



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

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

**EMERGENCY AMBULANCE SERVICES COMMITTEE  
ANNUAL GOVERNANCE STATEMENT  
2023-2024**

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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 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.

EASC was 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.

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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>

<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%200%28Wales%29%20%28Amendment%29%20Directions%202016.pdf>

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 (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 was not necessary and could be achieved by other means. 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. For the whole year, all EASC meetings and its sub-groups were held using Microsoft Teams Live. This had been the approach 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. This ensured that the public were able to watch the Committee in real time and also able to access the recording after the meetings.

EASC does not have a statutory duty to produce an Annual Governance Statement but has traditionally done so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as the host organisation, in relation to its governance and accountability arrangements. This report outlines the different ways the EASC Team worked 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 was sought and provided.

Welsh Government's ["A Healthier Wales: long term plan for health and social care"](#) committed to a review of hosted bodies, including national commissioning functions. Consequently, an independent review was conducted by Steve Combe MBE in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) (which also included the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities. The Minister for Health & Social Services accepted the review recommendations in full. In response, a National Commissioning Implementation Programme, led by Welsh Government with accountability to the Minister and the Director General/Chief Executive of NHS Wales, was established.

## **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, in July 2021 which included the Memorandum of Understanding and the Hosting Agreement. The model Standing Orders issued by Welsh Government were received and approved by EASC in September 2023.

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

The 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.

The Standing Financial Instructions were developed and were approved by the Joint Committee in March 2023.

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

The governance and accountability framework was last updated in 2023-2024 and approved by the Joint Committee on [19 September 2023](#). The updated documents were issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs. There were only minor changes and included:

- a) reflecting the provisions of the Health and Social Care (Quality and Engagement) Act 2020 specifically the introduction of the duty of quality and duty of candour; and
- b) Changes linked to the establishment of Llais and the dissolution of the Community Health Councils and the Board of Community Health Councils.

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 was adopted and this was 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® and the creation of National Collaborative Commissioning, Quality & Delivery Frameworks ('Framework Agreement') to commission services. EASC commissioned 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 was 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 was 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 document, 'A Strategic Review of Welsh Ambulance Services' a Framework Agreement was developed to commission Non-Emergency Patient Transport Services (NEPTS).

The scope of services covered by the Quality and Delivery Framework (operational from 2019/20) were 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 (WHSSC) for the Welsh Renal Clinical Network.

### Emergency Medical Retrieval and Transfer Service

The Framework Agreement for Emergency Medical Retrieval and Transfer Services (EMRTS Cymru) was operational for 3 years from 1 April 2021. The scope of services covered by the Quality and Delivery Framework were 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 was 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 described a five-step process that supported the delivery of emergency ambulance services within Wales. Every service commissioned using the CAREMORE® methodology described 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 defined 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 detailed 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 was 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 the defined delegated functions.

Whilst the Joint Committee acted on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remained and they were 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 in their health board areas.

The membership of the Joint Committee consisted of 9 voting members and 3 Associate Members. The voting members included 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 were subject to a two-thirds majority of voting members present. Nominated deputies, needed to be LHB executive directors and could be named to attend by LHB Chief Executives; they formally counted towards the quorum and had voting rights. However, anyone deputising for the CASC did not have voting rights.

The Joint Committee was accountable for internal control. As Chief Ambulance Services Commissioner NHS Wales, Stephen HARRY had the responsibility for maintaining a sound system of internal control that supported the achievement of the Joint Committee's decisions, aims and objectives and was required 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 collaborated over the operational arrangements for the provision of the emergency ambulance services and agreed the terms of a Memorandum of Understanding to ensure that the arrangements were introduced and operated effectively by collective decision making, in accordance with the direction set out above determined by the EASC.



