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Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

**EMERGENCY AMBULANCE SERVICES COMMITTEE  
DRAFT ANNUAL GOVERNANCE STATEMENT  
2021-2022**

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

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

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# 1. SCOPE OF RESPONSIBILITY

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

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

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

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

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

At the time of preparing this Annual Governance Statement (AGS), the EASC Committee and the NHS in Wales continues to face unprecedented pressures on services to meet the needs of those who continue to be affected by the Covid 19 Coronavirus pandemic.

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

The response required to the pandemic has meant that the Committee and the supporting team have needed to work differently both internally with staff, partners and stakeholders and has been necessary to revise the way the governance framework has been discharged. Where relevant this has been explained within this AGS.

It is acknowledged that in the pandemic there have been limitations on the Joint Committee and its sub-groups being able to physically meet where this is not necessary and can be achieved by other means. The Joint Committee complies with the host body arrangements in line with the Public Bodies (Admissions to Meetings) Act 1960 to hold meetings in public. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were continued – information was posted on the website in advance of the Joint Committee meeting. As the continued duration of the pandemic and the measures required as a consequence are not yet known the arrangements be kept under review in line with the host body. For the whole year, all EASC meetings and its sub-groups were held using Microsoft Teams.

EASC does not have a statutory duty to produce an Annual Governance Statement but does so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation, in relation to its governance and accountability arrangements. This report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services during the COVID-19 pandemic. It explains arrangements for ensuring standards of governance are maintained, risks are identified, mitigated and assurance has been sought and provided.

## **2. GOVERNANCE FRAMEWORK**

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

In accordance with related Regulations and Directions, each Local Health Board ('LHB') in Wales must then agree the Model Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee (Joint Committee) proceedings and business. These Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each LHB's own Standing Orders and have effect as if incorporated within them. Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

The Standing Financial Instructions were developed and were approved by the Joint Committee in March 2022. The remaining work to complete the Standing Orders has been presented to the EAS Joint Committee and it is anticipated will be completed by July 2022.

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

All of the EASC Governance Framework documents are available online here: [Governance - Emergency Ambulance Services Committee \(nhs.wales\)](https://www.nhs.uk/government/organisations/emergency-ambulance-services-committee)

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

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

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

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

### **Emergency Ambulance Services**

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

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

This is in line with the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)), 10 March 2014.

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

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

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

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

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

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

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

### **CAREMORE®**

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



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

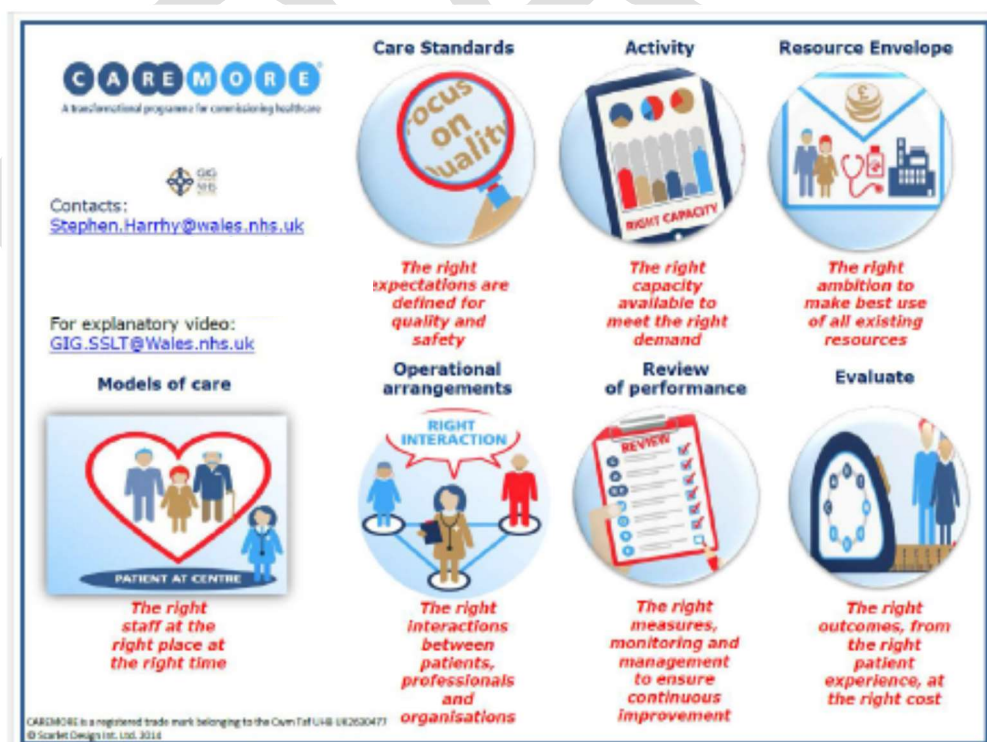
Figure 1 - CAREMORE® Emergency Ambulance Services 5 Step Model



