in a state of constant change to reflect increases, decreases and the mitigation to manage risks

- The Risk Register is subject to continuous review by the Chief Ambulance Services Commissioner and the work of the Joint Committee Sub Groups
- It is for the Joint Committee to determine whether there is sufficient assurance in the rigour of internal systems to be confident that there are adequate controls over the management of principal risks to the strategic objectives.

Members of the EASC Joint Committee share responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, the Joint Committee is responsible for approving the risk appetite for EASC. The intention for 2023-2024 is to review the risk appetite for the Committee to ensure that progress is made towards the 'risk appetite' that EASC wishes to achieve.

## 5.1 Joint Committee Risk Register

As at 14 March 2023, there were 5 risks categorised as Extreme / High these being:

Team Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4503	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to deliver the Ministerial direction that EASC effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	<p><b>IF:</b> The EASC fail to plan and secure services and maintain effective collaborative relationships with providers</p> <p><b>Then:</b> The purpose and effectiveness of the EAS Joint Committee would not be met</p> <p><b>Resulting in:</b> Potential Ministerial and Welsh Government intervention</p>	<ul style="list-style-type: none"> <li>Agreed collaborative commissioning methodology</li> <li>Review and refine commissioning arrangements and refresh Commissioning Frameworks</li> <li>Effective function of the EASC Joint Committee</li> <li>Independent Chair</li> <li>Effective governance arrangements in place</li> <li>CASC and Welsh Government IQPD meetings (bi-monthly)</li> <li>Minister meets with the Chair and CASC quarterly</li> <li>Meet regularly with providers to ensure continued development of open and transparent relationship</li> <li>Model Standing Orders agreed for EASC</li> <li>July 2021 Special meeting of EASC with Minister and clear expectations received</li> <li>Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost)</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning framework and monitoring at EASC and its sub groups</li> <li>Annual Governance Statement produced</li> <li>Monitoring of EASC IMTP at EASC and sub groups</li> <li>Review and refine governance arrangements</li> <li>Maintaining close working and collaborative relationships during unprecedented system pressures</li> <li>EASC action plan for Ministerial priorities and monthly monitoring return commitment including Integrated Commissioning Action Plans</li> </ul>	<ul style="list-style-type: none"> <li>Internal and external audit</li> <li>Welsh Government</li> <li>EASC Committee members</li> <li>Annual Governance Statement</li> <li>Strategic Commissioning intentions and Commissioning Frameworks</li> <li>Continued engagement with the commissioning process and EASC Governance</li> <li>EASC Action Plan with monthly update to the Minister and review</li> <li>Chair's appraisal letter with Minister</li> <li>ICAP meeting implementation plan</li> </ul>	5x3=15	CXL 5x1=5	↑	01/08/2020	Reviewed 9 Jan 2023 Next review April 2023
4506	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance standard for category red calls which is 65% of calls responded to within 8 minutes	<p><b>IF:</b> The red performance level is less than 65% response rate within 8 minutes across Wales as a whole on a monthly basis</p> <p><b>Then:</b> The core target will be missed</p> <p><b>Resulting in:</b> Unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP</li> <li>Performance monitoring on a daily basis and month to date position</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported;</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>EASC Action Plan includes detailed clinical review of red incidents to understand clinical need of patients to assess improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Commissioner Ambulance Availability Taskforce</li> <li>Implementation of the Demand and Capacity Review</li> <li>Commissioner</li> <li>EASC Action Plan including monthly submission and review</li> <li>CASC liaison with Chief Operating Officers</li> <li>Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU)</li> </ul>	5x5=25	CXL 4x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023

Team Datix ID	Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
4507	Chief Ambulance Services Commissioner	Securing safe ambulance services	Failure to achieve agreed performance for amber category calls	<p><b>IF:</b> The average and longest times for amber incidents do not reduce</p> <p><b>Then:</b> Patients will not receive the care they need in a timely manner</p> <p><b>Resulting in:</b> unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP/ Annual Plan</li> <li>performance monitoring on a daily basis and month to date position</li> <li>CASC Monthly quality and delivery meetings with WAST</li> <li>Bi monthly CASC Quality and Delivery meeting with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported and implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> <li>Weekly dashboard shared across NHS Wales – sent to all EASC members and key senior NHS staff</li> </ul>	<ul style="list-style-type: none"> <li>EASC IMTP accepted with accountability conditions awaiting outcome of WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on operational performance</li> <li>Development of WAST performance improvement plan</li> <li>Weekly dashboard of management information developed and shared across NHS Wales to capture progress</li> <li>EASC Action plan includes detailed clinical review of amber incidents to understand clinical need of patients to assess improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Specific targeted actions as required</li> <li>Commissioner Ambulance Availability Taskforce</li> <li>Implementation of the Demand and Capacity Review</li> <li>EASC Action Plan for Minister including monthly submission and review</li> <li>CASC liaison with Chief Operating Officers (multiple arenas)</li> </ul>	5x5=25	CXL 4x3= 12	↔	Aug-20	Reviewed 9 Jan 2023 Next review April 2023
5005	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation	<p><b>IF: Commissioning actions are not taken to manage patient safety and minimise clinical risks</b></p> <p><b>Then: Patients are more likely to come to harm</b></p> <p><b>Resulting in: poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</b></p>	<ul style="list-style-type: none"> <li>Discussion at EASC Committee</li> <li>Discussion at EASC Management Group</li> <li>CASC and WAST Quality &amp; Delivery meeting</li> <li>Sought clarification from WAST re Equality Impact Assessment</li> <li>Agree red lines for handover delays to improve ambulance availability</li> <li>Securing of funding for additional emergency ambulance capacity</li> <li>Quality and Safety Report received at every EASC meeting</li> </ul>	<ul style="list-style-type: none"> <li>Joint escalation plan developed and approved at NHS Leadership Board (not yet actioned)</li> <li>Commissioning Operational Delivery Unit (not yet actioned) to avoid unilateral WAST decision-making</li> <li>Provide necessary funding to WAST</li> </ul>	<ul style="list-style-type: none"> <li>WAST Equality Impact Assessment (to be completed)</li> <li>Commitment to collaborative nature of working and implementation of system-wide escalation policy</li> <li>Ongoing discussions around system-wide escalation</li> <li>EASC Management Group agreed to set up two task and finish groups               <ol style="list-style-type: none"> <li>Response to Healthcare Inspectorate Wales review related to handover delays</li> <li>Appendix B</li> </ol> </li> </ul>	5x4 = 20	CXL 5x1 = 5	↑	Dec-21	Reviewed 9 Jan 2023 Next review April 2023
5370	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to secure sufficient ambulance capacity to meet the needs of the population	<p><b>IF: sufficient ambulance capacity is not available</b></p> <p><b>Then: organisational and clinical safety levels level of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</b></p> <p><b>Resulting in: increasing number of patients not receiving an ambulance response which is an unsatisfactory service for the people of Wales (or within specific health board areas) with increased likelihood of harm, disability and death.</b></p> <p><b>Lack of compliance with statutory requirements for EASC.</b></p>	<ul style="list-style-type: none"> <li>The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position</li> <li>Bi monthly CASC IQPD meetings with Welsh Government</li> <li>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</li> <li>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</li> <li>Quality and Safety Report presented at every EASC meeting</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of EASC IMTP and WAST IMTP</li> <li>Implementation of the commissioning intentions through the commissioning agreement</li> <li>Role of the EASC Management Group to provide oversight on quality and safety</li> <li>Development of WAST performance improvement plan</li> <li>EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities</li> <li>Actions from the Ministerial summit on handover improvement</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Service Indicators</li> <li>Daily weekly and monthly performance reports</li> <li>Remedial Action plans (if required)</li> <li>Implementation of the Demand and Capacity Review</li> <li>Commissioner</li> <li>EASC Action Plan including monthly submission and review</li> <li>CASC liaison with Chief Operating Officers</li> <li>Additional £3m investment in year to support front line services which will also support the commencement of the Cymru High Acuity Response Unit (CHARU)</li> <li>EASC receive a quality and safety report at each meeting</li> </ul>	5x5=25	CXL5x2 = 10	⚠	Jan 23	Developed on 9 Jan 2023 Next review April 2023

## **5.2 Policies and Procedures**

The EASC Team follow the policies and procedures of Cwm Taf Morgannwg University Health Board, as the host organisation.

## **5.3 Information Governance**

The EASC Team has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, where required from the Information Commissioner's Office (ICO). This includes legislation such as the Data Protection Act (2018) and the Caldicott Report (1997/2013) that covers the data that is collected and the processing of this to ensure that it is only used for compatible purposes and it remains secure and confidential whilst in our custody.

The EASC Team receive information governance support from Cwm Taf Morgannwg University Health Board on areas such as the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, new guidance documentation and training materials, areas of concern and latest new information and law including the implementation of the General Data Protection Regulation (GDPR); the Caldicott Guardian for Cwm Taf Morgannwg University Health Board is the Executive Medical Director.

## **5.4 Integrated Medium-Term Plan (IMTP)**

The basis for the EASC's planning has been the original national collaborative commissioning Quality and Delivery Framework which all seven Health Boards have signed up to. The Framework provides the mechanism to support the recommendations of Professor Siobhan McClelland in the "A Strategic Review of Welsh Ambulance Services" published in 2013. The Framework puts in place a structure which is clear and directly aligned to the delivery of better care. The framework introduces clear accountability for the provision of emergency ambulance services and sees the Chief Ambulance Services Commissioner (CASC) and the Emergency Ambulance Services Committee (EASC) acting on behalf of health boards and holding WAST to account as the provider of emergency ambulance services. Each Health Board is required to demonstrate their ambition of the framework through making reference to the collaborative work of the EASC within individual Health Board IMTPs.

The EASC Team prepared and presented an Integrated Medium-Term Plan (IMTP) for 2023-2026 to the Committee which was approved in March 2023; a formal response is awaited from Welsh Government officials. The Committee received updates on the EASC Integrated Medium Term Plan (IMTP) during 2022-23 and progress has been made in line with the plan.



## **5.5 Health and Care Standards for NHS Wales**

The Health and Care Standards set out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. They set out what the people of Wales can expect when they access health services and what part they themselves can play in promoting their own health and wellbeing.

The carbons are focussed around service delivery and therefore a number of areas are not relevant to the remit of EASC. However, the EASC Team has sought opportunities to ensure consideration of the standards within its work and requires all reports to the Joint Committee and sub-groups to identify which themes within the Health and Care Standards were considered/appropriate when developing those reports.

## **5.6 Governance & Accountability Assessment**

The Governance & Accountability Assessment is more relevant to the host body, Cwm Taf Morgannwg University Health Board although the EASC Team and Members will be cognisant of complying with any requirements.

## **5.7 Appointment of Independent Chair**

Dr Chris Turner received, and accepted, an invitation to stay on as Interim Chair for the Committee for a further year in October 2022 (to 31 October 2023).

## **6. MANDATORY DISCLOSURES**

The EASC is also required to report that arrangements are in place to manage and respond to the following governance issues:

### **6.1 Equality, Diversity and Human Rights**

Control measures are in place to ensure that the EASC's obligations under equality, diversity and human rights legislation are complied with. The EASC follows the policies and procedures of the Cwm Taf Morgannwg University Health Board as the host organisation. We recognise that the Committee could benefit from greater diversity. However, this is restricted as the Membership is set by the Directions

As a non-statutory hosted organisation under Cwm Taf Morgannwg University Health Board, EASC is required to adhere to the Cwm Taf Morgannwg University Health Board Equality and Diversity policy which sets out the UHB's commitment to equality and diversity and the legal setting for doing so.

The Welsh Government's Public Sector Equality Duty (PSED) advocates that all public sector organisations publish their Strategic Equality Plan (SEP) no less than every four years.

Whilst EASC commissions emergency and non-emergency ambulances and the emergency medical retrieval and transfer service on behalf of the seven LHBs the responsibility for individual patients remains with the LHB of residence.

EASC recognises that the Socio-economic Duty, under the Equality Act 2010, requires relevant public bodies in Wales, including local health boards, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions and that the duty came into force on 31 March 2021. As a Joint Committee of the LHBs, this duty has been taken into account when planning and securing emergency and non emergency ambulance services including evidencing a clear audit trail for all decisions made that are part of the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

## **6.2 Welsh Language**

The EASC and its team are committed to ensuring that the Welsh and English languages are treated on the basis of equality in the services provided to the public and other NHS partner organisations in Wales. This is in accordance with the Cwm Taf Morgannwg University Health Board Welsh Language Scheme, Welsh Language Act 1993 the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards (Health Sector) Regulations once approved by the National Assembly for Wales.

The work of the EASC in relation to Welsh language is included within the Cwm Taf Morgannwg University Health Board approved Welsh language scheme. The Committee Secretary is a member of the newly formed CTMUHB Welsh Language Steering Group to lead and drive the implementation and delivery of legislative Welsh Language compliance. The first meeting took place on 15 March 2023.

### **Investigation by the Welsh Language Commissioner**

A letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal.

A member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website.

Further arrangements have been made to avoid this happening again. The EASC website has been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content.