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

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

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

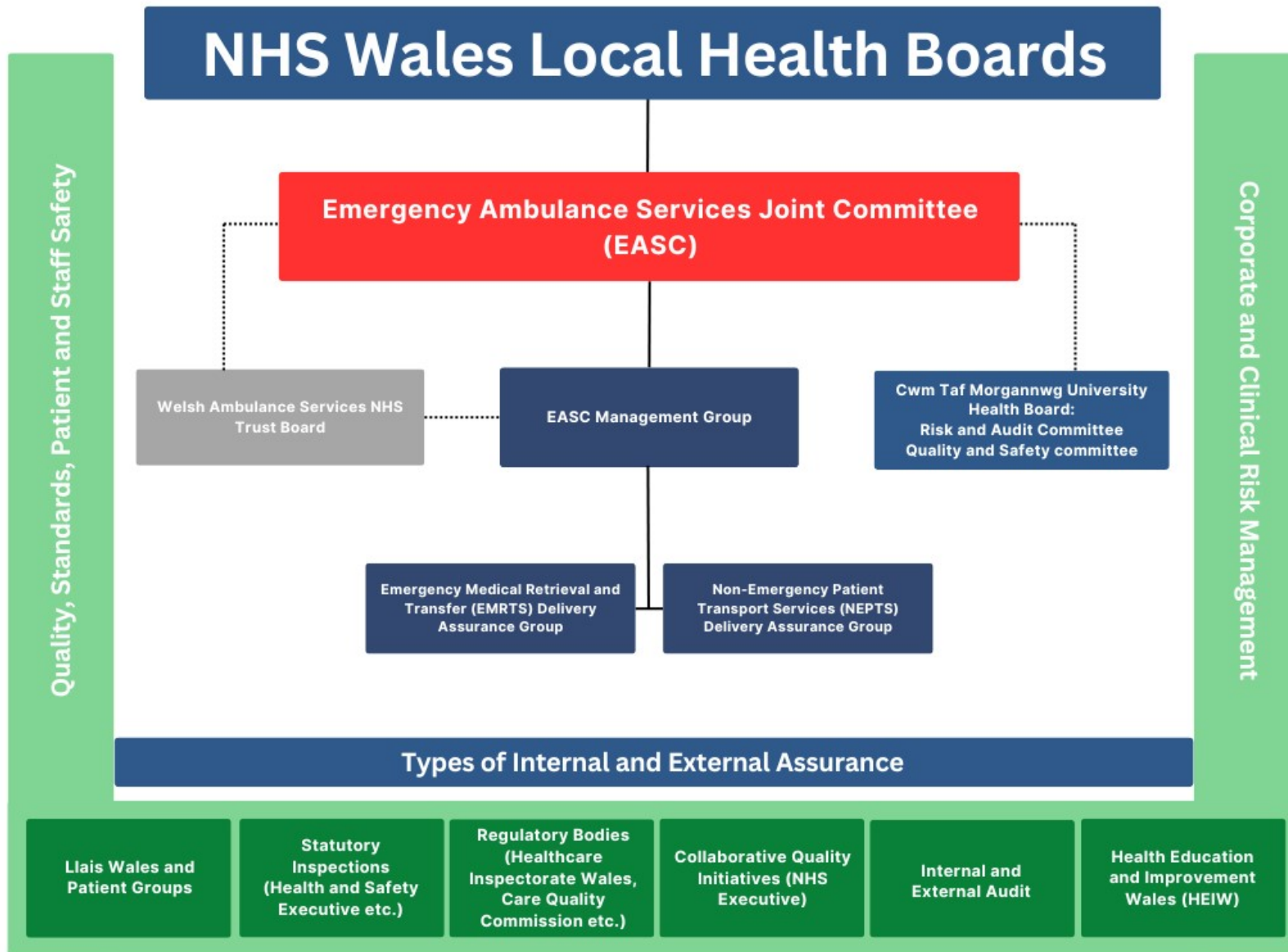


Figure 4 – Sub Groups of the EASC

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 was to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales worked 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>Oversaw 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 Deputy CASC; EASC Team; NEPT Champion from every Health Board and Velindre NHS Trust; Director of Finance EASC/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 2023-2024.

Figure 5

<b>Organisation</b>	<b>Name</b>	<b>Role</b>	<b>Attendance at meetings 2023-2024</b>	<b>Nominated deputy present</b>
<b>University Health Board (UHB)</b>				
<b>Members</b>				
Emergency Ambulance Services Committee	Chris Turner	Chair (since Nov 2018)	7/7	N/A
Emergency Ambulance Services Committee	Stephen Harray	Chief Ambulance Services Commissioner	7/7	N/A
Chief Executive, Aneurin Bevan UHB	Nicola Prygodzicz	Chief Executive (from Sept 2022)	4/7	3/3
Chief Executive, Betsi Cadwaladr UHB	Carol Shillabeer	Interim Chief Executive (from May 2023) Chief Executive (from 1 Feb 2024)	4/7	2/2
Chief Executive, Cardiff & Vale UHB	Suzanne Rankin	Chief Executive (from 1 Feb 2022)	5/7	2/2
Chief Executive, Cwm Taf Morgannwg UHB	Paul Mears	Chief Executive (from Sept 2020)	5/7	2/2
Chief Executive, Hywel Dda UHB	Steve Moore	Chief Executive (until 29 Feb 2024)	4/5	0/1
	Phil Kloer	Interim Chief Executive (from Feb 2024)	2/2	N/A
Chief Executive, Powys Teaching HB	Hayley Thomas	Interim Chief Executive (from May 2023) Chief Executive (from Feb 2024)	7/7	N/A
Chief Executive, Swansea Bay UHB	Mark Hackett	Chief Executive (until 31 Aug 2023)	0/2	1/2
	Richard Evans	Interim Chief Executive (from 1 Sept 2023)	2/5	3/3
<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	0/6

In accordance with the EASC Standing Orders, the Joint Committee could and, where directed by the LHBs jointly or the Welsh Ministers, 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 was 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.

Whilst the Joint Committee acted on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remained, and they were ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance services for residents within their area.

The Joint Committee's role was 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 monitored performance on a quarterly basis against the key performance indicators. For any indicators assessed as being below target, reasons for current performance were identified and included in the report to the Committee along with any remedial actions to improve performance.

The Joint Committee ensured that the principles of good governance applicable to NHS organisations were followed consistently, including the oversight and development of systems and processes for financial control, organisational control, governance and risk management.