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

It also details the outcomes required in pursuit of improving patient experience; improving patient's clinical outcomes and demonstrating value for money. The principles of the CAREMORE® model are set out in Figure 2 below:

Figure 2 – Principles of the CAREMORE® model





## **2.2 The Joint Committee**

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

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

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

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

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

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



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

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

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Figure 3 - Governance Framework for EASC

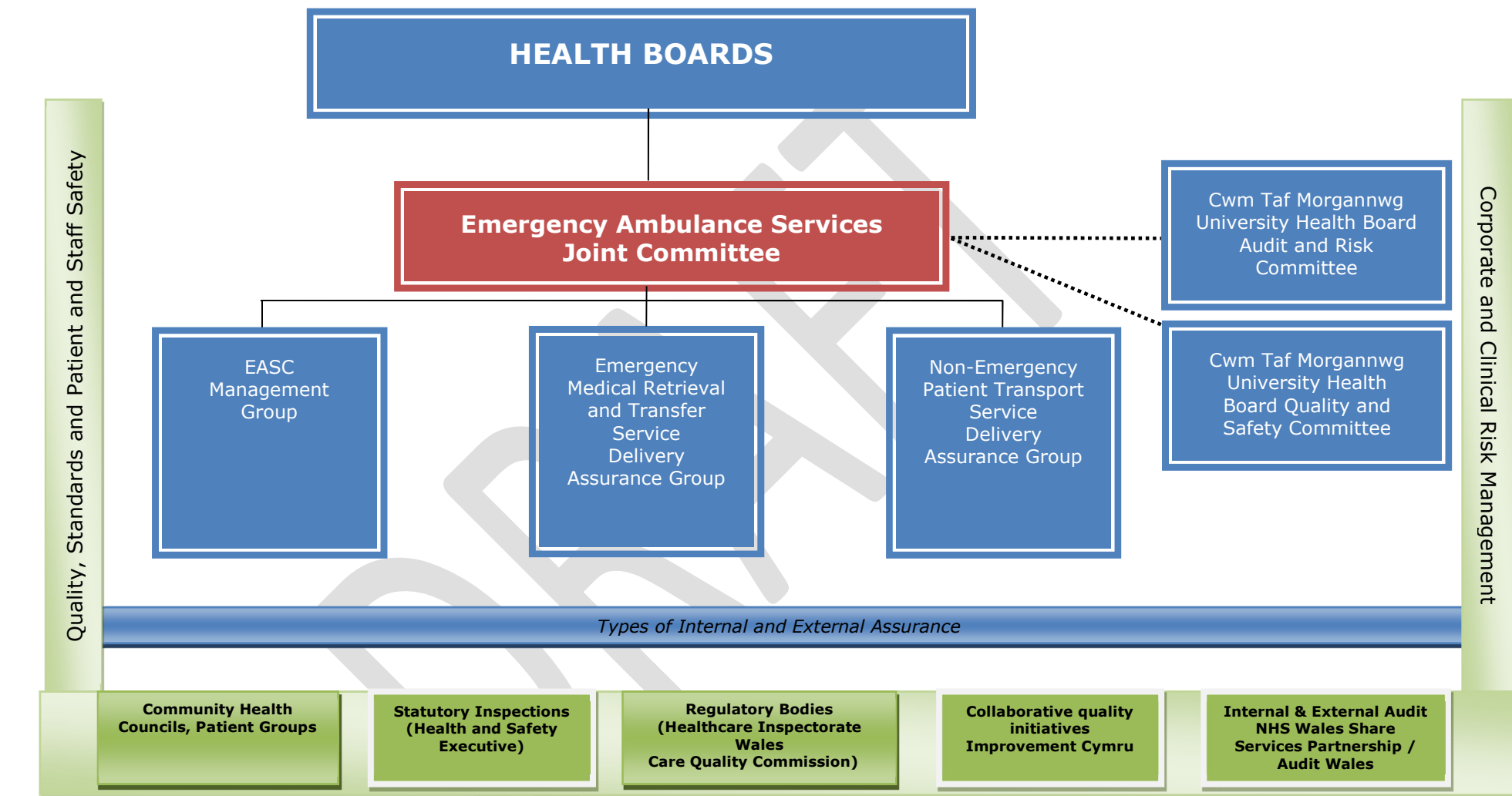


Figure 4 – Sub Groups of the EASC

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

The table in Figure 5 below outlines the Composition of the Joint Committee during the financial year 2021-2022.  
Figure 5

<b>Organisation</b> University Health Board (UHB)	<b>Name</b>	<b>Role</b>	<b>Attendance at meetings 2021-2022</b>	<b>Nominated deputy present</b>
<b>Members</b>				
Emergency Ambulance Services Committee	Chris Turner	Chair (since Nov 2018)	7/7	N/A
Emergency Ambulance Services Committee	Stephen Harrhy	Chief Ambulance Services Commissioner	6/7	N/A
Chief Executive, Aneurin Bevan UHB	Judith Paget	Chief Executive (until 31 October 2021)	3/4	0/1
	Glyn Jones	Interim Chief Executive (From 9 November 2021)	3/3	
Chief Executive, Betsi Cadwaladr UHB	Jo Whitehead	Chief Executive	3/7	0/4
Chief Executive, Cardiff & Vale UHB	Len Richards	Chief Executive (until 30 September 2021)	3/4	0/1
