



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
9 MARCH 2021 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Deputy Chief Executive, Aneurin Bevan University Health Board ABUHB
Jamie Marchant	Director of Primary, Community and Mental Health, Powys PTHB
Jo Whitehead	Chief Executive, Betsi Cadwaladr BCUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Sian Harrop-Griffiths	Director of Planning, Swansea Bay SBUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/01	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Jo Whitehead was welcomed to the meeting. The meeting in January 2021 had been cancelled due to the operational pressures related to the coronavirus pandemic.</p>	Chair

[illegible]

	<p>EASC 20/74 Health and Safety Executive Improvement notices re personal protective equipment Jason Killens explained that a letter had been sent to Chief Executives during the summer of 2020 to explain the position. Members noted that the amount of time WAST staff were in PPE was still an issue for the HSE although the concern was being mitigated. This action was closed.</p> <p>EASC 20/74 Overview list to tackle performance Members noted that the EASC Management Group would discuss this issue at its next meeting and report back.</p> <p>EASC 20/93 Beyond the Call Members noted that the Beyond the Call document - the National Review of Access to Emergency Services for those experiencing mental health and /or welfare concerns was now available on the EASC website: https://nccu.nhs.wales/qais/btc/</p> <p>EASC 20/95 NEPTS Winter Capacity Members noted the central winter funding monies provided and it was agreed this was a positive report. This action point was closed.</p> <p>EASC 20/95 Safe Cohorting of Patients Members noted the variety of work to reduce handover delays. Providing additional capacity was key across NHS Wales and a number of initiatives were ongoing which would be monitored via the EASC Management Group and would be reported back at a future meeting.</p> <p>EASC 20/95 Operational Delivery Unit (ODU) Members were aware that the ODU was up and running and was linking with the Chief Operating Officers meeting and that the work on escalation would also be important to its function. A report would be provided to the next Chief Operating Officer's meeting and a further update would be provided at a future meeting. (Len Richards joined the meeting)</p> <p>EASC 20/95 Information Members noted that this work was linked with the development of a dashboard. This work would also allow health board to better plan services by working in partnership with WAST in managing the demand in real time. The aim was to work with health boards and Welsh Government to integrate ongoing work. A further update would be provided at a future meeting.</p>	<p>CASC</p> <p>CASC</p> <p>CEO WAST</p> <p>CASC</p>
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	<p>EASC 20/95 Post production lost hours</p> <p>Jason Killens explained that active conversations had been taking place with trade union and staff side colleagues on the modernisation agenda. A further report would be provided in the WAST report at the next meeting.</p> <p>The Chair suggested reordering the Action Log to have the most recent issues first which was agreed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>CEO WAST</p> <p>Ctte Sec</p>
EASC 21/06	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 21/07	<p>CHAIR'S REPORT</p> <p>The Chair's report was received. Members noted the meetings being attended by the Chair and that the work of the groups were all overlapping and crossing boundaries. The Urgent and Emergency Care Programme was changing and this would have an impact on the work of the Committee. The complex landscape had been referred to in 'A Healthier Wales' and Members felt that more work was needed to simplify the system in Wales. Members also noted the Chair's objectives set by the Minister.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/08	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harray highlighted the following key items:</p> <ul style="list-style-type: none"> • Ministerial Ambulance Availability Taskforce <p>Members noted that the Interim Report had been unanimously supported by the Taskforce Members and submitted to the Minister. The report would be shared with Members following its clearance through Welsh Government processes. The aim of the Taskforce was to work in a complementary way with the EAS Joint Committee. One of the main aims would be to develop a vision of what a modern ambulance service needs to look like and Members welcomed an opportunity to have a detailed discussion at a future meeting.</p>	<p>CASC</p>