A formal investigation was launched by the Welsh Language Commissioner and a final report was awaited at the end of March 2023. Any recommendations and requirements will be met as soon as the final report is received, it is likely that this will impact on a national basis in terms of the limitations of the software in use and amendments required to ensure fit for purpose.

### **6.3 Handling of Concerns**

The EASC is committed to ensuring a professional and customer focussed service through the work of the Joint Committee and as a hosted organisation under Cwm Taf Morgannwg University Health Board adheres to its Concerns policy.

During 2022-2023, no other formal complaints were received concerning the work of the EASC other than in relation to the Welsh Language Commissioner in the previous section.

### **6.4 Freedom of Information Requests**

The Freedom of Information Act (FOIA) 2000 give the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector.

During 2022-2022, the EASC received no requests for information under the provision of the Freedom of Information Act (FOIA).

### **6.5 Data Security**

The EASC is committed to ensuring that there are effective measures in place to safeguard information and as a hosted organisation under Cwm Taf Morgannwg University Health Board adheres to its Information Governance policies.

All information governance incidents involving data security are reviewed by the Information Governance team within Cwm Taf Morgannwg University Health Board. During 2022-2023, no Information Governance breaches were reported for the EASC. The Information Governance toolkit has been

completed and will inform an action plan with identified priorities for 2023-23.

## **6.6 Sustainability and Carbon Reduction Delivery Plan**

The Welsh Government have an ambition for the public sector to be carbon neutral by 2030. This ambition sits alongside the Environment (Wales) Act 2016 and Wellbeing of Future Generations (Wales) Act 2015 as legislative drivers for decarbonisation of the Public Sector in Wales. The [NHS Wales Decarbonisation Strategic Delivery Plan](#) was published on 24 March 2021. As a hosted committee under Cwm Taf Morgannwg University Health Board the EASC is committed to managing its environmental impact, the organisation's carbon footprint and increasing its sustainability. Cwm Taf Morgannwg has undertaken risk assessments and **Carbon Reduction Delivery Plans** are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting requirements are complied with.

In particular during 2023 and beyond the EASC team continue to embed the working practices that were, by necessity, introduced in 2020. In particular there is a blended and hybrid approach to office and remote working, reducing the need for travel, and run as many meetings as practically possible using online platforms including Microsoft Teams. Additionally, many of the systems moved to paperless processes have continued operating in this way and these have proven to be more efficient and reduces our impact on the environment. We will continue do adopt these practices going forward.

Increasing numbers of the are purchasing electric vehicles some via the NHS Fleet Solutions Scheme.

## **6.7 Business Continuity Planning/Emergency Preparedness**

The EASC is cognisant of the need to review the capability of the different organisations within NHS Wales to continue to deliver products or services at acceptable predefined levels following a disruptive incident. We recognise our contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a category 1 responder deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

The Joint Committee reviews the arrangements in place for cross border and cross boundary resource flows and that there are effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic
- Premises – denial of access to normal places of work

- Information Management and Technology (IM & IT) and communications/ICT equipment issues
- Suppliers internal and external to the organisation.

The EASC Team is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess and implement applicable legislation and regulation requirements related to the continuity of operations, services as well as the interests of interested parties.

### **6.8 UK Corporate Governance Code**

Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, the Emergency Ambulance Services Committee team considers that it is complying with the main principles of the Code where applicable, through operating within the scope of the governance arrangements for CTMUHB. The EASC Team remains satisfied that it remains compliant with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. There were no reported/identified departures from the Code during the year.

### **6.9 Ministerial Directions 2022-2023**

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to EASC. Ministerial Directions issued throughout the year are listed on the Welsh Government website. Information on Ministerial Directions can be found on the Welsh Government website:

[https://gov.wales/publications?field\\_policy\\_areas%5B43%5D=43](https://gov.wales/publications?field_policy_areas%5B43%5D=43)

Welsh Health Circulars issued by Welsh Government are logged by the Governance Function. EASC has acted upon and responded to all relevant Welsh Health Circulars (WHC) issued during 2022/23. A list of Welsh Health Circulars issued by Welsh Government during 2022-23 is available at:

<https://gov.wales/health-circulars>

Relevant WHCs:

WHC
<a href="#">WHC/2022/008</a> – New records management code of practice for health and care 2022
<a href="#">WHC/2022/013</a> – HEALTH BOARDS, SPECIAL HEALTH AUTHORITIES AND TRUSTS FINANCIAL MONITORING GUIDANCE 2022 TO 2023
<a href="#">WHC/2022/034</a> – HEALTH BOARD ALLOCATIONS FOR 2023 TO 2024

## **Ministerial Priorities and Measures**

A Healthier Wales (2018) describes a whole system approach to health and social care. Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened more recently through the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021). Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim.

The Minister for Health and Social Services published new priority measures in January 2022, and all NHS organisations are required to report on the new measures from April 2022. The process that EASC will adopt to respond to the measures will be presented to the Joint Committee as soon as practicable. A whole system dashboard of information is shared widely on a weekly basis by the EASC Team and forms the basis for the discussions at the local Integrated Commissioning Action Plan meetings between the EASC Team, Health Board and the Welsh Ambulance Services NHS Trust. Action plans have been developed and will be monitored closely.

### **6.10 Modern Slavery Act 2015 – Transparency in Supply Chains**

The Welsh Government's Code of Practice: Ethical Employment in Supply Chains was introduced to highlight the need, at every stage of the supply chain, to ensure good employment practices exist for all employees, both in the United Kingdom and overseas.

EASC adopts and complies with all CTMUHB procurement processes which embed the principles and requirements of the Code and the Modern Slavery Act 2015. EASC is committed to playing its role as a public sector employer, to eradicate unlawful and unethical employment practices, such as:

- Modern Slavery and Human rights abuses
- The operation of blacklist / prohibited lists
- False self-employment
- Unfair use of umbrella schemes and zero hours contracts, and
- Paying the living wage.

During 2022 - 2023 EASC continued to take the following actions to deliver on the Code's commitments:

- It paid all staff above the minimum living wage rate (Agenda for Change Band 2)
- It complied with the CTMUHB Raising Concerns (Whistleblowing) Policy, which provides the workforce with a fair and transparent process, to empower and enable them to raise suspicions of any form of malpractice, by either our staff or suppliers / contractors working on our premises

- It has a target in place to pay suppliers within 30 days of receipt of a valid invoice
- It does not engage or employ staff or workers on Zero Hours Contracts
- It follows a robust Recruitment and Selection Policy and Procedure, which ensure a fair and transparent process as prescribed by its host CTMUHB
- EASC defers to the CTMUHB Equality and Diversity Policy, which ensures that no potential applicant, employee or worker engaged by CTMUHB/EASC is in any way unduly disadvantaged, in terms of pay, employment rights, employment, training and development or career opportunities.

### **6.11 Well-Being of Future Generations Act (WBFGA)**

The Well-being of Future Generations Act (WBFGA) requires named statutory bodies, including CTMUHB, (host body) to ensure the needs of the current population are met without compromising the ability of future generations to meet their own needs. This 'sustainable development principle' requires the organisation to routinely follow the five ways of working from the Act (prevention, long-term, collaboration, integration, involvement), and contribute to the seven national well-being goals.

EASC is committed to contributing towards the achievement of the objectives of the Well-being of Future Generations (Wales) Act aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA provides the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and clarifies the need to maximise the contribution to all seven.

Section 4 of all Committee reports includes the Impact Assessment where the author is required to consider Organisational Implications and outline any legal implications, including the WBFGA.

- Quality/Safety/Patient Experience implications
- Related Health and Care standard(s)
- Equality impact assessment completed
- Legal implications / impact
- Resource (Capital/Revenue £/Workforce) implications /
- Impact Link to Commissioning Intentions
- Link to Main WBFG Act Objective.

## **6.12 Duty of Quality and Duty of Candour**

It should be noted that the duty of quality comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured in processes in place for 2023-24. In anticipation of the duty of quality being introduced 1 April 2023 EASC are committed to ensuring that we think about the quality of health services when making commissioning decisions and recognise the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 and will work towards implementing the requirements in order to: *'continually, reliably and sustainably meet the needs of the population we serve'*.

The Committee have received a Quality and Safety Report since July 2022 and in developing the information for members a Quality Dashboard will also be provided to avoid reporting performance without the consequential balance of the quality and experience of patients receiving services.

## **6.13 Socio Economic Duty**

EASC recognises that the Socio-economic Duty introduced by Welsh Government under the Equality Act 2010 requires relevant public bodies in Wales, which include LHB's, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions.

The duty came into force on 31 March 2021 and as a Joint Committee of the LHBs, this duty has been taken into account when planning and commissioning services. EASC will consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

## **6.14 Duty of Consultation**

EASC works on behalf of the seven HBs and within the guidance on changes to NHS services in Wales to effectively engage and consult on the services it commissions as required.

During 2022, following advice from the Community Health Councils across Wales, the EASC Team worked to develop comprehensive and bilingual engagement materials in order to work with the public in relation to the Service Development Proposal received from EMRTS Cymru and the Wales Air Ambulance Charity.



The EASC team have worked really closely with the all Wales Communication, Engagement and Service Change leads (utilise existing and established mechanisms) in health boards and commenced the 8 week formal consultation process on 15 March 2023.

## **7. CHIEF AMBULANCE SERVICES COMMISSIONER'S OVERALL REVIEW OF EFFECTIVENESS**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control.

My review of the system of internal control is informed by the work of the internal auditors, and the Chief Executives represented on the Joint Committee who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit reports.

As Accountable Officer, I have overall responsibility for risk management and when required, report to the Cwm Taf Morgannwg University Health Board Audit and Risk Committee/Quality and Safety Committee regarding the effectiveness of risk management within the EASC. My advice to the Joint Committee is informed by reports on internal controls received from all of its Committee and sub-group meetings and the Cwm Taf Morgannwg University Health Board Audit and Risk Committee.

The Joint Committee has considered a range of reports relating to its areas of business during the last year, which have included internal and external audit reports and opinion. Each sub-group develops an annual report of its business and the areas that it has covered during the last year and these are reported in public to the EASC.

The internal control framework and internal and external related audit support is maturing and will continue to be strengthened going forward. I wish to highlight the following matters that are considered significant and have presented challenges in 2021-2022:

### **7.1 Emergency Medical Services (EMS)**

Implementation of the Amber review, commissioned in April 2018 by Welsh Government has been progressed but challenges remain in relation to the:

- Red response targets
- Patients within the Amber category who were experiencing long waits for ambulance responses
- Handover delays at some emergency departments.

These issues highlighted above all relate to resource availability (ambulances and response vehicles). To address these important issues, the Minister for Health and Social Care had asked me to lead the work

identified by the Ministerial Ambulance Availability Taskforce and complete as a Commissioner Ambulance Availability Taskforce. Work is underway with individual health boards to identify robust 'handover improvement plans' to reduce the escalating handover delays. In addition, the recently approved system wide escalation framework should also support the system during unprecedented pressures.

## **7.2 Non-Emergency Patient Transport Service (NEPTS)**

The work of the NEPTS Delivery Assurance Group was to oversee the transfer of the commissioning arrangements for health boards to EASC which has now been completed. The service will now focus on improving the availability of plurality providers underpinned by a quality assurance approach and closer working with the patient and Health Boards to deliver effective, safe and patient-centred care.

## **7.3 Emergency Medical Retrieval and Transfer Service**

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru was established in April 2015. The business case for 24/7 operation was approved by the Committee and is included in the EASC IMTP and commissioning intentions. This will be used to support the work of the Major Trauma network.

## **8. LOOKING AHEAD**

As a result of its work during the year the Cwm Taf Morgannwg University Health Board Audit and Risk Committee/Quality and Safety Committee is satisfied that the EASC has appropriate and robust internal controls in place and that the systems of governance incorporated in the EASC Standing Orders are fully embedded within the Organisation.

Looking forward to 2023-2024, the Cwm Taf Morgannwg University Health Board Audit and Risk Committee and where appropriate it's Quality and Safety Committee will continue to consider and review the financial, management, governance and quality and risk issues that are an essential component to the success of the EASC.

Specifically, they will:

- Continue to examine the governance and internal controls of the EASC
- Complete the work to fulfil the requirements of the Standing Orders and Standing Financial Instructions by June 2023
- Review the risk register and the EASC Assurance Framework
- Oversee the implementation of the recommendations of the Demand and Capacity plan for emergency medical services (EMS) and the subsequent impact on patient care and experience
- Continue to refine and review the commissioning intentions for EMS, NEPTS and EMRTS

- Develop commissioning arrangements for a dedicated National Transfer and Discharge Service
- Deliver the Strategic Commissioning Intentions
- Support the monthly publication of the Ambulance Service Indicators
- Commission EMRTS and WAST to enhance the Adult Critical Care Transfer Service
- Deliver alternative pathways in line with the Ministerial request
- In light of the Covid 19 pandemic, continue to review the impact of the EASC IMTP to reflect the anticipated new normal
- Review the risk appetite with the Committee
- Respond fully to the requirements of the Welsh Language Commissioner following completion of the investigation.