The EASC assessed strategic and corporate risks through the Risk Register, which was reviewed at each meeting.

### **2.2.1 Joint Committee Meetings**

The table in Figure 6 outlines dates of Joint Committee meetings held during 2023-2024 and attendance by Members.

All meetings held were quorate.

The Committee met 7 times in public and in addition, one in committee meeting was held on 28 March 2024 to update Members on the Emergency Medical Retrieval and Transfer Service Review and to agree the way the Review would be presented to individual health boards.

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

Figure 6 – EASC Committee Attendance 2023-2024

University Health Board (UHB)	16 May	18 Jul	19 Sep	21 Nov	21 Dec	30 Jan	19 Mar	28 Mar In committee
<b>Committee Members</b>								
Chair	√	√	√	√	√	√	√	√
Chief Ambulance Services Commissioner (CASC)	√	√	√	√	√	√	√	√
Aneurin Bevan UHB	√	√*	√*	√	√	√*	√	√
Betsi Cadwaladr UHB	√	√*	√*	√	√*	√*	√	√
Cardiff & Vale UHB	√	√	√	√*	√*	√	√	√
Cwm Taf Morgannwg UHB	√	√	√*	√	√	√*	√	√
Hywel Dda UHB	√	√	X	√	√	√	√	√
Powys Teaching HB	√	√	√	√	√	√	√	√
Swansea Bay UHB	√*	X	√**	√*	√*	√	√	√
<b>Associate Committee Members</b>								
Welsh Ambulance Services NHS Trust	√	√	√	√	√	√	√	√
Public Health Wales NHS Trust	X	X	X	X	X	X	X	X
Velindre University NHS Trust	√	X	X	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 emphasised the importance of attendance at the Joint Committee and escalated 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 was also 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 2023-2024, 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
- Chief Ambulance Services Commissioner (CASC) report
- Provider Report
- EASC Commissioning Update
- Finance Report
- EASC Governance report including the Risk Register and Committee Assurance Framework
- Provider issues by exception
- Forward Plan of Business.

#### Focus on sessions

- Committee effectiveness
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
- Transition to the new Joint Commissioning Committee.

#### Other key items included:

- Draft EASC Integrated Medium Term Plan 2024-27
- WAST Draft Integrated Medium Term Plan

#### 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 was to review and report upon the adequacy and effective operation of EASCs overall governance and internal control system. This included risk management, operational and compliance controls, together with the related assurances that underpinned the delivery of EASCs objectives. This role was set out clearly in the Audit and Risk Committee's terms of reference which were reviewed annually to ensure these key functions were embedded within the Standing Orders and governance arrangements.

The Audit and Risk Committee reviewed the effective local operation of internal and external audit, as well as the Local Counter Fraud Service. In addition, it ensured that a professional relationship was maintained between the external and internal auditors so that reporting lines could be effectively utilised.

The Audit and Risk Committee supported 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 2023-2024 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 were in attendance for the EASC components of the Cwm Taf Morgannwg University Health Board Audit and Risk Committee, and it was recognised that as the EASC continued to evolve and mature as a Joint Committee, there would be an increasing level of audit related activity.

Relevant staff (CASC, Deputy CASC and Committee Secretary) from the EASC Team attended 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/>

From 1 April 2024, the new NHS Wales Joint Commissioning Committee JCC will continue to report to the CTMUHB Audit and Risk Assurance Hosted Bodies Committee with the remit of taking assurance that the JCC is discharging its accountabilities with regard to financial stewardship and risk management. Interim arrangements are being considered to ensure continuity of non-officer attendance at the CTMUHB Audit and Risk Committee during Q1 with a view to agreeing the appropriate Lay Member attendance from Q2.

### **2.3.2 EASC Management Group**

The overall purpose of the EASC Management Group was to provide advice and make recommendations to EASC to ensure that the seven LHBs in Wales worked 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 underpinned 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 was 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 EASCs strategic commissioning intentions.

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

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

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

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

The National Director of EMRTS Cymru 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 were a number of supporting agreed documents which underpinned the organisational governance of the service as follows:

1. Terms of reference for the EMRTS Delivery Assurance Group
2. Collaborative agreement between AB SBUHB, the Wales Air Ambulance Charity Trust (WAACT) and the Welsh Ambulance Service Trust (WAST)
3. Memorandum of Understanding between SBUHB and other Welsh LHBs/NHS Trusts
4. Service level agreement between EMRTS and SBUHB for accessing supporting services
5. 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 represented 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 were reviewed and the updated terms of reference for the EMRTS DAG were included in the document.