	<p>Members were notified of a secure website which had been developed to share information with the Taskforce and the EASC members would also be invited to access the information provided.</p> <ul style="list-style-type: none"> • Emergency Medical Retrieval and Transfer Service (EMRTS) Members were notified that accessing capital funding had been an issue for the service in terms of their expansion plans and this had now been resolved. Stephen Harrhy agreed to discuss the capital funding with Sian Harrop-Griffiths (Swansea Bay UHB) outside of the meeting. • Non-Emergency Patient Transport Service (NEPTS) Members noted that the roll out was almost complete; the final two health boards would soon complete the transfer and the CASC thanked the Members for their support in progressing this matter. • Emergency Medical Services Framework Members noted that the EMS Framework had been refreshed. The version produced was less technical than previous iterations but continued to link to the care standards and core requirements but was more focused on outcome and outputs, a change which was welcomed by the Members. There were no specific issues to raise and the framework had been discussed at the EASC Management Group. Members noted a small number of small amendments would be required (although not likely to be material) and the Members agreed that the Chair take Chair's action to sign off. <p>The Chair thanked Stephen Harrhy for the report and Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner's report • APPROVE the Chair and CASC to finalise the EMS Framework (subject to no material issues being identified) for 2021-22. 	<p>CASC / Director of Finance</p> <p>CASC/Chair</p>
<p>EASC 21/09</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. Members noted:</p> <ul style="list-style-type: none"> • Covid Pandemic WAST had been able to de-escalate from REAP3 (Resource Escalatory Action Policy) to REAP2 and additional support which had been received, for example from the military, would be stepped down by the end of March. 	

	<p>Work had commenced on reconfiguring the crews to the previous position and work also was underway to capture any lessons learned from the second wave.</p> <ul style="list-style-type: none"> • Red Performance Members noted red performance had increased since December (which had been very challenging); the previous month (February) had closed at 64%. • Delays Patient waiting times and the pressures in the system due to the second wave had led to unacceptable ambulance waiting times. Members noted that an increase in serious adverse incidents relating to patient waiting times had been experienced. This was also the experience of other ambulance services across the UK in terms of the impact on communities. In terms of community based incidents Members noted that they were being investigated jointly between WAST and health boards. • Non-emergency patient transport services (NEPTS) Two further health boards were just about to cross over to the national model with only one health board yet to transfer. • Changes at Health Boards Members noted the impact of health board service changes on WAST and it was important to learn lessons. Recruitment had taken place, which was additional to the WTE136, for the changes in the ABUHB services. <p>The Chair thanked Members in relation to the work undertaken to transfer NEPT services into WAST.</p> <p>The Chief Ambulance Services Commissioner also highlighted that WAST had undertaken escalation procedures which had not previously been taken. At the Demand Management Plan (DMP) levels 5 and 6 this had led to people in communities who would have normally received an ambulance response being left to make their own arrangements. These decisions had been reviewed and at the time no other actions were available. However, Members noted the opportunities for learning and creating a system where escalation processes across the system, working with the operational delivery unit, might assist in avoiding such drastic action needing to be taken.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the WAST provider report. 	
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Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT	ACTION
<p>EASC 21/10</p> <p>EASC ANNUAL PLAN & COMMISSIONING INTENTIONS</p> <p>The EASC Annual Plan and Commissioning Intentions was received. In presenting the report, Ross Whitehead explained that the Annual Plan was shorter than usual to meet the expectations of the Welsh Government and focussed on EASC activities only.</p> <p>Members noted the intention to focus on three areas in alignment with health boards' resetting:</p> <ol style="list-style-type: none"> 1. Focus on commissioned services 2. Transformational work programmes 3. Develop the commissioning cycle more fully <p>Members noted that the Annual Plan and Commissioning Intentions had been discussed at the EASC Management Group and the guiding principles agreed included:</p> <ul style="list-style-type: none"> • Intentions will be at the strategic level and will be extant for a minimum of 3 years • Collaborative priorities ie WAST, HBs and EASC Team will be agreed annually for each intention • They will focus on delivery and outcomes • Each intention will have annually agreed aims, product or indicator or a combination of these. • They will recognise the challenges of resetting in post-Covid environment and the opportunities to fast track service transformation • They will not replace or override extant requirements within the commissioning framework or statutory targets or requirements. <p>Ross Whitehead explained that for emergency medical services the commissioning intentions included:</p> <ul style="list-style-type: none"> • seizing the opportunities afforded by the Welsh Clinical Response Model and the 5 Step EMS Ambulance Pathway. • optimising the availability and flexibility of front line resources to meet demand. • maximising productivity from resources and demonstrate continuous improvement. • developing a value-based approach to service commissioning and delivery which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients. • collaborating to reduce and prevent harm, and improve quality of service and outcomes for patients. • collaboratively developing and delivering services that allow the ambulance service to contribute to the wider health system. 	