## **9. SIGNIFICANT GOVERNANCE ISSUES**

The disclosures given throughout this statement and the recommendations referred to in section 7.1 of this statement should be noted but did not relate to significant governance issues.

## **10. CONCLUSION**

During 2022-2023 no significant internal control or governance issues were identified.

The need to recover from the pandemic will be with the organisation and wider society throughout 2023/24 and beyond. I will ensure our Governance Framework considers and responds to this need.

As the Chief Ambulance Services Commissioner, I will ensure that through all reasonable endeavours, robust management and accountability frameworks, significant internal control problems do not occur in the future. However, if such situations do arise, swift and robust action will be taken, to manage the event and to ensure that learning is spread throughout the organisation.

Signed: 

Date: 16 May 2023

**Stephen HARRY**

Chief Ambulance Services Commissioner, NHS Wales



# **The Emergency Ambulance Services Committee**

## **Annual Report 2022-2023**

**EMERGENCY AMBULANCE SERVICES COMMITTEE****ANNUAL REPORT  
2022-2023****1. FOREWORD**

As Chair of the EASC, I am pleased to commend this annual report, which has been prepared for the attention of the EAS Committee and reviews the work of this Committee for the financial year 2022 - 2023.

**2. INTRODUCTION AND SCOPE OF RESPONSIBILITY**

In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.08), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1 April 2014, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

In establishing the Emergency Ambulance Services Joint Committee (EASC) to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup> make provision for the constitution of the "Joint Committee" including its procedures and administrative arrangements. The Joint Committee is a statutory committee established under sections 11, 12(3), 13(2) (c) and (4) (c) and 203(9) and (10) of and paragraph 4 of Schedule 2 to the National Health Service (Wales) Act 2006(1). The LHBs are required to jointly exercise the Relevant Services.

In December 2015, the Welsh Ministers directed the Health Boards under the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)<sup>2</sup> to be responsible for commissioning Non-Emergency Patient Transport (NEPT) services via the Emergency Ambulance Services Committee from April 2016. The Cwm Taf Morgannwg University Health Board (CTMUHB) is the identified host organisation. It provides administrative functions for the running of EASC in line with the Directions and has established the Welsh Health Ambulance Services Team known as the Emergency Ambulance Services Committee Team (EASCT) and appointed the Chief Ambulance Services Commissioner as per Direction 8(4), 3 of the Emergency Ambulance Services Committee and related Regulations.

<sup>1</sup> The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup><http://www.wales.nhs.uk/sitesplus/documents/1134/Welsh%20Statutory%20Instrument%20for%20EASC%202014%20No%20566%20%28w67%29.pdf>

<sup>2</sup> the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)  
<http://www.wales.nhs.uk/sitesplus/documents/1134/2016%20No%208%20%28W8%29%20The%20EASC%20%28Wales%29%20%28Amendment%29%20Directions%202016.pdf>

The Emergency Medical Retrieval and Transfer Service went live on the 27 April 2015. The service was commissioned “to provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility.” The service represents a joint partnership between NHS Wales, The Wales Air Ambulance Charity Trust (WAACT) and Welsh Government. The service was initially commissioned by the Welsh Health Specialised Services Committee; however, this function transferred to the Emergency Ambulance Services Committee on the 1 April 2016.

### **3. PURPOSE**

The Joint Committee has been established for the purpose of jointly exercising those functions relating to the ‘planning and securing’ of (commissioning) emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS) on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS) for residents within their area.

The Joint Committee’s role is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS).
- Produce an Integrated Medium-Term Plan (IMTP), including a balanced medium-term financial plan for agreement by the Committee following the publication of the individual LHBs Integrated Medium Term Plans
- Agree the appropriate level of funding for the provision of emergency ambulance services, non-emergency patient transport services and emergency medical retrieval and transfer services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EAS Team) in accordance with any specific directions set by the Welsh Ministers
- Establish mechanisms for managing the commissioning risks

- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance services, non-emergency patient transport services and emergency medical retrieval and transfer services and take appropriate action.

In March 2014, the Joint Committee approved the revised Governance and Accountability Framework including the Standing Orders. The Standing Orders were reviewed and updated in March 2021 and further work is underway on updating the Memorandum of Understanding with the Welsh Governance and the Hosting Agreement with Cwm Taf Morgannwg (CTMUHB).

These Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each LHB's own Standing Orders and have effect as if incorporated within them. The Model Standing Orders were received and approved by the Committee on 13 July 2021; outstanding areas to complete all of the areas of the Standing Orders were identified and received on 7 September 2021 as well as the Memorandum of Agreement, the Hosting Agreement and the Memorandum of Understanding with the Welsh Government which were all approved.

Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee. The Standing Financial Instructions were received and approved on 15 March 2022 and included areas of the Standing Orders including the Delegation of Powers and Scheme of Delegation. All documents are available here: <https://easc.nhs.wales/the-committee/governance/>

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board UHB ("the Host LHB"), form the basis upon which the Joint Committee's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

A hosting agreement also exists between the Joint Committee and the host LHB (Cwm Taf Morgannwg) in relation to the provision of administrative and any other services to be provided to the Joint Committee.

#### **4. MEMBERSHIP**

The membership of the EASC in line with the Standing Orders comprises Chief Executives (or nominated deputies) from all health boards enabling the group to provide appropriate opportunities to make arrangements to fulfil the functions highlighted above.

The Chief Executives of NHS Trusts in Wales are Associate Members of the Committee. Chris Turner has been the Chair of the Committee for 2022-2023 and his term of appointment extended to 31 October 2023.

Steve Moore, Chief Executive of Hywel Dda University Health Board was the Vice Chair (since February 2019), which was a two-year appointment initially with an option to extend for a further two years (in line with the Standing Orders) until February 2023. Suzanne Rankin, Chief Executive of Cardiff and Vale University Health Board was appointed as the new Vice Chair at the meeting on 14 March 2023.

The Membership is attached as **Appendix 1**.

#### **5. ATTENDANCE AT MEETINGS**

The attendance of members and their nominated deputies has been good at Committee meetings with all meetings being quorate (at least 4 health boards present).

One EASC Member has not attended any meetings of the Committee and one Associate Member has not attended any meetings over the last three years.

The Members attendance is attached at **Appendix 2**.

#### **6. MAIN AREAS AND REPORTING LINES FOR EASC**

An agreed standard agenda format is used at meetings and the reporting mechanism to health boards includes forwarding the confirmed minutes to all health boards as well as a Chair's summary of the latest meeting. The Chair and Chief Ambulance Services Commissioner also attend all health board meetings on an annual basis to share the work of the Committee directly with board members.

The agenda and reports to all meetings can be found on the EASC Website: <https://easc.nhs.wales/the-committee/>

The standard agenda developed in Welsh and English includes:

- Welcome and introduction
- Apologies for absence
- Declaration of interests



- Receive the unconfirmed minutes of the previous Committee meeting
- Action log
- Matters arising
- Chair's Report
- Performance Report
- Quality and Safety Report (from July onwards)
- 'Focus on' session
- Chief Ambulance Services Commissioner Report
- Provider issues by exception
- EASC Commissioning Update
- Finance Report
- EASC Governance including risk register
- Forward Plan of business

A summary of specific items received by the Committee are as follows:

<b>10 May 2022</b> - by Microsoft Teams
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- Performance Report and Data
  - Ambulance Quality Indicators (January-March 2022)
- Ambulance Handover Delays
- Welsh Ambulance Services NHS Trust Update
- Chief Ambulance Services Commissioner's Report
- Chair's Summary EASC Management Group - 21 April 2022
- EASC Commissioning Update:
  - Commissioning Framework
  - EASC Integrated Medium Term Plan
  - Commissioning Intentions
  - EASC Action Plan
- '**Focus on**' Session – Non-Emergency Patient Transport Services
- Finance Report Month 12
- Sub-Groups – confirmed minutes for approval
  - EASC Management Group – 24 February 2022
  - NEPTS Delivery Assurance Group - 3 February 2022
  - EMRTS Delivery Assurance Group – 28 Sept 2021
- EASC Governance including the:
  - EASC Risk Register
  - EASC Annual Governance Statement 2021-2022
  - EASC Response to the Annual Audit Enquiries Letter 2021-2022
  - EASC Joint Committee Annual Report 2021-2022
  - EASC Audit Recommendations Tracker
  - EASC Management Group Annual Report 2021- 2022
  - Non-Emergency Patient Transport Services Delivery Assurance Group Annual Report 2021-2022
- Forward Look & Annual Business Plan

<b>12 July 2022</b> - by Microsoft Teams
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- **Focus on'** - Performance Report
  - Ambulance Service Quality Indicators (April & May 2022)
  - EASC Action Plan
  - Handover Delays
  - Immediate Release
  - Red Demand and Variation
  - Performance Reporting
- Quality and Safety Report
- Welsh Ambulance Services NHS Trust Update
  - Immediate Release Protocol
  - Regional Escalation Protocol
- Chief Ambulance Services Commissioner's Report
- Emergency Ambulance Services Commissioning Framework
  - EASC Commissioning Update:
  - Commissioning Cycle
  - Commissioning Framework
  - Integrated Medium Term Plan
  - Commissioning Intentions
- Finance Report Month 2
- Sub Groups – Minutes for approval
  - Chair's Summary EASC Management Group 16 June 2022
  - EASC Management Group – 21 April 2022
  - Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group - 3 May 2022
  - Emergency Medical Retrieval and Transfer Service Delivery Assurance Group (EMRTS Cymru)- 29 March 2022
- EASC Governance including:
  - EASC Risk Register
  - Changes to complete the Standing Orders
  - EMRTS DAG Annual Report 2021-2022
  - EASC Communications and Engagement Plan
  - EASC Assurance Framework
  - EASC Audit Recommendations Tracker
  - EASC Key organisational Contacts
- Forward Look & Annual Business Plan

<b>6 September 2022</b> -- by Microsoft Teams
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- Performance Report
- Quality and Safety Report
- 'Focus on – Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
- Welsh Ambulance Services NHS Trust – Provider Report
  - Red demand and variation

- Clinical response model and the categorisation of the Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table
- Chief Ambulance Services Commissioner's Report
- Emergency Ambulance Services Commissioning Framework
- EASC Commissioning Update
  - Commissioning Framework
  - Integrated Medium Term Plan
  - Commissioning Intentions
- Finance Report Month 4
- Sub Groups – confirmed minutes for approval
  - Chair's Summary EASC Management Group 18 August 2022
  - EASC Management Group 16 June 2022
  - Non-Emergency Patient Transport Services Delivery Assurance Group (NEPTS DAG) 6 June 2022
- EASC Governance
  - EASC Risk Register
  - EASC Assurance Framework
  - EASC Key Organisational Contacts
- Forward Look and Annual Business Plan

<b>27 October 2022</b> - by Microsoft Teams
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Briefing Session on the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Service Development Proposal

- Update on progress with the plan required related to the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) service development proposal
- Presentation used in the pre-engagement phase
- Presentation developed by the Wales Air Ambulance Charity / EMRTS Cymru (redacted)

<b>8 November 2022</b> - by Microsoft Teams Live (*first time)
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- Performance Report
  - Ambulance Service Indicators
  - EASC Action Plan
- Quality and Safety Report
- Service Development Proposal EMRTS Cymru
- Progress report on the plan in relation to the Service Development Proposal from EMRTS Cymru
- Welsh Ambulance Services NHS Trust - Provider Report
- Chief Ambulance Services Commissioner's Report
- EASC Commissioning Update
  - Commissioning Framework
  - Integrated Medium Term Plan Q2 update and progress update EASC IMTP 2023-2026
  - Commissioning Intentions Q2 Update
- Finance Report Month 7

- Sub Groups – confirmed minutes for approval
  - Chair’s Summary EASC Management Group 20 October 2022
  - EASC Management Group 18 August 2022
  - Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group 4 August 2022
  - EMRTS DAG 7 June 2022
- EASC Governance
  - EASC Risk Register
  - EASC Assurance Framework
  - Review of Standing Orders
  - EASC Key Organisational Contacts
- Forward Look and Annual Business Plan

<b>6 December 2022</b> - by Microsoft Teams Live
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- Performance Report
- Update on Progress related to the plan in relation to the Service Development Proposal from EMRTS Cymru
- Forward look and Annual Business Plan
- EMRTS Annual Report 2021-2022

<b>17 January 2023</b> - by Microsoft Teams Live
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- Performance Report
  - Ambulance Service Indicators
  - EASC Action Plan
- Local Integrated Commissioning Action Plans (ICAP) Update
- Quality and Safety Report
- EASC Integrated Medium Term Plan Update
- Welsh Ambulance Services NHS Trust – Provider Report
  - Provider Report
  - Immediate Release
  - Manchester Inquiry Recommendations
  - Meeting requirements of the Civil Contingencies Act
  - WAST Integrated Medium Term Plan
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Service Review by EASC
- Chief Ambulance Services Commissioner’s Report
- Emergency Ambulance Services Commissioning Framework
- EASC Commissioning Update
  - Commissioning Framework
  - Integrated Medium Term Plan
  - Commissioning Intentions
- Finance Report Month 8
- Sub Groups – confirmed minutes for approval
  - Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group 6 October 2022
- EASC Governance
  - EASC Risk Register

- EASC Key Organisational Contacts
- Forward Look and Annual Business Plan

**14 March 2023** - - by Microsoft Teams Live

- Performance Report
  - Ambulance Service Indicators
  - New Performance Reporting
  - EASC Action Plan
- Local Integrated Commissioning Action Plans (ICAP) Update
- Quality and Safety Report
- EASC Integrated Medium Term Plan 2023-2026
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Service Review by EASC
- Welsh Ambulance Services NHS Trust
  - Provider Report
  - WAST Integrated Medium Term Plan
- Chief Ambulance Services Commissioner's Report
- EASC Commissioning Update
  - Commissioning Framework
  - Integrated Medium Term Plan 2022-2025 Update
  - Commissioning Intentions
- Finance Report Month 11
  - Standing Financial Instructions and Authorisation matrix for approval
- Sub Groups – confirmed minutes for approval
  - EASC Management Group 20 October 2022
  - Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group 1 December 2022
- EASC Governance
  - EASC Risk Register
  - EASC Assurance Framework
  - Standing Orders
  - EASC Key Organisational Contacts
  - Audit and Risk Committee Assurance Report
- Forward Look and Annual Business Plan

## **7. ACTION LOG**

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log that captures all agreed actions. This is an essential element of assurance to the EAS Committee and the Health Boards across NHS Wales.

