



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
26 MARCH AT THE NATIONAL IMAGING ACADEMY,
PENCOED BUSINESS PARK, BRIDGEND CF35 5HY**

PRESENT

Members	
Chris Turner	Independent Chair
Allison Williams	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB
Steve Moore	Chief Executive, Hywel Dda UHB
In Attendance:	
Meinir Williams	Managing Director, Ysbyty Gwynedd, Betsi Cadwaladr UHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	Clinical Director, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance WHSSC and EASC Joint Committees
Gwenan Roberts	Interim Board Secretary, Host Body
Hayley Thomas	Director of Planning, Powys Teaching LHB
Ross Whitehead	Assistant Chief Ambulance Services Commissioner

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/17	WELCOME AND INTRODUCTIONS Chris Turner welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.	
EASC 19/18	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Gary Doherty, Len Richards, Carol Shillabeer, Shane Mills, Steve Ham and Robert Williams.	
EASC 19/19	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	

EASC 19/20	<p>MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2019</p> <p>The minutes were confirmed as an accurate record of the meeting held on 5 February 2019.</p>	
EASC 19/21	<p>ACTION LOG</p> <p>Members received the action log and NOTED progress as follows:</p> <p>EASC16/43 & EASC18/05 Sub Groups</p> <p>Nominations had been requested from each health board in order that the first meeting could take place at the end of April. The Chair asked how the new sub groups would be evaluated and it was AGREED that this would be received in a year's time (added to the forward look), this would allow time to get the Terms of Reference approved and it was expected that each group would have a forward work plan which would be received by the Committee.</p> <p>EASC17/44 & EASC17/73 Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review</p> <p>Members NOTED that the Chief Ambulance Services Commissioner (CASC) was waiting for a response from Swansea University. The CASC AGREED to arrange a meeting to resolve the matter and report back at a future meeting.</p> <p>EASC 18/06 & EASC 18/65 Integrated Performance Dashboard</p> <p>Members NOTED that the work on the development of the dashboard was continuing. The Chief Executives had received a presentation on unscheduled care at a recent meeting; further work would now be undertaken on the creation of a template by the Director of the National Collaborative Commissioning Unit (NCCU) and Judith Paget had agreed to be the lead Chief Executive to finalise the work.</p> <p>EASC 18/100 Financial Consequences</p> <p>Stuart Davies confirmed that a discussion had taken place with the Finance Directors and this action had been completed.</p>	<p align="center">CASC</p> <p align="center">CASC</p> <p align="center">Dir NCCU</p>

<p>EASC 18/107 Expansion of EMRTS</p>	<p>Members NOTED that the expansion of EMRTS had been included in the Integrated Medium Term Plan (IMTP). The updates on progress would be provided and the change would take place in the last quarter and would align with the work in relation to the development of the major trauma centre, units and network by April 2020.</p> <p>A discussion took place in the relation to the progress made with the consultation on major trauma and Members NOTED that the Community Health Councils (CHCs) were writing to health boards regarding the outstanding issues for approval of the consultation outcome. The Welsh Health Specialised Services Committee (WHSSC) would lead on the work including the response on behalf of all health boards to the CHCs. Members NOTED that the CASC had discussed this with the Managing Director at WHSSC; the Minister for Health and Social Services had been briefed and the impact of the work on the Welsh Ambulance Services NHS Trust (WAST) would be included within the demand and capacity review.</p>	<p>Dir NCCU</p>
<p>EASC 18/110 EASC IMTP</p>	<p>Members NOTED that the EASC IMTP had been shared with all health boards and NHS Trusts and had been submitted to the Welsh Government.</p>	
<p>EASC18/101 Amber Review</p>	<p>Members NOTED that the CASC had met with the CHCs and presented information on the ongoing AMBER Review. The response was positive and the CASC had agreed to keep the CHCs updated on progress.</p>	<p>CASC</p>
<p>EASC 19/08 Mental Health Staff Clinical Desk</p>	<p>Members discussed the provision of mental health staff on the clinical desk and also the similar work by the Police forces. It was AGREED that Judith Paget would discuss the implications of providing mental health staff also with Gwent police.</p>	<p>Judith Paget</p>