	<p>For NEPTS and Emergency Medical Retrieval and Transfer Service (EMRTS), a slightly different approach was taken as both services were in a transition period and would need time to consolidate the major service changes. The EMRTS expansion work would also include the development of the Critical Care Transfer Service for Wales. A Task and Finish group had been developed working towards the service going live later in the year.</p> <p>Members asked about the 111 Service Programme and Contact First which were more specifically mentioned within the WAST plan. Members discussed that the Committee was not currently responsible for commissioning these services under the Statutory Establishment Order for the EAS Joint Committee. Members were aware of the increasing symbiosis of the 999 service and the 111 Service Programme. The 111 Service Programme Board was also considering the right governance arrangements to avoid duplication. Stephen Harrhy explained that plans were in place to meet with the Programme Director of the 111 Service and WAST to discuss how progress could take place and would advise EASC and the 111 Programme Board in due course.</p> <p>Jo Whitehead shared some reflections on being new in NHS Wales; recent induction meetings and the potential of developing a modern ambulance service and increasing the roles of staff groups such as paramedics and diversifying health care control rooms to support patients before they fail. Jo Whitehead also raised the opportunity for real change to blur primary, community, secondary, tertiary and ambulance service care lines and whether more opportunity for additional transformational service development could be included in the plan and intentions.</p> <p>Members noted the work of the Ministerial Ambulance Availability Taskforce and the need to consolidate ambition which would be a helpful discussion at a future meeting as a 'Focus on' session.</p> <p>The finance section of the Annual Plan was discussed including the requirement of the recurrent funding commitment from last year to support WAST in recruiting the additional 136wte staff to close the relief gap. Other provisions for non-recurrent funding was discussed as well as recognising the commitment from ABUHB to fund the service changes associated with the new Grange University Hospital. There were no additional resource expectations for the NEPT service within the plan.</p>	<p>CASC</p> <p>Chair</p>
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<p>The EMRT service had been allocated funding to establish the Critical Care Service (£1.7m) as well as funding to support the Major Trauma Network. Members noted that the expectations of WAST regarding the requirement in the demand and capacity review for efficiency changes, roster reviews, reduction of post-production hours lost has been clarified. In summary, the non-recurrent finance element approved last year for both WAST and EMRTS would be recurrent if the plan was approved. Any funding in year would need to demonstrate the additional numbers of staff recruited in line with the demand and capacity plans.</p> <p>Members noted that the financial schedules (at beginning of February) had been shared with the deputy directors of finance as well as at the EASC Management Group.</p> <p>The Ministerial Ambulance Availability Taskforce had been tasked by the Minister to describe a modern ambulance service and it was likely that further work groups would be established to contribute to the ongoing work with opportunities for support from all parts of the system. The work to deliver the plans for the major trauma network were also continuing with specific elements related to training.</p> <p>Jason Killens offered to present personal views and the views of WAST in relation to what a modern ambulance service could offer and Members felt it would be helpful as there were significant opportunities to ensuring the best possible service for Wales; it would also be important to share that understanding at the Joint Committee. It was agreed that Jason Killens would present at the next Committee meeting in the Focus on session (Added to the Forward Look).</p> <p>The new Critical Care Transfer Service was also discussed as this would be the first time that Wales would have a dedicated service available. Members noted that it was a slightly different model across Wales but it would provide equity of access. The work to progress the national transfer and discharge service would also be undertaken in the financial year which would also capture inter hospital service transfers and service transformation in health boards. The EASC Management Group had suggested that a 3-year commissioning cycle would be beneficial to the system and therefore the work to develop next year's plans would start during the summer for discussion and collaborative working.</p> <p>Members discussed where plans for the 111 Service and Contact First would be approved (as outside the EASC responsibilities).</p>	<p>Chair</p> <p>CEO WAST</p>
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	<p>Members noted the current position that the 111 Service reported through its Programme Board and the Contact First reported through to the National Programme for Urgent and Emergency Care. Members felt it would be helpful that the processes could be simplified and noted that the EASC Joint Committee could provide strong governance for these services.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the EASC Annual Plan and • APPROVE the Commissioning Intentions. 	
EASC 21/11	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) DRAFT INTEGRATED MEDIUM TERM PLAN (IMTP)</p> <p>The draft WAST IMTP was received. In presenting the plan, Jason Killens highlighted the overarching (current draft) summary position including:</p> <ul style="list-style-type: none"> • The plan built on previous plans • Recognises the EMS 999 service and also the front end of the 111 service (through the programme board) • Recognised that this was a 3 year plan although Welsh Government only asked for an annual plan • Demand and Capacity review investment and efficiencies to be made; increasing hear and treat rate <p>Next 12 months</p> <ul style="list-style-type: none"> • Call handling (111 roll out – BCUHB in June and CVUHB will be the last health board to come on line) • Implement new SALUS system – national system for 111 in the summer (Plans for CVUHB could be brought forward after the new system is implemented if required) • More call handlers and clinicians and investing in senior clinicians in 111 to develop options for patients • Digital options and offers to be developed – including video assessments with clinical staff (begin to defray as much activity with a digital offer) • WAST expect 111 and 999 services to come together as a clinical service and work through how this may look in the future • Demand and capacity – appointing a further 127 staff to close relief gap and concurrently the efficiency work – will involve changing rosters • Electronic patient clinical record; will improve data collection and accessibility and connection of data sets which will inform decision making • Respiratory and other pathways • NEPTS – national footprint for the first time 	