## **8. SUB-GROUPS**

The Emergency Ambulance Services Committee has three sub-groups:

1. EASC Management Group

2. Emergency Medical Retrieval and Transfer Service Delivery Assurance Group (EMRTS DAG)
3. Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG)

<b>EASC Management Group</b>	<b>Emergency Medical Retrieval and Transfer Service Delivery Assurance Group</b>	<b>Non-Emergency Patient Transport Service Delivery Assurance Group</b>
<p>The overall purpose of the Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services.</p> <p>Ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.</p>	<p><b>EMRTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the delivery, direction and performance of the EMRTS.</p>	<p><b>NEPTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the implementation of the NEPTS work programmes that deliver WHC 2007 (005) and the 2015 business case 'The Future of NEPTS in Wales'.</p>
<p>Members include:</p> <ul style="list-style-type: none"> <li>• Chaired by CASC representatives from Host Body</li> <li>• membership from health boards</li> <li>• Welsh Government representative</li> <li>• EASC Team</li> <li>• WAST Chief Executive</li> <li>• Representatives from WAST</li> <li>• Clinical representatives welcomed from health boards.</li> </ul>	<p>Members include:</p> <ul style="list-style-type: none"> <li>• Chaired by CASC representatives from Host Body</li> <li>• membership from health boards</li> <li>• Welsh Government representative</li> <li>• EASC Team</li> <li>• EMRTS National director and service manager</li> <li>• WAST</li> <li>• Contract and Performance lead.</li> </ul>	<p>Members include:</p> <ul style="list-style-type: none"> <li>• Chaired by a member of the EASC Team</li> <li>• EASC Team</li> <li>• NEPT Champion from every Health Board and Velindre NHS Trust</li> <li>• Director of Finance WHSSC representative from Welsh Renal Clinical Network and</li> <li>• Welsh Government.</li> </ul>

All Sub-Groups will develop an annual report for submission to the Committee for approval which in line with this report summarises the required functions and captures the work undertaken in 2022-2023.

## **9. OTHER GOVERNANCE**

### **Chief Ambulance Services Commissioner Quality and Delivery Meetings with the Welsh Ambulance Services NHS Trust**

Members will recall that that the Chief Ambulance Services Commissioner was asked by Welsh Government officials in December 2019 to hold the Quality and Delivery meetings with the Welsh Ambulance Services NHS Trust on their behalf. This change was made in line with the recommendations featured in the McClelland 'Strategic Review of Emergency Ambulance Services', and the Welsh Government were aiming to re-emphasise the need for simple governance and accountability for planning and delivery of emergency ambulance services. These meetings have continued during 2022-2023.

### **Welsh Government Integrated Quality, Planning and Delivery (IQPD) Meetings**

Members will be aware that the CASC and the EASC Team have bi-monthly IQPD meetings with Welsh Government officials. Any issues arising from the WAST Quality and Delivery meeting are discussed with officials and EASC performance is reviewed. Updates from these meetings are included in the CASC report to the EAS Joint Committee. These meetings have continued during 2022-2023.

## **10. REVIEW OF THE GROUP'S EFFECTIVENESS**

The EAS Joint Committee aims to meet at least six times during the year with additional meetings being held as required.

During 2022-2023, the Committee met 7 times and one special briefing meeting was held on 27 October in relation to the Service Development Proposal from the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) in partnership with the Wales Air Ambulance Charity.



The role of the secretariat to the Committee is crucial to the ongoing development and maintenance of a strong governance framework for the EAS Committee.

The purpose of an effectiveness survey is to comply with the EASC Standing Orders and evaluate the performance and effectiveness of:

- the Committee
- the quality of the reports presented to the Committee

- the committee secretariat.

Members of the Group need to consider the above by completion of an online self-assessment questionnaire (**Appendix 3**) based the year 2022-2023.

	
<b>Chris Turner</b> <b>Chair of the Emergency Ambulance Services Joint Committee</b>	<b>Stephen Harrhy</b> <b>Chief Ambulance Services Commissioner</b>

**Date: 16 May 2023**



## Appendix 1

## Emergency Ambulance Services Committee Members and Nominated Deputies to March 2023

Organisation	Name	Role	Attendance at meetings 2022-2023	Nominated deputy present
University Health Board (UHB)				
<b>Members</b>				
Emergency Ambulance Services Committee	Chris Turner	Chair (since Nov 2018)	7/7	N/A
Emergency Ambulance Services Committee	Stephen Harrhy	Chief Ambulance Services Commissioner	7/7	N/A
Chief Executive, Aneurin Bevan UHB	Glyn Jones	Interim Chief Executive (From 9 November 2021 to August 2022)	1/2	1/1
	Nicola Prygodzicz	Chief Executive (from September 2022)	3/5	2/2
Chief Executive, Betsi Cadwaladr UHB	Jo Whitehead	Chief Executive (until December 2022)	1/5	1/5
	Gill Harris	Interim Chief Executive (from 17 January 2023)	1/2	0/2
Chief Executive, Cardiff & Vale UHB	Suzanne Rankin	Chief Executive (from 1 February 2022)	6/7	1/1
Chief Executive, Cwm Taf Morgannwg UHB	Paul Mears	Chief Executive	4/7	1/3
Chief Executive, Hywel Dda UHB	Steve Moore	Chief Executive	4/7	1/3
Chief Executive, Powys Teaching HB	Carol Shillabeer	Chief Executive	7/7	0/0
Chief Executive, Swansea Bay UHB	Mark Hackett	Chief Executive	0/7	6/7

<b>Organisation</b>	<b>Name</b>	<b>Role</b>	<b>Attendance at meetings 2022-2023</b>	<b>Nominated deputy present</b>
University Health Board (UHB)				
<b>Associate Members</b>				
Chief Executive, Welsh Ambulance Services NHS Trust	Jason Killens	Chief Executive	7/7	
Chief Executive, Public Health Wales NHS Trust	Tracey Cooper	Chief Executive	0/7	0/7
Chief Executive, Velindre University NHS Trust	Steve Ham	Chief Executive	1/7	1/6

## Annual Attendance Register - Joint Committee Meeting

University Health Board (UHB)	10 May	12 Jul	6 Sep	8 Nov	6 Dec	17 Jan	14 Mar
<b>Committee Members</b>							
Chair	√	√	√	√	√	√	√
Chief Ambulance Services Commissioner (CASC)	√	√	√	√	√	√	√
Aneurin Bevan UHB	√	√*	√*	√	√	√*	√
Betsi Cadwaladr UHB	X	√*	√	√	X	√	√**
Cardiff & Vale UHB	√	√	√**	√	√	√	√
Cwm Taf Morgannwg UHB	√**	√*	√	√	√**	√	√
Hywel Dda UHB	√	√	√**	√*	√	√	√**
Powys Teaching HB	√	√	√	√	√	√	√
Swansea Bay UHB	√*	√*	√*	√*	√*	√*	√**
<b>Associate Committee Members</b>							
Welsh Ambulance Services NHS Trust	√	√	√	√	√	√	√
Public Health Wales NHS Trust	X	X	X	X	X	X	X
Velindre University NHS Trust	√	X	X	X	X	√*	X

X \* denotes CEO not present but the nominated deputy (Executive Director) present

X \*\* denotes CEO not present but sent a representative (not nominated deputy)



## EFFECTIVENESS SURVEY

### EAS JOINT COMMITTEE

The primary purpose of this annual self-assessment survey is to consider the effectiveness of the Committee. The survey is based on a committee effectiveness survey template used for all Board Sub-Committees and members are requested to answer all questions.

<b>Part A (The Committee)</b>				
<b>Composition and Establishment</b>				
	<b>Yes (√)</b>	<b>No (√)</b>	<b>Don't Know (√)</b>	<b>Comments</b>
1. Does the Committee have written terms of reference that adequately and accurately define its role, purpose and accountabilities?		√		Standing Orders EASC Regulations EASC Directions
2. Have the terms of reference been adopted by the Committee?		√		Not applicable
3. Are the terms of reference (Standing Orders) reviewed annually to ensure they remain fit for purpose?	√			Reviewed annually
4. Does the Committee have an annual work plan in place? If yes, is it reviewed regularly?	√			Forward plan & Annual Business Plan At each meeting
5. Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively and objectively?	√			EASC Members are the CEOs of each health board, the independent Chair and the Chief Ambulance Services Commissioner
6. Does the Committee monitor its attendance?	√			Within the Annual Report
7. Is the Committee membership appropriate, in terms of available skills, expertise? If no, please elaborate within comments section.	√			Standing Orders allow Members to designate board or LHB officers to be in attendance at meetings and may request attendance subject to the agreement of the CEO
<b>Effective Functioning – Committee</b>				
8. Is there effective challenge, scrutiny and learning lessons from all Members?				Using Teams Live for meetings does allow the public to attend meetings. However, as the arrangements are more formal to raise issues this may need to be reviewed
9. Do the Health Boards review the progress and outputs of the Committee?				
10. Does the Committee report regularly to health boards and through action notes and make clear recommendations when necessary?	√			All confirmed minutes are endorsed for approval at EASC and shared with Governance leads. A summary of the latest

## Appendix 3

	Yes (√)	No (√)	Don't Know (√)	Comments
				meeting is also developed as soon as possible after the meeting and shared widely across the system
11. Does the Committee periodically assess its own effectiveness?				Annual Report
12. Can members give appropriate feedback on the effectiveness of the Chair and the Secretariat?				
13. Has the Committee determined the appropriate level of detail it wishes to receive from reports?				
14. Does the Committee receive the appropriate level of timely and accurate information to allow it to fulfil its role?				
15. Does the Committee have sufficient time to cover its business?				
16. Does the Committee effectively monitor – or ensure monitoring of - agreed actions?	√			Action log discussed at each meeting and forward look to plan ahead
17. Are members particularly those new to the Committee, provided with training?		√		
18. Has the Committee formally considered how it integrates with other Committees and meetings?		√		
19. Where they exist, does the Committee receive timely and appropriate feedback from its sub-Committees ?	√			Summary reports and minutes shared at each meeting; Chairs or Sub Groups also present
20. Does the Committee provide clear direction to its sub-Committees?	√			
21. Does the Committee produce an Annual Report of its work?	√			
22. If yes (to Q 22) - Do all members contribute to and review the Committees Annual Report?	√			
<b>Compliance with the law and regulations governing the NHS</b>				
23. Does the Committee have a mechanism to keep it aware of topical issues?	√			Focus on sessions and all members can add agenda items inline with Standing Orders
24. Does the Committee have a mechanism to keep it aware of any related legal / regulatory guidance?	√			Board Secretary Peer Group / other EASC Team Committees; Members
<b>Assurance</b>				
25. Does the Committee receive timely exception reports about the work of external regulatory and inspection bodies?	√			WAST do report HSE and HIW reports; not specific issue for Committee; includes Audit Reports
26. Does the Committee receive timely information on performance concerns?				First item on every agenda in line with commitment to the Minister for Health and Social Services in July 2021
27. Are all reports clear, concise, and readily understood?	√			
28. Is the Committee able to refer matters outside its own jurisdiction and if yes, is any feedback reviewed on such matters?	√			Standing Orders
29. If considered appropriate, does the Committee know the process to be followed should it need to escalate matters?	√			Standing Orders – Decision making committee; two thirds rule

	Yes (√)	No (√)	Don't Know (√)	Comments
30. In relation to the Risk Register, does the Committee appropriately review the risks assigned to it?	√			Received at every meeting
<b>Other Issues</b>				
31. Does the Committee meet the appropriate number of times to deal with planned matters, development and liaison?	√			At least 6 times a year
32. Are arrangements in place to call ad hoc meetings when necessary?	√			In Terms of Reference
33. Are Committee members notified of urgent matters when appropriate?	√			Use Focus on sessions
34. Does the Committee make the EASC Team aware of issues of staff capacity and skills that impact on the running of the Committee?				
<b>Administrative arrangements</b>				
35. Are the Committee's costs appropriate to the perceived risks and benefits?		√		Not costed, as per Standing Orders legal requirement to hold meetings
36. Are papers circulated in good time and are minutes and agreed actions, received as soon as possible after meetings?		√		Generally the papers circulated one week before the meeting but not always. This is an area for improvement
<b>Questions for Consideration &amp; Discussion</b>				
37. Does the Committee ensure that its work is fully conveyed to wider organisations?				An area for further discussion
38. Is the work of the Committee's duplicated elsewhere? if yes, please elaborate.		√		
39. Do you consider the Committee to be effective in discharging its duties?				
40. Do you have any suggestions on how the work of the Committee could be improved or strengthened?				
<b>PART B - Effective Functioning - individual members</b>				
	Yes (√)	No (√)	Don't Know (√)	Comments
41. What is your role on the Committee? a. Member b. Designated deputy for the health board c. WAST CEO d. Representative from WAST e. Representative of other NHS Trust f. EASC Team • Other				
42. Do I have sufficient understanding and knowledge of the issues covered within the legal directors of the Committee?				
43. Do I appropriately challenge the Chair and other members of the Committee particularly on critical and sensitive matters?				