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	<p>The CASC also AGREED to raise the matter with the Welsh Government as it was felt that using scarce resources (mental health staff) more effectively across more than one 999 service was important and there was a potential to work together to provide population based services more effectively.</p> <p>Members felt that the Police forces would expect health services to fund the mental health staff at the end of the pilot programmes; however, working with key partners Members felt that clarity was required regarding meeting the need of the population which could be delivered either through the clinical desk approach or through NHS Direct in a 'Once for Wales' approach. It was felt that it would be important that any service was more open and easy for people, staff, police and other public services to access; avoiding differential approach in different areas was also felt to be important. Overall, Members felt it needed to be clear what the aim was and who would own the work going forward. Members NOTED that Police forces were liaising with health boards outside the normal commissioning process.</p> <p>Stephen Harray suggested that a report /position statement be developed by his team in relation to what was already available and what was working effectively. The issues in relation to access to data would also be captured; Members felt that the familiarity of local services was most valuable if there was also access to the right information. Consideration would also be given in the report as to whether a summit be held with all key partners and stakeholders about the best use of resources for the future. Members felt it would be important to link to the existing work of the mental health concordat. The CASC AGREED to discuss options with the Director General and Chief Executive of the NHS in Wales to obtain the Welsh Government's view of this matter.</p> <p>EASC 19/08 Cross Border A meeting was planned to take place between the CASC and Powys Teaching Health Board on Non-Emergency Patient Transport Services (NEPTS) and cross border matters which would be reported at the next meeting.</p> <p>Members RESOLVED to: NOTE the action log.</p>	<p>CASC</p> <p>CASC</p> <p>CASC</p> <p>CASC</p>
<p>EASC 19/22</p>	<p>MATTERS ARISING</p> <p>There were no additional matters arising that had not been contained within the Action Log.</p>	

<p>EASC 19/23</p>	<p>CHAIR'S REPORT</p> <p>Members NOTED that a written report would be submitted by the Chair for future meetings.</p> <p>Chris Turner reported he had visited the WAST control room at Vantage Point House in Cwmbran; he visited the clinical desk and saw first-hand that, although the number and nature of the calls could be very demanding, patients were dealt with expertly and efficiently by the team. The Chair requested that his grateful thanks be made to the WAST staff who hosted his visit.</p> <p>Members NOTED that a meeting with the Minister for Health and Social Services had taken place which included the receipt of the Chair's Objectives as follows:</p> <ul style="list-style-type: none"> • Oversee amber review actions and system implementation. • Support for WAST IMTP and plan for 2019-20 (to 2021-22). • Undertake demand and capacity assessment of WAST for system discussion and actions • Ensure collaborative governance in place and key collective decisions made. • Review and agree further EASC actions to underpin winter planning 2019-20. • Facilitate more of WAST options beyond 999 response as enablers for WAST role in community services and alternatives to hospital. • Align EASC with broader work on unscheduled care actions. <p>The Chair requested that his objectives be sent to all Members of the Committee for information.</p> <p>Members also NOTED that the Chair had attended the all Wales Chair's meetings which he found instructive although not all items were relevant.</p> <p>Members RESOLVED to NOTE the Chair's Report.</p>	<p>Jason Killens</p> <p>CASC</p>
<p>EASC 19/24</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioners report was received by the Committee.</p> <p>Members NOTED that an increase had been identified in the number of calls from primary care practitioners concerned that they were receiving a different level of service to other local areas; correspondence had also been received from local medical committees.</p>	

	<p>Members NOTED that across Wales everyone received the same service based on the information provided to the call handler and the responses to questions. Members NOTED that the CASC would be responding to the concerns raised in due course.</p> <p>Members received updates on the following items under the action log agenda item:</p> <ul style="list-style-type: none"> • Update on Emergency Medical Retrieval Service (EMRTS) • Update on Non-Emergency Patient Transport Services (NEPTS) • AMBER implementation <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update and the actions agreed. 	
<p>EASC 19/25</p>	<p>'A HEALTHIER WALES' COMMISSIONING ALLOCATION</p> <p>The Report on 'A Healthier Wales' was presented for discussion by Julian Baker, Director of the National Collaborative Commissioning Unit (NCCU).</p> <p>Members NOTED that the 1% 'A Healthier Wales' funding was provided to support additionality as clarified by the Welsh Government in correspondence dated 18 January 2019, with their expectations that:</p> <ul style="list-style-type: none"> • evidence was provided to demonstrate this additional allocation is used to secure further service provision • EASC discussed with the Welsh Ambulance Services NHS Trust (WAST) how this additional funding could be best utilised to further improve performance and outcomes • the Welsh Government are advised in due course on the detail of the additional service provision which has been funded. <p>Commissioning Values</p> <ul style="list-style-type: none"> • The total value of the 1% 'A Healthier Wales' commissioning allocation identified within the EASC IMTP 2019/22 was £1.477m for Emergency Ambulance Services and NEPTS. • The £0.036m for EMRTS was targeted within the EASC IMTP towards the EMRTS expansion plan. • A total of £1.513m 'A Healthier Wales' funding has been allocated through 2019/20 IMTPs. <p>Discussion took place in relation to the funding for EMRTS and the ongoing costs and phases and the potential to prioritise the EMRTS expansion, although it was felt important to make sure that a balance was found to avoid the financial commitment without the resource.</p>	