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

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

The NEPTS Delivery Assurance Group provided advice and made recommendations to EASC to ensure that the seven LHBs in Wales worked jointly to exercise functions relating to the planning and securing non-emergency patient transport services. The Group underpinned 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 was responsible to EASC for undertaking the following functions:

- To receive recommendations and to make recommendations to the EASC Management Group and EASC regarding service improvements including investments, disinvestments and other service changes.
- To develop, establish and manage performance arrangements including a team with relevant expertise, which:
  - Provided assurances on the adherence to agreed Care standards
  - Reviewed and reported on
    - performance improvements
    - activity information
    - resource utilisation and effectiveness
  - reviewed the delivery of agreed service change initiatives in line with agreed milestones
  - provided assurance that the Framework Agreement was operating effectively between all parties i.e. health boards & NEPTS
  - evaluated 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 were reviewed and the updated terms of reference for the NEPTS DAG were 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 advised and assured the Joint Committee on the provision of workplace health and safety for the EASC Team. Relevant staff from the EASC Team attended 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 advised and assured the Joint Committee on the effectiveness of its risk management arrangements, by reviewing its risk register and EASC Assurance Framework as its approach to risk management at each of its meetings. It is also important to note that the risk register and EASC Assurance Framework were a routine feature of each meeting of the Joint Committee and EASC Management Group. The risk register was comprehensively updated in January 2024 and followed the Cwm Taf Morgannwg UHBs Risk Management Strategy. All risks were recorded on the Datix Risk Management System. A 'focus on' session on Committee Effectiveness was also held on 16 May 2024.

### **2.5 Standards of Behaviour**

The Welsh Government's Citizen-Centred Governance Principles applied to all public bodies in Wales. The principles integrated all aspects of governance and embodied 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 was 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 expected 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" formed 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, was used and aimed to ensure that arrangements were in place to support employees to act in a manner that upheld 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 aimed to capture public acceptability of behaviours of those working in the public sector so that EASC could be seen to have exemplary practice in this regard.

For 2023-2024, the DOI form was updated to align the Health Board processes and the DOI process 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 declared any pecuniary interests and positions of authority which may result in a conflict with their responsibilities. No material interests were declared or considered during 2023-24, a full register of interests for 2023-24 would be available on the JCC website. A register of interests was 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 was designed to manage risk to a reasonable level rather than to eliminate all risks; it could therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control was 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 was in place for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

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

#### **3.1 External Audit**

During 2023-2024, there were no specific reports from external auditors.

As a hosted team under Cwm Taf Morgannwg University Health Board, the work of external audit was monitored by the Cwm Taf Morgannwg University Health Board Audit and Risk Committee through regular progress reports. Their work was both timely and professional. The recommendations made were relevant and helpful in our overall assurance and governance arrangements and for work on minimising risk. There were 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 was 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 reviewed and considered the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit attended each meeting to discuss their work and present their findings. The Audit and Risk Committee were satisfied with the liaison and coordination between the external and internal auditors.

During the reporting period 2023-2024 there was one EASC audit report received in April 2023 on Ambulance Handover Improvement Plan Arrangements. The report received a substantial assurance rating with one low priority recommendation which was completed. Therefore, there were no reports which received a "no assurance or limited assurance" assessment rating during the year.

### **3.3 Counter Fraud**

Counter Fraud support was 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 as appropriate relating to EASC, were 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 was 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
- EASC Assurance Framework.

During 2023-2024, the Cwm Taf Morgannwg University Health Board Quality and Safety and the Audit and Risk Committees 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 University 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 were now reported on a monthly basis during 2023-2024.

The ASI reports for the 2023-2024 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 2023-2024, the Joint Committee 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 directed the report author to consider the implications when drafting reports for EASC meetings.

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

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

As the former Chief Ambulance Services Commissioner for NHS Wales, I had responsibility for maintaining a sound system of internal control that supported the achievement of EASC's policies, aims and objectives and needed to be satisfied that appropriate policies and strategies were in place and that systems were functioning effectively, through the development implementation and review of Collaborative Commissioning Framework Agreements.



The Joint Committee's Sub-Groups assisted in providing these assurances and I was 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 reviewed the EASC Risk Register and the EASC Assurance Framework at each meeting and the key risks identified were aligned to delivery and were 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 remained 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 were approved in September 2023. The Hosting Agreement with the host body (Cwm Taf Morgannwg University Health Board) had been endorsed in March 2023. The Model Standing Financial Instructions were approved in March 2023 for endorsement 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**

As required to meet the Hosting Agreement with Cwm Taf Morgannwg University Health Board, the EASC complied with the Risk Management Strategy, the Risk Management Policy and the Risk Assessment Procedure which was updated in May 2023.

The aim of the Risk Management Strategy was 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) were 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 CTMUHBs 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
- supports the calibration of risk scoring so the Health Board can achieve a consistent and moderated approach to risk assessment
- supports an informed understanding of risk in order for the Health Board to be able to appropriately scrutinise risk treatment options, and
- compliment the Risk Management Policy and Risk Assessment Procedure.

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

The Committee Risk Register formed 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 continued to evolve and was a 'living' document and was in a state of constant change to reflect increases, decreases and the mitigation to manage risks.

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

Members of the EASC Joint Committee shared responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, the Joint Committee was responsible for approving the risk appetite for EASC. The risk appetite was reviewed for the Committee to ensure that progress is made towards the 'risk appetite' that EASC wished to achieve and the CTM UHB approach was adopted.