	Stuart Walker	Interim Chief Executive (until February 2022)	2/2	
	Suzanne Rankin	Chief Executive (from 1 February 2022)	1/1	
Chief Executive, Cwm Taf Morgannwg UHB	Paul Mears	Chief Executive	4/7	2/3
Chief Executive, Hywel Dda UHB	Steve Moore	Chief Executive	6/7	0/1
Chief Executive, Powys Teaching HB	Carol Shillabeer	Chief Executive	5/7	1/2
Chief Executive, Swansea Bay UHB	Mark Hackett	Chief Executive	3/7	4/7
<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	2/7	3/5

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

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

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

The Joint Committee's role is to:

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

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

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

### 2.2.1 Joint Committee Meetings

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

All meetings held were quorate. The Committee met 7 times, the meeting held on 20 July was a special meeting of EASC with the Minister for Health and Social Services; the meeting in January 2022 was shortened to reflect the system pressure. All agenda and reports are available here:

<http://www.wales.nhs.uk/easc/committee>.

Figure 6 – EASC Committee Attendance 2021-2022

University Health Board (UHB)	11 May	13 Jul	20 Jul	7 Sep	9 Nov	18 Jan	15 Mar
<b>Committee Members</b>							
Chair	✓	✓	✓	✓	✓	✓	✓
CASC	✓	✓	✓	✓	✓	X	✓
Aneurin Bevan UHB	✓**	✓	✓	✓	✓	✓	✓
Betsi Cadwaladr UHB	✓	✓	✓	✓**	✓**	X	✓**
Cardiff & Vale UHB	✓ (in part)	✓	✓	✓*	✓	✓	✓
Cwm Taf Morgannwg UHB	✓*	✓	✓	✓**	✓*	✓	✓
Hywel Dda UHB	✓	✓	✓	✓ (in part)	X	✓	✓
Powys Teaching HB	✓	X	✓	✓ (in part)	✓ (in part)	✓	✓*
Swansea Bay UHB	✓*	✓*	✓	✓*	✓ (in part)	✓	✓*
<b>Associate Committee Members</b>							
WAST	✓	✓	✓	✓	✓	✓	✓
Public Health Wales	X	X	X	X	X	X	X
Velindre NHS Trust	✓	✓*	✓	✓*	✓*	X	X