	<p>Members felt that the principles proposed within the report were important and that the prioritisation should be distributed between the EMRT and NEPT services.</p> <p>Members discussed the connection to local plans within health boards which included specific investments in the development of advance paramedic roles and it was NOTED that there might be a requirement to pump prime developments on a non-recurrent basis. Specific areas had also been highlighted within the IMTP:</p> <ul style="list-style-type: none"> • Compliance with HCP time requests to improve across each health board area. • Proportion of conveyance to locations other than major Emergency Departments to increase across each health board area. • Proportion of patients referred to alternative pathways / services to increase following 'hear and treat' and 'see and treat'. • Handover times to reduce across all health board areas. <p>The importance of the assumptions of plans for the next 5 years was also discussed and the requirements to collect quality metrics.</p> <p>The WAST and health board joint improvements for the NEPT service were clarified and the importance of the evaluation of any service, including any exit strategy if required.</p> <p>The role of the management group was emphasised with the aim to ensure that evaluation would be a key component in any service development.</p> <p>The importance of the principles was highlighted in terms of the resource utilisation and it was important to emphasise the role of the additional funding. Members felt that a key principle would be that services were equitable for health boards, although the view was expressed that there remained an imbalance in the RED category and that this would need to be addressed, particularly in rural areas.</p> <p>Members discussed the importance of moving the service forward but also recognised that WAST provided a lot of non-core business and the consequent need to get the balance right. In terms of the AMBER review rural services appeared to compare well, although there was still variation across Wales and this would need to be captured and addressed.</p>	
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	<p>Members felt the panel approach was correct although it was key to have the right representation from health boards in order to ensure equity across NHS Wales. Members AGREED that the Director of NCCU would request nominations likely to be Directors of Planning. The funding to be allocated would be non-recurrent funding for this year.</p> <p>Ongoing services provided by WAST was discussed including the “invest to save” initiatives. Members felt that the schemes related to “falls” during the winter had provided additionality although may be able to operate more effectively; ongoing work was continuing on the evaluation process.</p> <p>Jason Killens explained that the falls schemes would stop at the end of the month and requested that a further 3 months be supported on a non-recurrent basis in order that the evaluation could be completed as the evidence appeared to be good and supportive.</p> <p>Members felt that it would be beneficial to support the service and that this could occur on a non-recurrent basis. Members clarified that any recurrent allocation would need to be subject to evaluation and prioritisation of the available resources.</p> <p>Further discussion took place on recruitment and the requirements of the service. Health Boards indicated that they would need to recruit community paramedics and it was suggested that WAST may be able to over-recruit as the workforce model across the NHS in Wales was changing. Stephen Harray agreed to work with WAST in terms of a reasonable recruitment of staff and would also discuss the development of the advanced practitioner roles and where they could be deployed across NHS Wales with the aim to develop a comprehensive workforce plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • AGREE to set up a panel to allocate non recurrent funding for the forthcoming year and receive an update at a future committee meeting • NOTE the discussions held in terms of the expectations and principles • AGREE that WAST continue with the falls services for 3 months and share the evaluation as soon as possible with the Members. 	<p>Julian Baker</p>
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<p>EASC 19/26</p>	<p>EASC FINANCE REPORT</p> <p>The report was received by the Committee and presented by Stuart Davies. Members NOTED that the information was in line with the anticipated expectation of achieving breakeven at the end of the financial year. Stuart Davies explained that the ongoing work with the CASC would be helpful for the financial position in the forthcoming year.</p> <p>Members were alerted to an impending issue around the risk relating to the flow of patient identifiable information with and from NHS England which had been highlighted in a meeting of the Welsh Health Specialised Services Committee (WHSSC). The NHS Wales Informatics Service (NWIS) were involved in the work to avoid an impasse which related to the statutory regulations on handling data and the changes within the NHS Digital programme and the perceived gap within the legislative processes in Wales. It was anticipated that this could impact on the EAS Committee particularly on cross border flows. A temporary way forward was being developed as cessation would have a detrimental impact on patient care. Members NOTED that the Powys tHB were involved in the work and Stuart Davies would ensure that all Chief Executives in Wales would be aware of the work and the mitigations being made to manage the risks. A further update would be provided at the next meeting.</p> <p>Members RESOLVED to NOTE the report and the underspend position.</p>	
<p>EASC 19/26</p>	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members NOTED the following:</p> <p>The CASC was working with the EAS Team to develop the Annual Governance Statement which would be circulated to Members for comment once drafted.</p> <p>The list of nominated deputies for the Committee was received:</p>	