## 5.1 Joint Committee Risk Register

As at 19 March 2024, there were 5 risks categorised as Extreme / High these being:

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; whole system approach with key stakeholders</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>Ministerial Summit meeting on Handover Improvement plans (as a result of increasing numbers of hours lost)</li> <li>Committee reviews its effectiveness annually – undertaken in May 2023 – no specific areas of concern identified re commissioning</li> <li>Chair and CASC annual visits with all health boards in Wales planned</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</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> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</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</li> <li>Chair's appraisal letter with Minister</li> </ul>	5x3=15	CXL 5x1=5	↔	01/08/2020	<p>Reviewed January 2024</p> <p>Review April 2024</p> <p>Plan – IMTP Commission – Quality and Delivery Frameworks Secure – via organisation WAST / EMRTS</p> <p>Work together collaboratively through EASC governance mechanisms</p>
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> <li>Commissioned a new demand and capacity review (August 2023)</li> <li>Financial commitment to maintain overtime for WAST staff (Sept 2023)</li> <li>Ambulance improvement plan developed, agreed and circulated weekly</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> <li>ICAP meetings and monitoring commitments and deliver</li> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</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>Implementation of the new Demand and Capacity Review</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers</li> <li>Agreement to maintain front line capacity which will also support the Cymru High Acuity Response Unit (CHARU)</li> </ul>	5x5=25	CXL 5x3= 15	↔	Aug-20	<p>Reviewed January 2024</p> <p>Next review April 2024</p> <p>Closely monitored – daily and weekly dashboard</p> <p>Until target met, to remain at score 25</p>
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> <li>Ambulance improvement plan developed, agreed and circulated weekly</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> <li>Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</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>Implementation of the Demand and Capacity Review</li> <li>EASC Action Plan</li> <li>CASC liaison with Chief Operating Officers (multiple arenas)</li> </ul>	5x4=20	CXL 5x3= 15	↔	Aug-20	<p>Reviewed January 2024</p> <p>Next review April 2024</p> <p>Closely monitored, daily and weekly dashboard</p>

Datix Portfolio ID	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date	
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:</b> Commissioning actions are not taken to manage patient safety and minimise clinical risks</p> <p><b>Then:</b> Patients are more likely to come to harm</p> <p><b>Resulting in:</b> poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage</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> <li>• ICAP meeting overseeing performance and outcomes</li> <li>• Update to host Quality and Safety Meeting (23 January 2024)</li> <li>• Key item on EASC agenda</li> <li>• New Quality and Safety Report</li> </ul>	<ul style="list-style-type: none"> <li>• Joint escalation plan developed and approved at NHS Leadership Board now led by the NHS Executive</li> <li>• Provide necessary funding to WAST</li> <li>• Agreed with WAST 5 key actions for the winter period</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> </ul>	5x4 = 20	CXL 5x1 = 5	↔	Dec-21	Reviewed January 2024  Next review April 2024
5370	Chief Ambulance Services Commissioner	Effective Commissioning	Failure to secure sufficient ambulance capacity to meet the needs of the population	<p><b>IF:</b> sufficient ambulance capacity is not available</p> <p><b>Then:</b> organisational and clinical safety levels of escalation will be higher and for longer durations within the clinical safety plan and patients will not receive a response</p> <p><b>Resulting in:</b> 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.</p> <p>Lack of compliance with statutory requirements for EASC.</p>	<p>The necessary resources secured in the EASC IMTP performance monitoring on a daily basis and month to date position</p> <p>Bi monthly CASC IQPD meetings with Welsh Government</p> <p>CASC monthly Quality and Delivery Meeting with the Welsh Ambulance Services NHS Trust</p> <p>Commissioner element of EMS Demand and Capacity plan for additional staff supported – implementation being monitored</p> <p>Quality and Safety Report presented at every EASC meeting</p> <p>New demand and capacity review commissioned</p> <p>ICAP meetings with health boards and WAST</p> <p>Performance dashboard</p> <p>IMTP tracker</p> <p>Key item on EASC agenda</p> <p>New Quality and Safety Report</p> <p>Ambulance improvement plan developed, agreed and circulated weekly</p>	<p>Delivery of EASC IMTP and WAST IMTP</p> <p>Implementation of the commissioning intentions through the commissioning agreement</p> <p>Role of the EASC Management Group to provide oversight on quality and safety</p> <p>Development of WAST performance improvement plan</p> <p>EASC Action Plan includes detailed clinical review of red incident to understand clinical need of patients to assess improvement opportunities</p> <p>Actions from the Ministerial summit on handover improvement</p> <p>Integrated Commissioning Action Plan (ICAP) work</p> <ul style="list-style-type: none"> <li>• Agreed with WAST 5 key actions for the winter period</li> <li>• Three key actions with appropriate indicators agreed with each HB during the winter period</li> <li>• Improvement plans are used by EASC Team, NHS Executive and WG for focus and consistent approach</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulance Service Indicators</li> <li>• Daily weekly and monthly performance reports</li> <li>• EASC Action Plan</li> <li>• CASC liaison with Chief Operating Officers</li> <li>• EASC receive a quality and safety report at each meeting</li> <li>• New D&amp;C for EMS (starting summer 2023)</li> <li>• ICAPS</li> </ul>	5x5 = 25	CXL 5x2 = 10	New	Jan 23	Reviewed January 2024  Next review April 2024  Review position when red and amber performance improve dramatically

## **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 established arrangements for Information Governance to ensure that information was 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 included legislation such as the Data Protection Act (2018) and the Caldicott Report (1997/2013) that covered the data that was collected and the processing of this to ensure that it was only used for compatible purposes and it remained secure and confidential whilst in our custody.