**EASC Team Workplan 2024/25 – For activities outside of ‘business as usual’ Commissioning Function for existing services**

<b>Item</b>	<b>Activity</b>	<b>Reporting To</b>	<b>Expected Completion Date</b>
1	NEPTS Future Vision – Developing a long term vision for NEPTS	JCC	Quarter 1
2	JCC Commissioned Services Respiratory Response Plan inc virtual ward, over-triage etc	JCC	Quarter 2
3	HM Coroners Activity Review	JCC	Q1/2
4	Transfer and Repatriation Future Model	JCC	Q4
5	Clinical Support Desk Skill Mix Review and Opportunities	JCC	Aligned to CSD review recommendations delivery.
6	Ambulance Demand Deprivation Review	JCC/HB's	2 years of ongoing work, Quarterly updates
7	Transition of 111 Commissioning	JCC	Formal transfer of responsibilities on 1 <sup>st</sup> April 2024, completion of baseline commissioning review and transition by end of Quarter 1
8	Review the joint investigation process	JCC/HB/WG	Q2/3
9	Immediate Release Request – follow up review post changes	JCC/HB	Q3
10	Data outcomes and data linking	JCC	Q2/3

## Schedule 4.2

**MODEL STANDING ORDERS FOR THE EMERGENCY  
AMBULANCE SERVICES COMMITTEE**

**This Schedule forms part of, and shall have effect as if incorporated in the  
Local Health Board Standing Orders**

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EASC Standing Orders

Status: July 2023 (v3 0.2)  
Approved EASC 19 Sept 2023

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## Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing SOs Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee's (the EASC or the Joint Committee) proceedings and business.

These EASC Standing Orders (EASC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated [7 September 2021] made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated [7 September 2021] between the Joint Committee and Cwm Taf Morgannwg University Health Board (CTMUHB) (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Emergency Ambulance Services Committee Team (EASCT) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee.

Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

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## Section: A – Introduction

### Statutory framework

- i) The Emergency Ambulance Services Committee (the Joint Committee) is a joint committee of each Local Health Board (LHB) in Wales, established under the **Emergency Ambulance Services Committee (Wales) Regulations 2014** (the EASC Regulations). The functions and services of the Joint Committee are listed in the **Emergency Ambulance Services Committee (Wales) Directions 2014**, (EASC Directions) and are subject to variations to those functions agreed from time to time by the Joint Committee. The Directions were amended by the **Emergency Ambulance Services Committee (Wales) Amendment Directions 2016**. The Joint Committee is hosted by the Cwm Taf Morgannwg University Health Board (CTMUHB) on behalf of each of the seven LHBs.
- ii) The principal place of business of the EASC is the National Collaborative Commissioning Unit, Unit 1, Charnwood Court, Heol Billingsley, Nantgarw. CF15 7QZ.
- iii) All business shall be conducted in the name of the Emergency Ambulance Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However, in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The EASC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance and non-emergency patient transport services and for the purpose of jointly exercising those functions will establish the joint committee.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the EASC Regulations, which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
- Ensuring NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality);
  - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); and,
  - The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. EASC shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/duty-candour-statutory-guidance-2023>

- xi) The Cwm Taf Morgannwg University Health Board (CTMUHB), as the host LHB shall issue an indemnity to the Chair, on behalf of the LHBs.

**NHS framework**

- xii) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiv) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) The Welsh Ministers, reflecting their constitutional and legal obligations under the **Well-being of Future Generations (Wales) Act 2015 (2015 No.02)**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xvi) The **Well-being and Future Generations (Wales) Act** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Minister's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.
- xviii) Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

## Joint Committee Framework

- xix) The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These EASC Standing Orders (SOs) and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation
  - The EASC SFIs - these are based on the Welsh Health Specialised Services Committee SFIs and were presented to the Joint Committee in March 2023
  - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
  - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xx) **Annex 2** to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with these EASC SOs.
- xxi) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the EASC Team and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these EASC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in **Annex 2** of these SOs.

## Applying EASC Standing Orders

- xxii) The EASC SOs (together with the EASC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any Joint Committee Sub Groups established by the Joint Committee, including any Advisory Groups. The EASC SOs may be amended or adapted for the Joint Committee Sub Groups or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on Joint Committee Sub Groups and Advisory Groups may be found in Annexes 3 and 4 of these EASC SOs, respectively.
- xxiii) Full details of any non-compliance with these EASC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit and Risk Committee at Cwm Taf Morgannwg University Health Board CTMUHB to formally consider the matter and make proposals to the Joint Committee on any action to be taken.



All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with EASC SOs is a disciplinary matter.**

### **Variation and amendment of EASC Standing Orders**

- xxiv) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
- Each of the seven LHBs are in favour of the amendment; or
  - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

### **Interpretation**

- xxv) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the EASC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxvi) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these EASC SOs when interpreting any term or provision covered by legislation.

### **Relationship with LHB Standing Orders**

- xxvii) The EASC SOs form a schedule to each LHB's own SOs and shall have effect as if incorporated within them.

### **The role of the Committee Secretary**

- xxviii) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:
- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
  - Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, Joint Committee Sub Groups and Advisory Groups;

- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
  - Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
  - Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
  - Monitoring the Joint Committee's compliance with the law, EASC SOs and the framework set by the LHBs and Welsh Ministers.
- xxix) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committees operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

## Section: B – EASC Standing Orders

### 1. THE JOINT COMMITTEE

#### 1.1 Purpose and Delegated functions

- 1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the commissioning of emergency ambulance and non-emergency patient transport services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.
- 1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance and non-emergency patient transport services for residents within their area.
- 1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.
- 1.1.4 The Joint Committee's role is to:
- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
  - Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
  - Produce an Integrated Medium-Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
  - Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers;
  - Establish mechanisms for managing the commissioning risks;
  - Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

- 1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.
- 1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the EASC Team undertaken at the direction of the Joint Committee.
- 1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

## 1.2 Membership of the Joint Committee

- 1.2.1 The membership of the Joint Committee shall be 9 voting members and three associate members, comprising the *Chair* (appointed by the Welsh Ministers) and the *Vice-Chair* (appointed by the Joint Committee from existing chief officer (executive) or nominated representatives of the seven LHBs), together with the following:

### Chief Officers or nominated representative

- 1.2.2 A total of 7, drawn from each Local Health Board in Wales. (Where a Chief Officer intends to nominate a representative the nomination must be an Officer Member (Executive Director) of the LHB, must be in writing addressed to the Chair of the Joint Committee and must specify if the nomination is for a specific length of time.

### Officer Member

- 1.2.3 An officer member employed by Cwm Taf Morgannwg University Health Board (CTMUHB) (the host LHB) to undertake the functions of the Chief Ambulance Services Commissioner. In addition,
- 1.2.4 Where a post of Chief Ambulance Services Commissioner is shared between more than one person because of their being appointed jointly to a post:
- i. Either or both persons may attend and take part in Joint Committee meetings;
  - ii. If both are present at a meeting they shall cast one vote if they agree;
  - iii. In the case of disagreement no vote shall be cast; and
  - iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

- 1.2.5 The following three Associate Members who will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:
- Chief Executive of Velindre NHS Trust;
  - Chief Executive of the Welsh Ambulance Services NHS Trust;
  - Chief Executive of Public Health Wales NHS Trust.

In attendance

- 1.2.6 The Joint Committee Chair may invite other members of the EASC Team or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

**1.3 Member Responsibilities and Accountability**

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.3 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
  - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with EASC SOs; and
  - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.4 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.5 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

- 1.3.6 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed.
- 1.3.7 The Vice-Chair is accountable to the Chair for their performance as Vice-Chair.

Officer Members

- 1.3.8 Officer members are accountable to the Chair for their performance.

**1.4 Appointment and tenure of Joint Committee members**

- 1.4.1 The **Chair**, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The **Vice-Chair** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.3 Reference to the tenure of office of the Vice-Chair are to this appointment and not to their tenure of office as a member of the Joint Committee.
- 1.4.4 The appointment process for the Vice-Chair shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:
- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
  - That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
  - Potential conflicts of interest are kept to a minimum.
- 1.4.5 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office.

## 2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS

- 2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.
- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of emergency ambulance or non-emergency patient transport services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the EASC Team acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chief Officer.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

## 3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these EASC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
- i. Schedule of matters reserved to the Joint Committee;
  - ii. Scheme of delegation to Joint Committee Sub Groups and others;
- and

**Scheme of delegation to Officers** all of which must be formally adopted by the Joint Committee.

3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

### **3.1 Chair's action on urgent matters**

3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Chief Ambulance Services Commissioner, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Joint Committee Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.

3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Chief Ambulance Services Commissioner has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair and/or Assistant Chief Ambulance Services Commissioner will take a decision on the urgent matter, as appropriate.

### **3.2 Delegation to Joint Committee Sub-Committees and Others**

3.2.1 The Joint Committee shall agree the delegation of any of their functions to Joint Committee sub-Committees or sub-Groups or others, setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.

3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by Joint Committee sub-Committees or sub-Groups which it has formally constituted or to others.

### **3.3 Delegation to Officers**

3.3.1 The Joint Committee will delegate certain functions to the Chief Ambulance Services Commissioner (CASC). For these aspects, the CASC, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The CASC will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Chief Ambulance Services Commissioner may periodically propose amendments to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.



3.3.3 Individual Chief Officers are in turn responsible for delegation within their own teams in accordance with the framework established by the Chief Ambulance Services Commissioner and agreed by the Joint Committee.

#### 4. JOINT COMMITTEE SUB-COMMITTEES AND SUB-GROUPS

4.0.1 In accordance with EASC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint sub-Committees and sub-Groups of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.

4.0.3 The Joint Committee shall establish a Joint Committee sub-Committee and sub-Groups structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum it shall establish joint –sub-Committee which cover the following aspects of Joint Committee business:

- Quality and Safety
- Audit

4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own Joint Committee sub-Committee or sub-Groups or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).

4.0.5 Full details of the Joint Committee sub-Committee or sub-Groups structure established by the Joint Committee, including detailed terms of reference for each of these Joint Committee sub-Committees or sub-Groups are set out in **Annex 3** of these EASC SOs.

4.0.6 Each Joint Committee sub-Committee or sub-Group established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;

- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the EASC SOs are not applicable to the operation of the Joint Committee Sub-Groups, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such Joint Committee sub-Committee or sub-Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the Joint Committee sub-Committees' or sub-Groups' defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set out in EASC SOs 4.0.9) or others.

4.0.9 Members of the EASC Team should not normally be appointed as Joint sub-Committee Chair, nor should they be appointed to serve as members of any sub-Committee set up to review the exercise of functions delegated to officers. Designated EASC Team officers shall, however, be in attendance at Joint sub-Committees/groups as appropriate.

#### **4.1 Other Groups**

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

#### **4.2 Reporting activity to the Joint Committee**

4.2.1 The Joint Committee must ensure that the Chairs of all Joint Committee sub-Committees and sub-Groups and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint Committee sub-Committee and sub-Group Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each Joint Committee sub-Committee and sub-Group shall also submit an annual report to the Joint Committee through the Chair within - six weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

## 5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in **Annex 4** of the EASC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the EASC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

### 5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Sub Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Sub Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Sub Group shall also submit an annual report to the Joint Committee through the Chair within six weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

## 6. MEETINGS

### 6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held via electronic means;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

### 6.2 Working with Llais

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs and Trusts in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs and Trusts to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

6.2.3 The Statutory Guidance on Representations made by the Citizen Voice Body can be found at <https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

- 6.2.4 The 2020 Act also places a statutory duty on LHBs and NHS Trusts to promote awareness of Llais and make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. Promoting and facilitating engagement between individuals and Llais through access to relevant premises can help strengthen the public's voice and participation in shaping the design and delivery of services. LHBs and Trusts must have regard to the Code of Practice on Access to Premises and Engagement with Individuals (so far as the code is relevant).
- 6.2.5 The Code of Practice on Access to Premises and Engagement with Individuals can be found at
- <https://www.gov.wales/code-practice-llais-accessing-premises-and-engaging-people>
- 6.2.6 The LHBs, Welsh Ambulance Services NHS Trust and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change and commissioning services.
- 6.2.7 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.