	<table><tr><th>Organisation</th><th>Nominated Deputy</th></tr><tr><td>Abertawe Bro Morgannwg UHB</td><td>Sian Harrop Griffiths, Director of Strategy</td></tr><tr><td>Aneurin Bevan UHB</td><td>Glyn Jones, Deputy Chief Executive and Director of Finance</td></tr><tr><td>Betsi Cadwaladr</td><td>Gill Harris, Director of Nursing and Midwifery</td></tr><tr><td>Cardiff and Vale UHB</td><td>To be confirmed</td></tr><tr><td>Cwm Taf UHB</td><td>Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance</td></tr><tr><td>Hywel Dda</td><td>Karen Miles, Director of Planning and Commissioning</td></tr><tr><td>Powys Teaching Health Board</td><td>Patsy Roseblade, Director of Primary, Community Care and Mental Health</td></tr></table> <p>Stephen Harrhy agreed to write to Cardiff and the Vale to request clarification on their nominated deputy.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none">• NOTE the work on the Annual Governance Statement• Receive the list of Nominated Deputies.	Organisation	Nominated Deputy	Abertawe Bro Morgannwg UHB	Sian Harrop Griffiths, Director of Strategy	Aneurin Bevan UHB	Glyn Jones, Deputy Chief Executive and Director of Finance	Betsi Cadwaladr	Gill Harris, Director of Nursing and Midwifery	Cardiff and Vale UHB	To be confirmed	Cwm Taf UHB	Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance	Hywel Dda	Karen Miles, Director of Planning and Commissioning	Powys Teaching Health Board	Patsy Roseblade, Director of Primary, Community Care and Mental Health	
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EASC 19/27	<p>EMERGENCY MEDICAL SERVICE-5 YEAR DEMAND & CAPACITY REVIEW - WELSH AMBULANCE SERVICES NHS TRUST (WAST)</p> <p>The demand and capacity review was received by the Committee and presented by Jason Killens.</p> <p>In line with the Amber Review Implementation Programme and as agreed with the CASC, the report set out the intention for Health Boards and WAST to jointly commission a forward looking strategic Demand and Capacity Review, designed to model the optimal efficient level of ambulance resources that are required across the system to deliver agreed levels of performance for all categories of emergency calls against forecast demand for the next 5 years.</p> <p>Members NOTED:</p> <ul style="list-style-type: none">• The assumptions had been made for a 5 year period• Quality metrics related to patient experience• Plans for the review to take place in 3 phases <p>Phase 1 – Demand & Capacity Review (WAST Lead) Phase 2 – Health Economic Case (EASC Lead) Phase 3 – Future Modelling & Expertise (EASC/WAST Joint Lead)</p>																	

	<p>There are seven main components:</p> <ol style="list-style-type: none"> 1. Forecast all incident demand by type and location over the next 5 years 2. Agree the required levels of quality and time performance for each type of patient 3. Model the required resources to deliver 2. above by hour of day, day of week and geographical location 4. Identify and quantify WAST efficiencies including new models of response such as APPs, abstraction reduction and roster realignment 5. Identify and model unscheduled care system efficiencies 6. Model the impact of planned service changes affecting patient flows, and 7. Model required resources for Clinical Contact Centres including call handling and clinical staff delivering hear and treat services to meet forecast activity and quality and performance requirements. <p>Members felt that locality baseline information would be really useful and would inform the work. It was felt that a reasonable strategy would be to undertake the work on a regular basis every 2 to 3 years. The importance of linking to the Welsh Government's Clinical Plan and strategic vision to transform clinical care was also discussed; Stephen Harrhy agreed to discuss with officials from the Welsh Government.</p> <p>The Steering Group overseeing the work would include representatives from:</p> <ul style="list-style-type: none"> • Health Board Chief Executives – Steve Moore (Vice Chair of EASC has agreed to represent) • Welsh Government • The National Collaborative Commissioning Unit • The Welsh Ambulance Services NHS Trust (WAST) to include the Medical Director, Director of Operations, Director of Planning & Performance and Trade Unions / staff side organisations. <p>Members NOTED that progress reports would be made to EASC from the Steering Group throughout the process. The review will aim to complete its work as quickly as possible with a formal report potentially available for discussion at the EAS Committee meeting on 10 September 2019, although final timescales will be confirmed once the contract had been placed.</p>	
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	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the commissioning of a collaborative, whole system 5 year strategic demand and capacity review for WAST emergency medical services • NOTE the establishment and membership of a steering group to oversee the review • Receive the findings of the Review at the earliest opportunity. 	
EASC 19/30	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p>	<i>ALL</i>

ANY OTHER BUSINESS		
EASC 19/31	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/32	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 14 May 2018 at the National Imaging Academy, Pencoed, Bridgend.	Committee Secretary

Signed

Christopher Turner (Chair)

Date