The EASC Team receive information governance advice and 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 EASCs planning was the original national collaborative commissioning Quality and Delivery Framework to which all seven Health Boards were signatories. The Framework provided the mechanism to support the recommendations of Professor Siobhan McClelland in the "A Strategic Review of Welsh Ambulance Services" published in 2013. The Framework put in place a structure which was clear and directly aligned to the delivery of better care. The Framework provided clear accountability for the provision of emergency ambulance services and 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 was required to demonstrate their ambition of the Framework through making reference to the collaborative work of the EASC within individual Health Board IMTPs.

The NHS Wales Performance Framework and Guidance Document 2024/25 was issued by the Director General for Health and Social Care early March 2024 and would be used as the basis for forward planning and monitoring as relevant to reflect the extended remit of the new Joint Commissioning Committee. The framework and guidance document can be viewed here: <https://www.gov.wales/sites/default/files/publications/2024-02/nhs-wales-performance-framework-2024-to-2025.pdf>

The EASC Team prepared and presented an Integrated Medium-Term Plan (IMTP) for 2024-2027 to the Committee which was approved in March 2024; a formal response is awaited from Welsh Government officials. The Committee received updates on the EASC Integrated Medium Term Plan (IMTP) during 2023-24 and a comprehensive IMTP tracker was developed and progress monitored.

The [NHS Wales Planning Framework 2024-2027](#) was received on the 18 December 2023. The requirements included a need for HBs to send an Accountable Officer (AO) letter on the status of the plan by the 19 February and all plans to be submitted to Welsh Government by 29 March 2024.

The Framework placed a strong emphasis on the themes of the Value and Sustainability Board and the Duty of Quality. These have been reflected in EASC's planning throughout the IMTP development cycle

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

The Health and Care Quality 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 Health & Care Quality Standards replaced the Health and Care Standards (2015) and were a framework to help plan, deliver and monitor healthcare services in Wales. They are made up of six domains of quality and six quality enablers.

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 were 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 to 31 October 2023. This was further extended during the work to create the new NHS Wales Joint Commissioning Committee to 31 March 2024 when the term ended.

## **6. MANDATORY DISCLOSURES**

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

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

Control measures were in place to ensure that the EASCs obligations under equality, diversity and human rights legislation were complied with. The EASC followed the policies and procedures of the Cwm Taf Morgannwg University Health Board as the host organisation. It was recognised that the Committee could benefit from greater diversity. However, this was restricted as the Membership was set by the Directions

As a non-statutory hosted team under Cwm Taf Morgannwg University Health Board, EASC was required to adhere to the Cwm Taf Morgannwg University Health Board Equality and Diversity policy which set out the UHB's commitment to equality and diversity and the legal setting for doing so. The EASC Team fully participated in the Cultural Competency work at the National Collaborative Commissioning Unit where a Silver Plus level was attained.

The Duty of Candour (Wales) 2023 and the Citizen Voice Body (Wales) 2023, changed the status of equality and human rights and all public bodies in Wales had a duty to be open and honest with service users receiving care and treatment.

The Welsh Government's Public Sector Equality Duty (PSED) advocated that all public sector organisations published 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 remained with the LHB of residence.

EASC recognised that the Socio-economic Duty, under the Equality Act 2010, required 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 was taken into account when planning and securing emergency and non emergency ambulance services including evidencing a clear audit trail for all decisions made that were part of the Duty. This was discharged by using existing processes, such as engagement processes and impact assessments.

The EASC Team staff were entitled to membership of the NHS Pension Scheme and control measures were in place to ensure all employer obligations contained within the Scheme regulations were complied with.



This included ensuring that deductions from salary, employer's contributions and payments into the Scheme were in accordance with the Scheme rules, and that member Pension Scheme records were accurately updated in accordance with the timescales detailed in the Regulations.

## **6.2 Welsh Language**

The EASC and its team were committed to ensuring that the Welsh and English languages were treated on the basis of equality in the services provided to the public and other NHS partner organisations in Wales. This was 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 approved by the National Assembly for Wales.

The work of the EASC in relation to Welsh language was included within the Cwm Taf Morgannwg University Health Board approved Welsh language scheme. The Committee Secretary was an active member of the newly formed CTMUHB Welsh Language Steering Group formed to lead and drive the implementation and delivery of legislative Welsh Language compliance. The Welsh Language team at CTM have provided excellent support to the EASC and the team including translation support for EASC minutes and other key documentation throughout the year.

### **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 were made to avoid a recurrence. The EASC website was 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 was of the same standard as the English website in terms of content.

A formal investigation was launched by the Welsh Language Commissioner. The Commissioner asked that changes be made to website software to ensure that Welsh and English languages were treated equally in website development and when publishing papers.



Digital Health and Care Wales (DHCW) led the work which was completed and a new process developed for the EASC and CTMUHB websites thereby closing the actions proposed in response to the investigation. The new and innovative option was also available to other health boards on request to DHCW.