### **6.3 Annual Plan of Committee Business**

- 6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.
- 6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.
- 6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of Joint Committee sub-Committees or sub-Groups, Expert Panel and Advisory Groups.
- 6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisations website.

## 6.4 Calling Meetings

- 6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.
- 6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

## 6.5 Preparing for Meetings

### Setting the agenda

- 6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Chief Ambulance Services Commissioner, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from Joint Committee Sub Group and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.
- 6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of Joint Committee business.

### Notifying and equipping Joint Committee members

- 6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.
- 6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.5.7 Except for meetings called in accordance with EASC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
  - Through other methods of communication as set out in the Joint Committee's communication strategy.
- 6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

**6.6 Conducting Joint Committee Meetings**

Admission of the public, the press and other observers

- 6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting an EASC Team member or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

*‘That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].’*

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee’s business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its Joint Committee Sub-Groups, Expert Panel or Advisory Groups

6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its Joint Committee sub-Committees or sub-Groups, expert panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business.



Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Chief Executives present will agree who will preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least four voting members, whom are LHB Chief Executives, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a representative/deputy to attend on their behalf. The nominated representative/deputy should be an Officer Member (Executive Director) of the same organisation. Nominated representatives/deputies will formally contribute to the quorum and will have delegated voting rights.
- 6.6.12 If the Chief Ambulance Services Commissioner or another Associate Member is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g. a person deputising for the Chief Ambulance Services Commissioner will usually be the Assistant Chief Ambulance Services Commissioner, they will not have any voting rights.
- 6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their nominated deputy/representative disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

- 6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member or their deputy/representative and seconded by another Joint Committee member or their deputy/representative (including the Joint Committee Chair).
- 6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee’s business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.
- 6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.
- 6.6.17 **Amendments** – Any Joint Committee member or their deputy/representative may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.
- 6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.
- 6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member or their deputy/representative may propose that:
- The motion be amended;
  - The meeting should be adjourned;
  - The discussion should be adjourned and the meeting proceed to the next item of business;
  - A Joint Committee member may not be heard further;

- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a Joint Committee sub-Committee or sub-Group /EASC Director to which a matter has been referred.

#### Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy/representative of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of the Chief Ambulance Commissioner vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

## **6.7 Record of Proceedings**

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Freedom of Information Act, the Joint Committee's Communication Strategy and the Cwm Taf Morgannwg University Health Board (CTMUHB) Welsh language requirements.

## **6.8 Confidentiality**

6.8.1 All Joint Committee members (including Associate members), together with members of any Joint Committee sub-Committee or sub-Group, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant Joint Committee sub-Committee or sub-Group or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

## **7. VALUES AND STANDARDS OF BEHAVIOUR**

7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, EASC Team officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the EASC SOs.

The Values and Standards of Behaviour document is the same as the host body Cwm Taf Morgannwg University Health Board (CTMUHB).

## 7.1 Declaring and recording Joint Committee members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.
- 7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.
- 7.1.3 **Register of interests** – The Chief Ambulance Services Commissioner, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.
- 7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This will include publication on the EASC website.

7.1.6 **Publication of declared interests in Annual Report** – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

## 7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting. This may be appropriate, for example where experience of using a digital system (not procurement);
- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

- 7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.
- 7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.
- 7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
- 7.2.7 **Members with pecuniary (financial) interests** – Where a Joint Committee member, or any person they are connected with<sup>1</sup> has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.
- 7.2.8 The **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009** define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The EASC SOs must be interpreted in accordance with these definitions.
- 7.2.9 **Members with Professional Interests** – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

### 7.3 Dealing with officers’ interests

- 7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Chief Ambulance Services Commissioner, establishes and maintains a system for the declaration, recording and handling of EASC Team officers’ interests in accordance with the Values and Standards of Behaviour Framework. This will be done in conjunction with the declarations of interest recorded by the Welsh Health Specialised Services Committee which is also hosted by Cwm Taf Morgannwg University Health Board.

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<sup>1</sup> In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

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## 7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee's (CTMUHBs) Audit and Risk Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

## 7.5 Dealing with offers of gifts<sup>2</sup>, hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework - CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria) adopted by the Joint Committee prohibits Joint Committee members and EASC Team officers receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or EASC Team officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or EASC Team officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly

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<sup>2</sup>The term gift refers also to any reward or benefit.



from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

## 7.6 Sponsorship

7.6.1 In addition, gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

7.6.2 All sponsorship must be approved prior to acceptance in accordance with the CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria) and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

## 7.7 Register of Gifts, Hospitality and Sponsorship

7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts and Hospitality to record offers of gifts, hospitality and sponsorship made to Joint Committee members. The EASC Team officers will adopt a similar mechanism in relation to Cwm Taf Morgannwg University Health Board staff working within their areas.

7.7.2 Every Joint Committee member and EASC Team officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Chief Ambulance Services Commissioner, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

7.7.3 When determining what should be included in the register with regards to gifts and hospitality, individuals must apply the following principles, subject to the considerations in EASC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'<sup>3</sup> hospitality need not be included in the Register.

7.7.4 Joint Committee members and EASC Team Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit and Risk Committee (or equivalent) at least annually. The Audit and Risk Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

## 8. **GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS**

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

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<sup>3</sup> Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

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## **8.1 The role of Internal Audit in providing independent internal assurance**

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

## **8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups**

8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Joint Committee Sub Group, expert panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

8.2.2 Each Joint Committee Sub Group and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

## **8.3 External Assurance**

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.

8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

## **9. DEMONSTRATING ACCOUNTABILITY**

9.0.1 Taking account of the arrangements set out within these EASC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the Emergency Ambulance Services Committee Team (EASC T), individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

### **9.1 Support to the Joint Committee**

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;

- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

## **10. REVIEW OF STANDING ORDERS**

10.0.1 The EASC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in EASC SOs, including the appropriate impact assessment.

# Annex 1

**MODEL SCHEME OF RESERVATION AND DELEGATION  
OF POWERS FOR THE EMERGENCY AMBULANCE  
SERVICES COMMITTEE**

**This Annex forms part of, and shall have effect as if incorporated in the  
Emergency Ambulance Services Committee Standing Orders**

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EASC Standing Orders

Status: July 2023 (v3 0.2)  
Approved EASC 19 Sept 2023

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## MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Annex forms part of, and shall have effect as if incorporated in the  
Emergency Ambulance Services Committee Standing Orders**

### Introduction

As set out in EASC Standing Order 3, the Emergency Ambulance Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i) A sub-Committee of the Joint Committee e.g., Audit Committee;
- ii) A Group, Expert Panel or Advisory Group, e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii) Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to Joint Committee sub-Committee or sub Group and others; and
- Scheme of delegation to officers.

all of which form part of the EASC's SOs.

**DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES**

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- **Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in EASC SOs or EASC SFIs**
- **The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management**
- **Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility**
- **The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development**
- **The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out**
- **The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes**
- **The Joint Committee may delegate authority to act, but retains overall responsibility and accountability**
- **When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.**



**HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT**
**The Joint Committee**

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

**The Chief Ambulance Services Commissioner**

The Chief Ambulance Services Commissioner will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Ambulance Services Commissioner will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in EASC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Chief Ambulance Services Commissioner may re-assume any of the powers they have delegated to others at any time.

**The Committee Secretary**

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

## The Audit and Risk Committee

The Audit and Risk Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

### Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify Chair of the Audit and Risk Committee at CTMUHB of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Chief Ambulance Services Commissioner or reallocate powers, e.g., to a Committee or another officer.

## The Quality and Safety Committee

The Quality and Safety Committee at CTMUHB will provide assurance to the Joint Committee of the effectiveness of its arrangements for managing quality and safety.

### Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify Chair of the Quality and Safety Committee at CTMUHB of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Chief Ambulance Services Commissioner or reallocate powers, e.g., to a Committee or another officer.

**SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS**

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE<sup>4</sup>

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with EASC SOs
2	FULL	GENERAL	The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are: <ul style="list-style-type: none"> <li>• Collaborative Commissioning Framework Agreement(s)</li> <li>• EAS Integrated Medium Term Plan</li> </ul>
3	FULL	GENERAL	Approve the Joint Committee's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	Vary, amend and recommend for approval to the Boards of the Local Health Boards: <ul style="list-style-type: none"> <li>▪ EASC SOs ;</li> <li>▪ EASC SFIs;</li> <li>▪ Schedule of matters reserved to the Joint Committee;</li> <li>▪ Scheme of delegation to sub-Committees and others; and</li> <li>▪ Scheme of delegation to officers.</li> </ul> In accordance with any directions set by the Welsh Ministers.

<sup>4</sup> Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Ambulance Services Commissioner in accordance with EASC Standing Order requirements
6	NO – Nominated Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Committee Secretary on any non-compliance with EASC Standing Orders, making proposals to the Joint Committee on any action to be taken.
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with EASC Standing Orders, and where required ratify in public session any instances of failure to comply with EASC SOs
8	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework – CTMUHB Standards of Behaviour policy adopted
9	NO – Chair on behalf of Joint Committee/Vice-Chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary
10	FULL	STRATEGY & PLANNING	Determine the long term strategic plan, for the development of emergency ambulance services and non-patient transport services in Wales, in conjunction with the Welsh Ministers.
11	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> <li>▪ Commissioning Plan and Population Health Needs Assessment</li> <li>▪ The development and delivery of emergency ambulance and non-emergency patient Transport services for the population of Wales</li> <li>▪ Improving quality and patient safety outcomes</li> </ul>

## EASC Standing Orders

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
			<ul style="list-style-type: none"> <li>▪ Workforce and Organisational Development</li> </ul> Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
12	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
13	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
14	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework and strategy for performance management.
15	FULL	STRATEGY & PLANNING	Approve the Joint Committee's framework and strategy for risk and assurance.
16	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute for Health and Care Excellence (NICE)
17	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
18	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of officer member of the Joint Committee employed by the host Local Health board (Chief Ambulance Commissioner) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions.

## EASC Standing Orders

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary.
20	FULL	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-groups, including any joint sub-groups directly accountable to the Joint Committee
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Joint Committee sub-groups, or Group set up by the Joint Committee
23	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all Joint Committee sub-groups, and groups established by the Joint Committee
25	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Ambulance Services Commissioner and officers

## EASC Standing Orders

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
26	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
27	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Ambulance Services Commissioner set out in the EASC SFIs
28	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee's audit and assurance arrangements
29	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's EASC Team on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
30	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee sub-groups, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans
31	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-groups (as appropriate)
32	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
33	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans
34	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the arrangements for approving required action, including improvement plans

## EASC Standing Orders



THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
35	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required.
36	FULL	REPORTING	Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR AND VICE-CHAIR			
34	CHAIR		In accordance with statutory and Welsh Government requirements
35	VICE-CHAIR		In accordance with statutory and Welsh Government requirements

## DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS<sup>5</sup>

EASC Standing Order 3 provides that the Joint Committee may delegate powers to sub-groups and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Groups; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit and Risk Committee (Cwm Taf Morgannwg University Health Board)
- Quality and Safety Committee (Cwm Taf Morgannwg University Health Board)
- EASC Management Group
- Non-Emergency Patient Transport Services (NEPTS)
- Emergency Medical Retrieval and Transfer Services (EMRTS Cymru)

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Group terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to Joint Committee Sub Groups.

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<sup>5</sup> As defined in Standing Orders

## SCHEME OF DELEGATION TO EMERGENCY AMBULANCE SERVICES TEAM AND OFFICERS

The EASC SOs and EASC SFIs specify certain key responsibilities of the Chief Ambulance Services Commissioner, the Director of Finance (WHSSC/EASC) and other officers. The Chief Ambulance Services Commissioner's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other EASC Team level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, set out in detail, together with the schedule of additional delegations below and the associated financial delegations set out in the EASC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
WAST payments monthly	Chief Ambulance Services Commissioner (CASC) and Director of Finance
Information Governance arrangements	Committee Secretary (in line with CTMUHB as host LHB)
Management of concerns	Committee Secretary (in line with CTMUHB as host LHB)
Health and safety arrangements	Lead Director / Committee Secretary (in line with CTMUHB as host LHB)
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with Government directions	CASC / Chair EASC / Director of Finance/ Committee Secretary
Issuing tenders and post tender negotiations	CASC / Lead Director / Director of Finance
Legal Advice	Committee Secretary (in line with CTMUHB)
Action on litigation	Lead Director / Committee Secretary (in line with CTMUHB as host LHB)

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### EASC Standing Orders

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Operation of detailed financial matters including bank accounts and banking procedures	Director of Finance (with host LHB Director of Finance)
Workforce	Committee Secretary (in line with CTMUHB as host LHB)
Public Consultation	CASC
Manage central reserves and contingencies	Director of Finance
Manage and control of stocks other than pharmacy stocks	Committee Secretary (in line with CTMUHB as host LHB)
Monitor and achievement of management cost targets	CASC
Recording of payments under the losses and compensation regulations	Director of Finance

This scheme only relates to matters delegated by the Joint Committee to the Chief Ambulance Services Commissioner and other members of the EASC Team together with certain other specific matters referred to in EASC SFIs.