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

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

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

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

During 2021-2022 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
- Chief Ambulance Services Commissioner (CASC) report
- Finance Report
- Performance Report
- EASC Governance report including the risk register
- Provider issues by exception
- Forward Plan of Business

Focus on sessions

- 'A modern ambulance service'
- Performance and improvement
- Update on the Demand and Capacity Review of Emergency Medical Services
- Escalating Handover Delays and Healthcare Inspectorate Wales Review

Other items included:

- Draft Financial Plan 2022-23
- Draft EASC Integrated Medium Term Plan 2022-25
- WAST Draft Integrated Medium Term Plan
- Emergency Medical Services Commissioning Framework

Reports from EASC Sub-Groups

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



## **2.3 Sub Committees**

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

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

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

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

The Cwm Taf Morgannwg University Health Board Audit and Risk Committee attendees during 2021-2022 comprised Independent Members supported by representatives of both Internal and External Audit and senior officers of Cwm Taf Morgannwg University Health UHB. Where necessary, relevant officers are in attendance for the EASC components of the Cwm Taf Morgannwg University Health Board Audit and Risk Committee, and it is recognised that as the EASC continues to evolve and mature as a Joint Committee, there will be an increasing level of audit related activity.

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

### **2.3.2 EASC Management Group**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Audit and Risk Committee of Cwm Taf Morgannwg University Health Board advises and assures the Joint Committee on the effectiveness of its risk management arrangements, by reviewing its risk register and approach to risk management at each of its meetings. It is also important to note that the risk register is a routine feature of each meeting of the Joint Committee and EASC Management Group.

The risk register has been comprehensively updated and follows the Cwm Taf Morgannwg UHBs Risk Management policy. All risks are recorded on the Datix Risk Management System.

## **2.5 Standards of Behaviour**

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

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

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

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

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

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

All Members and Senior Managers and their close family members have declared any pecuniary interests and positions of authority which may result in a conflict with their responsibilities. No material interests have been declared during 2020-21, a full register of interests for 2020-21 is available on the EASC website. A register of interests is maintained and is available on request in line with the host body arrangements.

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

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

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

#### **3.1 External Audit**

During 2020-2021 there were no specific reports from external auditors.

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

#### **3.2 Internal Audit**

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

During the reporting period 2021-2022 the EASC were audited twice:

1. EASC – Recruitment Review; this report related to the review of the non-recurrent funding provided by Emergency Ambulance Services Committee (EASC) to Welsh Ambulance Service NHS Trust (WAST) to undertake recruitment. The Report provided reasonable assurance and identified two medium priority recommendations. This was received by the Audit and Risk Committee in June 2021.
2. EASC Governance; due to the timing of the completion of the Audit the Chair of EASC agreed that the report could be presented to the Audit and Risk Committee before the EAS Joint Committee; the report provided reasonable assurance and the actions are linked with the outstanding work to complete the requirements within the EASC model Standing Orders.

No reports received a “no assurance or limited assurance” assessment rating during the year.

### **3.3 Counter Fraud**

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

### **3.4 Integrated Governance**

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

- Tracking of Audit Recommendations
- EASC Risk Register.

During 2021-2022, the Cwm Taf Morgannwg University Health Board Quality and Safety and the Audit and Risk Committee played a proactive role in communicating suggested amendments to governance procedures and the corporate risk register.

### **3.5 Quality**

#### **3.5.1 Ambulance Quality Indicators**

To support the measurement of the new Clinical Model a comprehensive suite of Ambulance Quality Indicators (AQIs) were developed in collaboration with Welsh Ambulance Services NHS Trust and Welsh Government.



The new AQIs were first published as part of a pilot in January 2016, and thereafter quarterly reports were presented to each EASC meeting.