The Welsh Language Commissioner emailed Paul Mears, CEO at CTMUHB (host body) on 29 September 2023 and confirmed was satisfied by the actions taken and closed the investigation.

### **6.3 Handling of Concerns**

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

During 2023-2024, 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 gave the public right of access to a variety of records and information held by public bodies and provided commitment to greater openness and transparency in the public sector.

During 2023-2024, the EASC received three (3) requests for information under the provision of the Freedom of Information Act (FOIA).

### **6.5 Data Security**

The EASC was committed to ensuring that there were effective measures in place to safeguard information and as a hosted team under Cwm Taf Morgannwg University Health Board adhered to its Information Governance policies.

All information governance incidents involving data security would be reviewed by the Information Governance team within Cwm Taf Morgannwg University Health Board. During 2023-2024, no Information Governance breaches were reported for the EASC.

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

The Welsh Government had an ambition for the public sector to be carbon neutral by 2030. This sat 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 was committed to managing its environmental impact, the organisation's carbon footprint and increasing its sustainability. Cwm Taf Morgannwg had undertaken risk assessments and **Carbon Reduction Delivery Plans** were 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 were complied with.

In particular during 2023-2024 and beyond the EASC team continued 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 ran as many meetings as practically possible using online platforms including Microsoft Teams and Microsoft Teams Live for EASC meetings. Additionally, many of the systems moved to paperless processes had continued operating in this way and these were proven to be more efficient and reduced the impact on the environment.

Increasing numbers of the staff had purchased hybrid and electric vehicles some via the NHS Fleet Solutions Scheme.

NHS All Wales Clinical Waste and Municipal Waste Contracts are awarded through an NHS All Wales Tender Process managed by NWSSP Procurement services on behalf of NHS Wales. Waste and recycling were processed by Veolia and the 'Dry Mixed Recycling' (DMR) was collected and separated for recycling by Veolia. Work was also undertaken with staff to raise awareness and understanding of the importance of waste segregation to ensure the continued recycling and meeting new requirements from 1 April 2024.

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

The EASC was 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.

EASC recognised the 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 reviewed the arrangements in place for cross border and cross boundary resource flows and that there were 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 was committed to ensuring that it met all legal and regulatory requirements and had 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 was no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, the Emergency Ambulance Services Committee team considered that it was complying with the main principles of the Code where applicable, through operating within the scope of the governance arrangements for CTMUHB. The EASC Team remained satisfied that it remained compliant with the main principles of the Code, and followed the spirit of the Code to good effect and was 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 2023-2024

Whilst Ministerial Directions were received by NHS Wales organisations, these were not always applicable to EASC. Ministerial Directions issued throughout the year were 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 were logged by the Governance Function. EASC acted upon and responded to all relevant Welsh Health Circulars (WHC) issued during 2023/24. A list of Welsh Health Circulars issued by Welsh Government during 2023-24 are available at:

<https://gov.wales/health-circulars> (2023)

<https://www.gov.wales/health-circulars-2024-2027>

During 2023-2024, the following Welsh Health Circulars (WHCs) were relevant to EASC:

WHC
<a href="#">WHC/2023/006</a> – Commencement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020
<a href="#">WHC/2023/013</a> - Health and Care Quality Standards 2023

<a href="#">WHC/2023/017</a> – Patient safety incident reporting and management
<a href="#">WHC/2023/018</a> – Introduction of HL7 FHIR (findable, accessible, interoperable and reusable) as a foundational standard in all NHS Wales Bodies
<a href="#">WHC/2023/019</a> – In support of prevention of suicide and self-harm
<a href="#">WHC/2023/022</a> – Armed Forces Covenant healthcare priorities
<a href="#">WHC/2023/023</a> – The National Influenza Immunisation Programme 2023 to 2024
Withdrawal of <a href="#">WHC/2023-042</a> – regarding annual quality statements
<a href="#">WHC/2023/032</a> – Amendments to Model Standing Orders and Model Standing Financial Instructions – NHS Wales
<a href="#">WHC/2023/036</a> – NHS Wales speaking up safely framework
<a href="#">WHC/2023/046</a> – All-Wales control framework for flexible workforce capacity
<a href="#">WHC/2024/005</a> - Private obesity surgery and the Welsh NHS
<a href="#">WHC/2023/041</a> – Refresh of the rare disease action plan 2022 to 2026
<a href="#">WHC/2023/048</a> – Health Board allocations for 2024 to 2025

### Ministerial Priorities and Measures

A Healthier Wales (2018) described a whole system approach to health and social care. Putting quality and safety above all else was the first NHS Wales core value. The focus was 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 were required to report on the new measures from April 2022. A whole system dashboard of information was shared widely on a weekly basis by the EASC Team and formed the basis for the discussions at the local Integrated Commissioning Action Plan meetings between the EASC Team, Health Board and the Welsh Ambulance Services University NHS Trust.

The NHS Wales Performance Framework and Guidance Document 2024/25 was issued by the Director General for Health and Social Care early March 2024 and would be used as the basis for forward planning and monitoring as relevant to reflect the extended remit of the new Joint Commissioning Committee.