Each member of the EASC Team is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated (aligned to the arrangements of the host body).

## Annex 2

### KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annex forms part of, and shall have effect as if incorporated in the EMERGENCY AMBULANCE Services Committee Standing Orders

#### Joint Committee framework

The Joint Committee's governance and accountability framework comprises these EASC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- EASC SFIs
- Scheme of Delegation
- Values and Standards of Behaviour Framework - CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria).
- Risk Register
- Key policy documents

agreed by the Joint Committee. These documents must be read in conjunction with the EASC SOs and will have the same effect as if the details within them were incorporated within the EASC SOs themselves.

These documents may be accessed by:

[EASC Website](https://easc.nhs.wales/) <https://easc.nhs.wales/>

#### NHS Wales framework




Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

# Annex 3

## JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the  
EMERGENCY AMBULANCE SERVICES COMMITTEE Standing Orders

### Sub Groups

Sub Groups	Terms of Reference
EASC Management Group	 EASC Management Group TOR approved
Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Delivery Assurance Group (DAG)	 EMRTS DAG Terms of Reference approved
Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG)	 NEPTS DAG Terms of Reference approved

## Annex 4

### **ADVISORY GROUPS AND EXPERT PANELS**

#### **Terms of Reference and Operating Arrangements**

**This Annex forms part of, and shall have effect as if incorporated in the  
Emergency Ambulance Services Committee Standing Orders**

Terms of Reference to be included when required. No advisory groups or expert panels at time of approval – September 2023

## Annex 2.1

### **STANDING FINANCIAL INSTRUCTIONS FOR THE EMERGENCY AMBULANCE SERVICES COMMITTEE**

**This Annex forms part of, and shall have effect as if incorporated in the  
Emergency Ambulance Services Committee Standing Orders and the  
Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).**

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Standing Orders, Reservation and Delegation of Powers for LHBs  
Schedule 4.1, Annex 2.1: EASC Standing Financial Instructions

Status: Final  
Approved 14 March 2023 at EASC



## Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Emergency Ambulance Services Committee's (the "EASC" or the "Joint Committee") financial proceedings and business. These EASC Standing Financial instructions (EASC SFIs) are an annex to the EASC Standing Orders (EASC SOs) which form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. These SFIs are based on the Welsh Health Specialised Services Committee (WHSSC) SFIs. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a schedule of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and EASC Standing Orders, they provide the regulatory framework for the business conduct of the EASC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (CTMUHB - the host LHB), form the basis upon which the EASC's governance and accountability framework is developed. Together with the adoption of the CTMUHBs Values and Standards of Behaviour framework is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Joint Committee members, host LHB and Emergency Ambulance Services Committee Team (EASCT) staff must be made aware of these EASC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The EASC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the EASC SFIs or the wider governance arrangements for EASC. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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# Emergency Ambulance Services Committee

## 1. INTRODUCTION

### 1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Emergency Ambulance Services Committee's (the "EASC" or the "Joint Committee") financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.
- 1.1.2 **These SFIs shall have effect as if incorporated in the EASC Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs), and both should be used in conjunction with the host LHB's SOs and SFIs.**
- 1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by EASC. They are designed to ensure that the EASC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Committee and the Scheme of Delegation adopted by the EASC.
- 1.1.4 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of EASCT. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Finance Director of the Emergency Ambulance Services Committee (and also the Director of Finance of the Welsh Health Specialised Services Committee (and referred to as the Director of Finance within these SFIs) and Audit and Risk Committee that deals with EASC matters.
- 1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the EASC SOs.

## 1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non-compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit and Risk Committee that deals with EASC matters to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members, members of joint sub-Committees, host LHB staff and EASCT staff have a duty to report any non-compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

**1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Joint Committee.**

## 1.3 Financial provisions and obligations of LHBs and the EASC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of emergency ambulance services and non-emergency ambulance services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of EASC. The Joint Committee will prepare an Integrated Medium Term Plan (IMTP) which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

## 2. RESPONSIBILITIES AND DELEGATION

### 2.1 The Joint Committee

2.1.1 The Joint Committee via EASCT exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);
- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding;

- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Joint Committee members and officers, and joint sub-Committees, as indicated in the Scheme of delegation document.

2.1.2 The Joint Committee has adopted the EASC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the 'Schedule of matters reserved to the Joint Committee' section of the EASC SOs. The Joint Committee, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of EASC may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated in accordance with the 'Scheme of delegation' schedules in the EASC SOs.

## **2.2 The Chief Ambulance Services Commissioner and Director of Finance**

2.2.1 The Chief Ambulance Services Commissioner (CASC) and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the CASC is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the EASCT by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The CASC has overall executive responsibility for EASCT's activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the EASCT's system of internal control.

2.2.3 It is a duty of the CASC to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

## 2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

- a) Implementing the Joint Committee's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the Joint Committee's transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and
- d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and EASCT, the duties of the Director of Finance include:
  - (i) The provision of financial advice to other members of the Joint Committee, joint sub-Committees, Advisory Groups and officers;
  - (ii) The design, implementation and supervision of systems of internal financial control; and
  - (iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

## 2.4 Joint Committee members and officers, and joint sub-Committees

2.4.1 All members of the Joint Committee, its joint sub-Committees, employees of the host LHB (including those employed to perform EASCT functions), severally and collectively, are responsible for:

- a) The security of the property of the Joint Committee and host LHB;
- b) Avoiding loss;
- c) Exercising economy and efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Joint Committee members and officers, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-Committee and officers discharge their duties must be to the satisfaction of the Director of Finance.

## **2.5 Contractors and their employees**

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the Joint Committee to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Ambulance Services Commissioner (CASC) to ensure that such persons are made aware of this.

## **3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT**

### **3.1 Audit and Risk Committee**

3.1.1 An independent Audit and Risk Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, the Audit and Risk Committee that deals with EASC matters provides a form of independent check upon the executive arm of the Joint Committee. Detailed terms of reference and operating arrangements for the Audit and Risk Committee that deals with EASC matters are set out in Annex 3 to the EASC SOs. This Audit and Risk Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

### **3.2 Chief Executive**

- 3.2.1 As Chief Executive of the host LHB, the Chief Executive is responsible for:
- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
  - b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit and Risk Committee and the Accountable Officer;
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641252/PSAIS\\_1\\_April\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf)
- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;



- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:
- A clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards;
  - Major internal financial control weaknesses discovered;
  - Progress on the implementation of Internal Audit recommendations;
  - Progress against plan over the previous year;
  - A strategic audit plan covering the coming three years; and
  - A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the host LHB;
- c) Access at all reasonable times to Joint Committee members and employees of the host LHB and EASCT;
- d) The production of any cash, stores or other property of the host LHB under a Joint Committee member or EASC official's control; and
- e) Explanations concerning any matter under investigation.

### 3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within a Public Sector Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 9.1 (of the host LHB's SOs) details the relationship between the Head of Internal Audit and the Joint Committee. The role of the Audit and Risk Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Annex 3 of the EASC SOs, and the Audit and Risk Committee Handbook.

3.3.2 The Chief Executive shall ensure that the annual plan of the Internal Auditor gives due regard to the activities of the Joint Committee in order to inform the audit opinion and the overall internal controls system.

### **3.4 External Audit**

3.4.1 The Joint Committee is not itself a statutory body but is hosted by the host LHB on behalf of the seven LHBs in Wales.

3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the Auditor General's representative, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the host LHB's SFIs.

### **3.5 Fraud and Corruption**

3.5.1 In line with their responsibilities, the CASC and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The CASC and Director of Finance shall report to the Joint Committee and the host LHB's Local Counter Fraud Specialist any matters relating to fraud or corruption.

3.5.3 More detailed information about counter fraud can be found in section 3.5 of the host LHB's SFIs.

### **3.6 Security Management**

3.6.1 Security matters are the responsibility of the Chief Executive of the host LHB but the CASC will ensure that adequate processes are in place to comply with the requirements.

## 4. FINANCIAL DUTIES

### 4.1 Legislation and Directions

4.1.1 As the Joint Committee exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales it must be cognisant of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.” They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers

4.1.2 The details and requirements for the two duties for LHBs are set out in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.”

<http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf> – (to be updated WG contacted)



WHC -2016- 054.pdf

### 4.2 First Financial Duty – The Breakeven Duty

4.2.1 EASC has a duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.

4.2.2 In accordance with the EASC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of EASCT and will be separately identifiable.

4.2.3 EASCT must ensure the Joint Committee approve balanced revenue and capital plans in line with their notified funds before the start of each financial year. Each LHB will be required to make available to the Joint Committee the level of funds approved in the balanced plans which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.

#### 4.2.4 The Director of Finance will:

- a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year funding adjustments, and their proposed distribution to delegated budgets, including any sums to be held in reserve;
- b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement;
- c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
- d) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and
- e) Regularly update the Joint Committee on significant changes to the initial funding and the application of such funds.

4.2.5 The Chief Executive of the host LHB is not responsible for the outturn of EASC – this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework, and any consequent impact on their own LHB First Financial Duty.

### 4.3. Second Financial Duty – The Planning Duty

4.3.1 Health Boards have a statutory duty under section 175(2A) of the National Health Service (Wales) Act 2006 to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 To support the LHBs statutory duty the Joint Committee has a duty to prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan(IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

<https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf>

- 4.3.3 The NHS Planning Framework directs NHS organisations to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must:
- describe the context, including population health needs, within which the Joint Committee will deliver key policy directives and operational targets from Welsh Government,
  - demonstrate how the Joint Committee are:
    - delivering their well-being objectives, including how the five ways of working have been applied,
    - contributing to the seven Well-being Goals,
    - establishing preventative approaches across all care and services,
  - demonstrate how the Joint Committee will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services,
  - demonstrate how the three-year rolling financial breakeven duty is to be achieved.
- 4.3.4 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan(including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.
- 4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee's response to delivering the
- NHS Planning Framework,

- Quality, governance and risk frameworks and plans, and
- Outcomes Framework.

4.3.6 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based;
- Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
- Profiled activity, service, quality, workforce and financial schedules
- Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures.

4.3.7 The Joint Committee will:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the commissioning risks;
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

4.3.8 The CASC has overall executive responsibility to develop and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the Integrated Planning Framework.

#### 4.3.9 The Joint Committee will:

- a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation;
- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements;
- c) Agree the appropriate level of funding for the provision of ambulance at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASCT) in accordance with any specific directions set by the Welsh Ministers;
- d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

4.3.10 The development, submission and approval of the Integrated Commissioning Plan will discharge the Joint Committee's Integrated Medium Term Plan responsibilities.

## 5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

### 5.1 Budget Setting

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Ambulance Services Commissioner (CASC), prepare and submit budgets for approval and delegation by the Joint Committee. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the Joint Committee Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services;
- b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Joint Committee approved balanced IMTP;
- c) Take account of approved business cases and associated revenue costs and funding;
- d) Be produced following discussion with appropriate Directors and budget holders;

- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);
- h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- i) Identify potential risks and opportunities.

## 5.2 Budgetary Delegation

5.2.1 The Chief Ambulance Services Commissioner (CASC) may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget

5.2.2 The Chief Ambulance Services Commissioner (CASC), Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.



- 5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Ambulance Services Commissioner (CASC), subject to any authorised use of virement.
- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Managing, as advised by the Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

### **5.3 Financial Management, Reporting and Budgetary Control**

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.
- 5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital, to the Joint Committee in a form approved by the Joint Committee containing sufficient information for the Joint Committee to:
    - Understand the current and forecast financial position
    - Evaluate risks and opportunities
    - Use insight to make informed decisions
    - Be consistent with other Board reports, and as a minimum the reports will cover:
      - Details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;
      - Actual income and expenditure to date compared to budget and showing trends and run rates;
      - Forecast year end positions;

- A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
  - Explanations of material variances from plan;
  - Capital expenditure and projected outturn against plan;
  - Investigations and reporting of variances from financial, activity and workforce budgets;
  - Details of any corrective action being taken as advised by the relevant budget holder and the Chief Ambulance Services Commissioner (CASC)'s and/or Director of Finance's view of whether such actions are sufficient to correct the situation,;
  - Statement of performance against savings targets;
  - Key workforce and other cost drivers;
  - Income and expenditure run rates, historic trends, extrapolation and explanations; and
  - Clear assessment of risks and opportunities;
  - Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances;
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

### 5.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

### 5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Ambulance Services Commissioner (CASC) subject to the Joint Committee's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for

any purpose other than that specifically authorised, subject to the rules of virement; and

- c) No permanent employees are appointed without the approval of the Chief Ambulance Services Commissioner (CASC) other than those provided for within the available resources and workforce establishment as approved by the Joint Committee.

5.3.5 The Chief Ambulance Services Commissioner (CASC) is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium Term Plan and medium term financial plans.