The AQI reports for the 2021-2022 reporting period can be viewed on the link below:

[Ambulance Quality Indicators - Emergency Ambulance Services Committee \(nhs.wales\)](https://www.nhs.uk/ambulance-quality-indicators)

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 2021-2022, the Joint Committee has continued its commitment to assuring the quality of services by including a section on “Quality, Safety and Patient Experience” as one of the core considerations in the commissioning frameworks and also on the updated committee report template which directs the report author to consider the implications when drafting reports for EASC meetings.

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

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

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

As previously highlighted the need to plan and respond to the Covid 19 pandemic presented a number of challenges to the EASC Team. The business continuity arrangements of the host body as well as a plan for the EASC team has allowed for safe working. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term commissioning for the Committee although I am confident that all appropriate action has been taken.

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

The joint Memorandum of Understanding (MoU) between the EASC; Welsh Government and the Chief Ambulance Services Commissioner was endorsed by the Joint Committee in March 2016 and was reviewed at the meeting in September 2021. The Model Standing Orders and the Hosting Agreement with the host body (Cwm Taf Morgannwg University Health Board) were also endorsed in September 2021 and the Model Standing Financial Instructions in March 2022 for approval at all health board meetings to meet the requirements of the [Welsh Health Circular WHC 2019/027](#) (Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the issuing of Model Standing Orders for the Emergency Ambulance Services Committee).

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

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

The aim of the Risk Management Policy is to:

- Ensure that the culture of risk management is effectively promoted to staff ensuring that they understand that the 'risk taker is the risk manager' and that risks are owned and managed appropriately
- Utilise the agreed approach to risk when developing and reviewing the Resource and Operational Plan
- Embed both the principles and mechanisms of risk management into the organisation
- Involve staff at all levels in the process
- Revitalise its approach to risk management, including health and safety.

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

The Committee Risk Register forms part of the process in terms of the identification and management of strategic risks in relation to the commissioning of Emergency Ambulance Services.

The Risk Register continues to evolve and is a 'living' document and should be in a state of constant change to reflect increases, decreases and the mitigation to manage risks

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

## 5.1 Joint Committee Risk Register

As at 15 March 2022, there were 3 risks categorised as Extreme / High these being:

Date 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
4506	Chief Ambulance Services Commissioner	Securing	Failure to achieve agreed performance standard for category red calls	<p><b>IF:</b> The red performance level is less than 65% for each health board area and 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).</p>	<p>The necessary resources secured in the EASC IMTP / Annual Plan performance monitoring on a daily basis and month to date position</p> <p>Bi monthly CASC Quality and Delivery meeting 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</p> <p>Health boards asked to provide Improvement plans for submission to the February meeting of the EASC Management Group to meet the escalating handover delays</p> <p>Development of a revised national escalation plan for Wales</p>	<p>Delivery of EASC Annual Plan 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 operational performance</p> <p>Development of WAST performance improvement plan</p>	<p>Ambulance Quality Indicators</p> <p>Daily weekly and monthly performance reports</p> <p>Remedial Action plans (if required)</p> <p>Specific targeted actions as required</p> <p>Commissioner Ambulance Availability Taskforce</p> <p>Implementation of the Demand and Capacity Review</p> <p>Ministerial EASC Action Plan including monthly submission and review</p> <p>CASC liaison with Chief Operating Officers</p>	4x3=36	CxL 4x3= 12	↑	Aug-20	Aug-22
4507	Chief Ambulance Services Commissioner	Securing	Failure to achieve agreed performance standard for amber category calls	<p><b>IF:</b> The average time for amber performance calls does not reduce year on year</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).</p>	<p>The necessary resources secured in the EASC IMTP/ Annual Plan performance monitoring on a daily basis and month to date position</p> <p>CASC Monthly quality and delivery meetings with WAST</p> <p>Bi monthly CASC Quality and Delivery meeting 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</p>	<p>Delivery of EASC Annual Plan 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 operational performance</p> <p>Development of WAST performance improvement plan</p>	<p>Ambulance Quality Indicators</p> <p>Daily weekly and monthly performance reports</p> <p>Remedial Action plans (if required)</p> <p>Specific targeted actions as required</p> <p>Ministerial Ambulance Availability Taskforce</p> <p>Implementation of the Demand and Capacity Review</p> <p>Ministerial EASC Action Plan including monthly submission and review</p> <p>CASC liaison with Chief Operating Officers</p>	4x3=36	CxL 4x3= 12	↑	Aug-20	Aug-22
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 SAs, litigation and reputational damage.</p>	<p>Discussion at EASC Committee</p> <p>Discussion at EASC Management Group</p> <p>CASC and WAST Quality &amp; Delivery meeting</p> <p>Sought clarification from WAST re Equality Impact Assessment</p> <p>Agree red lines for handover delays to improve ambulance availability</p>	<p>Development of joint escalation plan</p> <p>Commissioning Operational Delivery Unit to avoid unilateral WAST decision-making</p> <p>Provide necessary funding to WAST</p>	<p>WAST Equality Impact Assessment (to be completed)</p> <p>Commitment to collaborative nature of working and implementation of system-wide escalation policy</p> <p>Ongoing discussions around system-wide escalation</p>	5x3=15	CxL 5x1 = 5		Dec-21	Dec-22