### **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 adopted and complied with all CTMUHB procurement processes which embedded the principles and requirements of the Code and the Modern Slavery Act 2015. EASC was 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 2023 - 2024 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 provided the workforce with a fair and transparent process, to empower and enable them to raise suspicions of any form of malpractice, by either staff or suppliers / contractors working on the premises
- It had a target in place to pay suppliers within 30 days of receipt of a valid invoice
- It did not engage or employ staff or workers on Zero Hours Contracts
- It followed the Recruitment and Selection Policy and Procedure robustly, which ensured a fair and transparent process as prescribed by its host CTMUHB

- EASC deferred to the CTMUHB Equality and Diversity Policy, which ensured that no potential applicant, employee or worker engaged by CTMUHB/EASC was in any way unduly disadvantaged, in terms of pay, employment rights, employment, training and development or career opportunities. Further work was adopted including the attainment of Silver Plus for the Cultural Competency work.

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

The Well-being of Future Generations Act (WBFGA) required named statutory bodies, including CTMUHB, (host body) to ensure the needs of the current population were met without compromising the ability of future generations to meet their own needs. This 'sustainable development principle' required 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 was committed to contributing towards the achievement of the objectives of the Well-being of Future Generations (Wales) Act which aimed to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA provided 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. The Act put in place seven well-being goals, and clarified the need to maximise the contribution to all seven.

Section 4 of all Committee reports included the Impact Assessment where the author was required to consider organisational implications and outlined 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**

The duty of quality came into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements were in place for 2023-24. EASC was committed to ensuring that the quality of health services were properly considered when making commissioning decisions and recognised the requirements of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 and worked towards implementing the requirements in order to: '*continually, reliably and sustainably meet the needs of the population we serve*'.

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

The duty of candour comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It requires them to be open and transparent with service users when they experience harm whilst receiving health care.

### **6.13 Socio Economic Duty**

EASC recognised that the Socio-economic Duty introduced by Welsh Government under the Equality Act 2010 required relevant public bodies in Wales, which included LHBs, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when taking 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 considered how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made. This was discharged using existing processes, such as engagement processes and impact assessments.

### **6.14 Duty of Consultation**

The EASC Team worked on behalf of the seven HBs within the guidance on changes to NHS services in Wales to effectively engage and consult on the services it commissioned as required.

During 2023-2024, following advice from the former 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 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.

On 1 April 2023, Llais replaced the Community Health Councils in Wales as the Citizen Voice Body. Work has continued throughout 2023-2024 on the Emergency Medical Retrieval and Transfer Service Review. This involved an extensive engagement process and close working with the national team at Llais.

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

As the former Chief Ambulance Services Commissioner (CASC), I had responsibility for reviewing the effectiveness of the system of internal control.

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

As the former CASC, I had overall responsibility for risk management and when required, reported 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 was 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 had considered a range of reports relating to its areas of business during the last year, which had included internal and external audit reports and opinion. Each sub-group developed an annual report of its business and the areas that it had covered during the last year and these were reported in public to the EASC.

The internal control framework and internal and external related audit support was continuously maturing. I wish to highlight the following matters that were considered significant and had presented challenges in 2023-2024:

### **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 many emergency departments.

These issues highlighted above all relate to resource availability (ambulances and response vehicles). Work has continued with individual health boards to develop 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 developing a new strategic direction to support changes to services in health boards.

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

Significant work to undertake formal engagement to deliver the Emergency Medical Retrieval and Transfer Service (EMRTS) Review was completed in March 2024. The final report and recommendations would be made to the new Joint Commissioning Committee in April 2024.

## **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 was satisfied that the EASC had appropriate and robust internal controls in place and that the systems of governance incorporated in the EASC Standing Orders were fully embedded.

Looking forward to 2023-2024 and the new NHS Wales Joint Commissioning Committee, the Cwm Taf Morgannwg University Health Board Audit and Risk Committee and where appropriate the Quality and Safety Committee will continue to consider and review the financial, management, governance and quality and risk issues that will be an essential component to the success of the Joint Committee.

EASC came to an end on 31 March 2024 and the new NHS Wales Joint Commissioning Committee came into being on 1 April 2024 now led by an interim Chief Commissioner.

A Legacy Statement was developed and was received by the programme to deliver the new NHS Wales Joint Commissioning Committee link here:

<https://jcc.nhs.wales/the-committee/meeting-dates-and-papers/april-2024/2-4-1-appendix-1-easc-legacy-statement/> .

Existing EASC arrangements would be continued for the first quarter whilst the transition arrangements could be finalised.

## **9. SIGNIFICANT GOVERNANCE ISSUES**

There were none.

The disclosures given throughout this statement and the recommendations referred to in section 6.2 of this statement (related to the Welsh Language Commissioner investigation) should be noted but did not equate to significant governance issues.

## 10. CONCLUSION

During 2023-2024, no significant internal control or governance issues were identified for EASC.

Signed: 

Date: 9 May 2023

**Stephen Harry**

Former Chief Ambulance Services Commissioner, NHS Wales