#### **5.4 Capital Financial Management, Reporting and Budgetary Control**

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

#### **5.5 Reporting to Welsh Government - Monitoring Returns**

5.5.1 The Chief Ambulance Services Commissioner (CASC) is responsible for ensuring that the appropriate monitoring returns for the Joint Committee are submitted to the Welsh Ministers in accordance with published guidance and timescales.

<https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013> - **to be updated**

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Ambulance Services Commissioner (CASC). This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Joint Committee. There must be consistency between the medium term financial plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Joint Committee reports.

### **6. ANNUAL ACCOUNTS AND REPORTS**

6.1 The Joint Committee is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports

- 6.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the Joint Committee are consolidated into its own financial statements and disclosed as appropriate.
- 6.3 The Chief Ambulance Services Commissioner (CASC) and Director of Finance shall be required to provide all relevant information, financial and non-financial, to the Chief Executive as he or she requires to enable the Chief Executive to fulfil his or her statutory reporting responsibilities.

## **7. BANKING ARRANGEMENTS**

### **7.1 General**

- 7.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7 of the host LHB's SFIs.

## **8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS**

- 8.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the Joint Committee is likely to be incidental to its main activities.
- 8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHB's SFIs.

## **9. INCOME, FEES AND CHARGES**

### **9.1 General**

- 9.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.
- 9.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.
- 9.1.3 Further details of the processes and responsibilities can be found in section 9 of the host LHB's SFIs.

## **10. NON PAY EXPENDITURE**

### **10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability**

10.1.1 The Chief Ambulance Services Commissioner (CASC) will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee's Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Ambulance Services Commissioner (CASC) will set out in the operational scheme of delegation and authorisation:

- a) The list of managers who are authorised to place requisitions for the supply of goods and services; and
- b) The maximum level of each requisition and the system for authorisation above that level.

### **10.2 The Director of Finance's responsibilities**

10.2.1 The Director of Finance will:

- a) Advise the Joint Committee regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable;
- e) Maintain a list of Directors and officers (including specimens of their signatures) authorised to certify invoices;
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed;
- g) Ensure that where consultancy advice is being obtained, the procurement of

such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; and

- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

### 10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order;
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
- f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or EASCT staff, other than:
  - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
  - (ii) Conventional hospitality, such as lunches in the course of working visits;

**This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHB's SFIs.**

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Ambulance Services Commissioner (CASC);

- h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit EASC to a future uncompetitive purchase;
- k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Chief Ambulance Services Commissioner (CASC) and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

#### **10.4 Departures from SFI's**

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. EASC must consult with NWSSP Procurement Services, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

#### **10.5 Accounts Payable**

10.5.1 NWSSP Finance, shall on behalf of EASC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

#### **10.6 Prepayments**

10.3.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;

- It is in line with requirements of [Managing Welsh Public Money](#);
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact;
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate EASCT officer providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Ambulance Services Commissioner (CASC) if problems are encountered.

## 11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

### 11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement and non pay process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB's SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m. This is shown as Schedule 1 in the LHB SFI's.

### 11.2 Requisitioning

11.2.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Joint Committee. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods



or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

11.2.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with host LHB's SFI 11.11 thresholds.

11.2.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

### **11.3 No Purchase Order, No Pay**

11.3.1 EASC will ensure compliance with the 'No Purchase Order, No Pay' policy. The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.3.2 The new policy ensures that a purchase order is raised at the beginning of a purchase. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

### **11.4 Official orders**

11.4.1 Official Orders must:

- a) Be consecutively numbered; and
- b) State the Joint Committee's terms and conditions of trade.

11.4.2 Official Orders will be issued on behalf of EASC by NWSSP Procurement Services.

### **11.5 Procurement Procedures**

11.5.1 To ensure that the LHB is fully compliant with EU Directives, UK Regulations and Welsh Ministers' guidance, the LHB shall ensure that it shall have procedures that set out:

- a) Requirements and exceptions to formal competitive tendering requirements;
- b) Tendering processes including post tender discussions;
- c) Requirements and exceptions to obtaining quotations;
- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

11.5.2 All procedures shall reflect the Welsh Ministers' guidance and the LHB's delegation arrangements and approval processes.

- 11.5.3 Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on NHS Wales organisations to obtain the consent of the Welsh Ministers before :
- a) Acquiring and disposing of property;
  - b) Entering into contracts; and
  - c) Accepting gifts of property (including property to be held on trust)
- 11.5.4 The provision allows the Welsh Ministers to give consent, if they think fit, which may be given in general terms covering one or more descriptions of case.
- 11.5.5 General Consent has been granted by the Welsh Ministers for individual contracts up to the value of £1m in each case with the exception of those contracts specified in SO 11.6.7 of the Host Standing Orders. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into.
- 11.5.6 The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:
- a) Contracts of employment between EASC and its staff;
  - b) Transfers of land or contracts effected by Statutory Instrument following the creation of EASC;
  - c) Out of Hours Contracts; and
  - d) All NHS contracts, that is where one health service body contracts with another health service body.
- 11.5.7 The Revised General Consent does not remove the requirement for EASC to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

## **12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES**

### **12.1 Health Care Agreements**

- 12.1.1 The Joint Committee will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services, and from Trusts and other providers. The Chief Ambulance Services Commissioner (CASC) is responsible for ensuring the Joint Committee enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.
- 12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility,

the Chief Ambulance Services Commissioner (CASC) should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to EASC by the Welsh Ministers.

## 12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. As EASC is hosted by the host LHB the Joint Committee will have the same responsibilities. In particular, the following sections are highlighted in relation to the statutory requirements of LHBs and therefore EASC for contracting with other bodies for the provision of health services:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Section 32 makes provision in relation to services which can be provided to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards

- expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

### **12.3 Reports to Committee on Health Care Agreements (HCAs)**

12.3.1 The Chief Ambulance Services Commissioner (CASC) will need to ensure that regular reports are provided to the Joint Committee detailing performance, quality and associated financial implications of all health care agreements.

These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

### **12.4 Tendering for supply of health care services**

12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHB's SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the host LHB's SFI, Annex A.

## **13. GRANT FUNDING**

### **13.1 Policies and procedures**

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

## **14. PAY EXPENDITURE**

### **14.1 Appointments and Remuneration**

14.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the EASC SOs and the Emergency Ambulance Services Committee (Wales) Regulations 2014 No566 (W67).

14.1.2 All other appointments or recruitments to EASCT and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the Joint Committee in accordance with the host LHB's own SOs and SFIs.

14.1.3 Further details of the host LHB's responsibilities can be found in section 13 of the host LHB's SFIs.

## **15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

### **15.1 General**

15.1.1 Capital plans, and annual capital programmes, must be approved by the Joint Committee before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the Joint Committee or EASCT shall be dealt with in accordance with section 15 of the host LHB's SFIs. This includes the recording and safeguarding of assets.

## **16. LOSSES AND SPECIAL PAYMENTS**

### **16.1 Losses and Special Payments**

16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Ambulance Services Commissioner (CASC) and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Ambulance Services Commissioner (CASC).

16.1.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB's Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.

- 16.1.5 The Director of Finance or the host LCFS must notify the Audit and Risk Committee dealing with EASC matters, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:
- a) The Audit and Risk Committee on behalf of the Joint Committee, and
  - b) An Auditor General's representative.
- 16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee's and the host LHB's interests in bankruptcies and company liquidations.
- 16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 16.1.9 The Audit and Risk Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Annex 3 of the EASC SOs.
- 16.1.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.
- 16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 16.1.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.
- 16.1.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.
- 16.1.14 EASC must obtain the Health and Social Services Group Director General's approval for special severance payments.

## **17. DIGITAL, DATA and TECHNOLOGY**

### **17.1 Digital Data and Technology**

17.1.1 The Joint Committee and EASCT shall operate within the guidance set out in section 18 of the host LHB's SFIs.

## **18. RETENTION OF RECORDS**

### **18.1 Responsibilities of the Chief Ambulance Services Commissioner**

18.1.1 The Chief Ambulance Services Commissioner (CASC) shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c .36).

18.1.2 The records held in archives shall be capable of retrieval by authorised persons.

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Chief Ambulance Services Commissioner (CASC). Details shall be maintained of records so destroyed.

Post	Direct Authority Through Financial Limits Policy							Delegated Authority														EASC / NCCU					Delegated Functions			
	Level 1	Level 1	Level 2	Level 3			Assistant Directors			Commissioning			Corporate			Finance Delegations			Clinical		Commissioning	Corporate	NEPTS	Clinical	Quality	Delegated to NWSSP	Delegated to Cwm Taf			
	Chief Ambulance Services Commissioner / Managing Director NCCU	Director of Specialised Services	Director of Finance & Information	Director of Planning & Performance	Committee Secretary	Nurse Director	Medical Director	Assistant Director of Finance	Assistant Director of Planning	Assistant Medical Director	MH & CAMHS Commissioner	CAMHS Case Manager	Gender Services Manager	Welsh Kidney Network Manager	Corporate Governance Manager	Corporate Governance Officer	Office Manager	Financial Accountant	Head of Contracting	Assistant Financial Accountant								Head of Quality & Patient Care	IPFR Manager	
Current Post Holder	Stephen Harray	Sian Lewis	Stuart Davies	Karen Preece	Jacqueline Evans	Carole Bell	Iolo Doull	James Leaves	Claire Harding	Various	Emma King	VACANCY	Krysta Hallowell	Susan Spence	Helen Tyler	VACANCY	Laura Holburn	Helen Harris	Matthew Hall	VACANCY	Adele Roberts	Catherine Dew	Ross Whitehead	Gwenan Roberts	Ross Whitehead	Shane Mills	Adrian Clarke			
<b>Corporate Responsibility</b>																														
Sign off of Annual Financial Plan for JC	√	√	√																											
<b>Service Level Agreements</b>																														
SLA Contract Agreements	√	√	√	√				√	√																					
SLA Contract Payments	√ >£2m	√ >£2m	√ <£2m	√ <£1m				√ <£750k	√ <£750k																					
<b>IPFR Requests</b>																														
All Patient Funding Requests		√* >£1m	√* <£1m	√* <£500k	√* <£500k	√* <£500k	√* <£500k	√ <£100k	√**	√**							√ <£50k	√ <£50k			√ <£50k	√ <£10k ***				?				
NCA / Emergency Activity Invoices	√ >£1m	√* >£1m	√* <£1m	√* <£500k		√ <£50k		√ <£50k	√ <£50k								√ <£50k	√ <£50k			√ <£50k	√ <£10k ***				√				
<b>Mental Health</b>																														
Mental Health CAMHS Contracts	? NCCU	√* <£750k	√* <£750k	√* <£300k	√* <£300k	√* <£300k	√* <£300k	√**	√**	√**	√ <£50k	√ <£30k	√ <£30k				√ <£50k	√ <£50k			√ <£50k	√ <£10k ***				?				
Mental Health ED and Deal Contracts	? NCCU	√* <£750k	√* <£750k	√* <£300k	√* <£300k	√* <£300k	√* <£300k	√**	√**	√**	√ <£50k						√ <£50k	√ <£50k			√ <£50k	√ <£10k ***				?				
Mental Health Secure Services Contracts	√	√	√	√							√ <£50k																			
<b>Networks DRC</b>																														
Networks According to Oracle Authorisation Limits	√ <£100k	√ <£100k	√ <£50k		√ <£20k									√ <£1,500																
WKD Contracts														√ <£50k																
<b>DRC</b>																														
DRC Requisitions and Orders According to Oracle Authorisation Limits	√ <£100k	√ <£100k	√ <£50k		√ <£20k									√ <£10,000	√ <£3,000	√ <£500							√ <£20,000	√ <£20,000	√ <£20,000	√ <£50,000	√ <£20,000			
<b>Payroll</b>																														
Payroll New Starters	√	√	√	√	√	√	√																√	√	√	√	√			
Payroll Leavers	√	√	√	√	√	√	√																√	√	√	√	√			
Establishment Vacancy Authorisation	√	√	√	√	√	√	√																√	√	√	√	√			
Payroll Changes Financial	√	√	√	√	√	√	√																√	√	√	√	√			
Payroll Changes Non Financial ( eg Financial Code )	√	√	√	√	√	√	√																√	√	√	√	√			
Payroll Travel Expenses	√	√	√	√	√	√	√																√	√	√	√	√			
Payroll Study Leave					√																		√	√	√	√	√			
<b>Financial Ledger</b>																														
Ledger Journals - Reversing				√				√																						
Ledger Journals - Standard				√				√																						
Ledger Journals - Final Accounts				√				√																						
<b>Delegated to External Bodies</b>																														
Bank Account Management																														
Ledger Integrity																														
Payroll Calculations																														
PANISU																														

√\* IPFR packages to be authorised according to the financial limits policy. Level 1-2 lifetime costs <£1m or <£750k pa. Levels 3 <£300k pa. As approved by audit committee October 2019  
 √\*\* Assistant Directors can authorise in lieu of Directors in certain circumstances according to the financial limits policy  
 √\*\*\* IPFR manager can authorise to delegated limit in absence of Head of Nursing & Quality

Delegated authority to Level 2 and 3 Directors for staff budgets and payroll appointments