	<p>Additional offers could include (if commissioned)</p> <ul style="list-style-type: none"> • Recruit a further 50 paramedics • More staff through advanced practice (20 in September) • Implement 'Beyond the Call,' responding with specialist clinicians and a level 2 full service nationally. <p>Members noted that additional information would be developed to provide a sense of what might be achieved on performance into the final version of the IMTP. The model for rural areas was also of interest to Members and further work would take place to discuss improving services.</p> <p>Members suggested that further conversations regarding the additional offers could take place at the Chief Operating Officers meeting or with separate health boards although economies of scale was an important consideration.</p> <p>Other options could also be considered although taking a national 'Once for Wales' approach would be helpful. Members noted that additional staff could be recruited and understood the capacity for next year would be sensible and helpful for plans for next year. The extended training course for paramedics in the year after next would lead to a reduced number of new paramedics available at that point. The training capacity was finite and it would be helpful to clarify how this could work across Wales particularly for urgent and emergency care settings.</p> <p>The Chair raised the issue of red and amber performance and the expectation of the public to receive a timely service as well as understanding how the service needed to change going forward and communicating and engaging the changes with the public. Ensuring the core service delivers would be key to providing other options for a modern ambulance service.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • SUPPORT the draft WAST IMTP. • NOTE the IMTP was consistent with the EASC Annual Plan and financial assumptions are similar • NOTE issues relating to the 111 service and the governance routes • APPROVE the Chair and CASC sign off the plan at the appropriate time before submission to the Welsh Government. 	<p>Chair and CASC</p>
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EASC 21/12	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position, 100% balanced plan. There were no anticipated difficulties to complete the finance report at year end.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 21/13	<p>EASC SUB GROUP MINUTES</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group - 22 October and 18 December 2020 • EMRTS Delivery Assurance Group – 10 Dec 2020 • NEPTS Delivery Assurance Group – 27 Oct 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	CASC
EASC 21/14	<p>EASC GOVERNANCE INCLUDING THE RISK REGISTER</p> <p>The EASC Governance report was received. In presenting the report Gwenan Roberts explained that the Annual Report would be presented at the next meeting and this would include the effectiveness survey.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The temporary changes to the model Standing Orders in line with the Welsh Health Circular 2020/11 would revert to the original Standing Orders on 31 March 2021. • The EASC Directions and Regulations • The Risk Register which had been received at the EASC Management Group • The EASC Sub Group membership had been clarified for all health boards • Plans to improve public access to Committee meetings in line with health boards. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the plans to complete the Effectiveness Survey at the next meeting • APPROVE the Model Standing Orders for EASC noting the changes following the completion of the Welsh Health Circular 2020/011 on 31 March 2021 • NOTE that all health boards need to review the representatives at the Sub Groups 	CASC

Agenda Item 1.4

	<ul style="list-style-type: none"> • NOTE the governance arrangements for the EASC • APPROVE the risk register. 	
EASC 21/15	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. The next Focus On session would be the 'modern ambulance service'.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	Chair
Part 4. OTHER MATTERS		ACTION
EASC 21/16	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/17	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 11 May 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed

Christopher Turner (Chair)

Date