## **5.2 Policies and Procedures**

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

## **5.3 Information Governance**

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

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

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

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

The EASC Team prepared and presented an Integrated Medium-Term Plan (IMTP) for 2022-2025 to the Committee which was approved in March 2022; and a formal response is awaited from Welsh Government officials.

The Committee received updates on the EASC Integrated Medium Term Plan (IMTP) during 2021-22 and progress has been made in line with the plan.

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

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

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

## **5.6 Governance & Accountability Assessment**

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

## **5.7 Appointment of Independent Chair**

Dr Chris Turner received, and accepted, an invitation to stay on as Interim Chair for the Committee for a further year in October 2021.

# **6. MANDATORY DISCLOSURES**

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

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

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

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

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

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

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

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

## **6.2 Welsh Language**

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

The work of the EASC in relation to Welsh language is included within the Cwm Taf Morgannwg University Health Board approved Welsh language scheme. The Committee Secretary is a member of the CTMUHB Welsh language group.



### **6.3 Handling of Concerns**

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

During 2021-2022, no formal complaints were received concerning the work of the EASC.

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

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

During 2021-2022, the EASC received no requests for information under the provision of the Freedom of Information Act (FOIA).

### **6.5 Data Security**

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

All information governance incidents involving data security are reviewed by the Information Governance team within Cwm Taf Morgannwg University Health Board. During 2021-2022, no Information Governance breaches were reported for the EASC. The Committee Secretary is a member of the CTMUHB Information Governance Group. The Information Governance toolkit has been completed and will inform an action plan with identified priorities for 2022-23.

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

The Welsh Government have an ambition for the public sector to be carbon neutral by 2030. This ambition sits alongside the Environment (Wales) Act 2016 and Wellbeing of Future Generations (Wales) Act 2015 as legislative drivers for decarbonisation of the Public Sector in Wales. The [NHS Wales Decarbonisation Strategic Delivery Plan](#) was published on 24 March 2021. As a hosted organisation under Cwm Taf Morgannwg University Health Board the EASC is committed to managing its environmental impact, the organisation's carbon footprint and increasing its sustainability.

Cwm Taf Morgannwg has undertaken risk assessments and **Carbon Reduction Delivery Plans** are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

- People – the loss of personnel due to sickness or pandemic
- Premises – denial of access to normal places of work
- Information Management and Technology (IM & IT) and communications/ICT equipment issues
- Suppliers internal and external to the organisation.

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

## **6.8 UK Corporate Governance Code**

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

## **6.9 Ministerial Directions 2021-2022**

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

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

Welsh Health Circulars issued by Welsh Government are logged by the Governance Function. EASC has acted upon and responded to all relevant Welsh Health Circulars (WHC) issued during 2021/22. A list of Welsh Health Circulars issued by Welsh Government during 2021-22 is available at: <https://gov.wales/health-circulars>

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

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

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

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

During 2021 - 2022 EASC continued to take the following actions to deliver on the Code's commitments:

- It paid all staff above the minimum living wage rate (Agenda for Change Band 2)
- It complied with the CTMUHB Raising Concerns (Whistleblowing) Policy, which provides the workforce with a fair and transparent process, to empower and enable them to raise suspicions of any form of malpractice, by either our staff or suppliers / contractors working on our premises
- It has a target in place to pay suppliers within 30 days of receipt of a valid invoice
- It does not engage or employ staff or workers on Zero Hours Contracts

- It follows a robust Recruitment and Selection Policy and Procedure, which ensure a fair and transparent process as prescribed by its host CTMUHB
- EASC defers the CTMUHB Equality and Diversity Policy, which ensures that no potential applicant, employee or worker engaged by CTMUHB/EASC is in any way unduly disadvantaged, in terms of pay, employment rights, employment, training and development or career opportunities.

The front cover for Committee reports includes a section for the author to outline any legal implications, including legislation such as the Well Being of Future Generations (Wales) Act 2015 (WBFGA).

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

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

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

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

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

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

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

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

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

These issues highlighted above all relate to resource availability (ambulances and response vehicles). To address these important issues, the Minister for Health and Social Care had asked me to lead the work identified by the Ministerial Ambulance Availability Taskforce and complete as a Commissioner Ambulance Availability Taskforce. Work is underway with individual health boards to identify robust 'handover improvement plans' to reduce the escalating handover delays. In addition, the recently approved system wide escalation framework should also support the system during unprecedented pressures.

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

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

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

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

## **8. LOOKING AHEAD**

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

It should be noted that the duty of quality comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured in processes in place for 2023-24. In the interim, it is anticipated that there will be a non-statutory implementation of the duty of quality in autumn 2022.

This will allow for testing the quality reporting indicators, measures and narrative framework concepts being developed during the duty of quality implementation phase as a hybrid reporting process for 2022-23.

Looking forward to 2022-2023, the Cwm Taf Morgannwg University Health Board Audit and Risk Committee and where appropriate it's Quality and Safety Committee will continue to consider and review the financial, management, governance and quality and risk issues that are an essential component to the success of the EASC.

Specifically, they will:

- Continue to examine the governance and internal controls of the EASC
- Complete the work to fulfil the requirements of the Standing Orders by July 2022
- Review the risk register
- Oversee the implementation of the Demand and Capacity plan for emergency medical services (EMS)
- Continue to refine and review the commissioning intentions for EMS, NEPTS and EMRTS
- Develop commissioning arrangements for a dedicated National Transfer and Discharge Service
- Deliver the Strategic Commissioning Intentions
- Support the monthly publication of the Ambulance Quality Indicators
- Commission EMRTS and WAST to deliver the Adult Critical Care Transfer Service
- Deliver the Commissioner Ambulance Availability Taskforce and its recommendations
- Deliver alternative pathways in line with the Ministerial request
- In light of the Covid 19 pandemic, revise the EASC IMTP to reflect the anticipated new normal.

## **9. COVID 19 PANDEMIC**

At the time of preparing this statement the organisation and the NHS in Wales continues to face unprecedented and increasing pressures in planning and providing services to meet the needs of those who are affected by Covid 19 and the ongoing impact.

The required response has meant that the EASC team work very differently both internally and with our staff, partners and stakeholders and it has been necessary to revise the way the governance and operational framework is discharged.

## **10. SIGNIFICANT GOVERNANCE ISSUES**

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

## **11. CONCLUSION**

During 2021-2022 no significant internal control or governance issues were identified.

As indicated throughout this statement, the need to continue to plan and respond to the COVID-19 has had a significant impact on the organisation, wider NHS and society as a whole. It continues to require a dynamic response which has presented a number of opportunities in addition the risks.

The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2022/23 and beyond. I will ensure our Governance Framework considers and responds to this need.

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

Signed: 

Date: April 2022

**Stephen Harrhy**

Chief Ambulance Services Commissioner, NHS Wales