



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
13 JULY 2021 AT 09:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Jo Whitehead	Chief Executive, Betsi Cadwaladr BCUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore (in part)	Chief Executive, Hywel Dda HDdUHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
<b>In Attendance:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, EASC Team, 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)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit
Julian Baker	Director of National Collaborative Commissioning, National Collaborative Commissioning Unit
Sian Ashford	Clinical Lead Nurse, Emergency Department Quality and Delivery Framework, National Collaborative Commissioning Unit

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 21/35	<b>WELCOME AND INTRODUCTIONS</b> Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	Chair

## Agenda Item 1.4

	The Chair welcomed Julian Baker and Sian Ashford, members of the Emergency Department Quality and Delivery Framework (EDQDF) team as part of the Focus on session.	
EASC 21/36	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Mark Hackett, Steve Ham, Carol Shillabeer and Gwenan Roberts.</p>	Chair
EASC 21/37	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were no additional interests to those already declared.</p>	Chair
EASC 21/38	<p><b>MINUTES OF THE MEETING HELD ON 11 MAY 2021</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 11 May 2021.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Minutes of the meeting held on 11 May 2021.</li> </ul>	Chair
EASC 21/39	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p> <p><b>EASC 20/95 Post-production lost hours</b></p> <p>It was agreed that Jason Killens would brief the Chief Ambulance Services Commissioner (CASC) separately once the draft action plan for structured discussions with Trade Union partners had been finalised (Action).</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	CEO WAST
EASC 21/40	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	
EASC 21/41	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received. Members noted that a Special Meeting of the Joint Committee had been arranged to take place on 20 July 2021 to meet with the new Minister for Health and Social Services; it was hoped that all Members would be able to attend this important meeting. Stephen Harray thanked Members for agreeing that the Special Meeting of the Joint Committee meeting could be held within the time planned for the Chief Executives' meeting.</p>	

	<p>Members were pleased to be meeting with the Minister and felt it was likely that the ongoing expectation for EASC would be discussed. In line with discussions at the previous meeting it was felt that this could include reference to supporting and developing a vision for a modern ambulance service which was widely supported. Further discussion would take place during the 'Focus on' session at the meeting.</p> <p>Members also discussed that the Minister would want to discuss ambulance performance and would expect that all opportunities would be sought to work collaboratively across Wales to improve performance. Further discussions would take place as part of the provider report from the Welsh Ambulance Services NHS Trust (WAST). Members felt that the Minister would also be interested in the seasonal arrangements and particularly winter planning for key actions to raise resilience levels in the wider system.</p> <p>Members felt it was important to emphasise the need to ensure a multi-dimensional discussion that included the issues that were impacting on the wider urgent and emergency care system in tandem with the emergency ambulance services. Members noted that at the request of the Chairs' Peer Group the NHS Confederation was undertaking a review of the significant work currently being undertaken across the urgent and emergency care system.</p> <p>It was agreed that a briefing note capturing key discussion points and the actions being taken would be prepared for Members, ahead of the meeting with the Minister (Action). This would include the whole system approach and the transformational work being undertaken and planned.</p> <p>Members also noted that the Chair, Chris Turner would have an end of year appraisal with the Minister for Health and Social Services on 3 August 2021.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report</li> <li>• <b>APPROVE</b> the development of a briefing note in preparation for the meeting on 20 July 2021.</li> </ul>	<p>CASC</p>
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Part 2. ITEMS FOR DISCUSSION	ACTION
<p>EASC 21/42</p> <p><b>FOCUS ON - Follow-up on the discussion held around 'A Modern Ambulance Service'</b> (Jo Whitehead joined the meeting 09:47)</p> <p>Chris Turner reminded Members of the helpful presentation received the last meeting from WAST and explained that Stephen Harray would present the development of a modern ambulance service through the commissioner lens with a view to generating discussion and debate around some of the key issues.</p> <p>Members <b>received</b> the presentation 'EASC 999/111 Opportunities' which aimed to support a follow up discussion on the previous 'Focus on' session – a modern ambulance service. Stephen Harray introduced the slides and acknowledged the use of some of the same slides as presented by WAST at the last meeting. Members noted the commissioner perspective and discussed the need to have agreement on the way forward for the whole system.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• the long term strategic framework including the ambition to ensure the right advice or care, in the right place every time, the key enablers for delivering on this including workforce, innovation and technology, collaboration, infrastructure and commissioning and using a quality driven, clinically led and value focussed approach</li> <li>• the existing position which included a very efficient 999 call handling service; however, expensive ambulance resources were dispatched to too many 999 calls and too many conveyances were being made to a major emergency department with the consequential impact on the urgent and emergency care system</li> <li>• relatively scarce and fragmented resources for remote clinical triage and assessment</li> <li>• the need to work together and to utilise technology to provide clear information and to improve both patient pathway and patient experience</li> <li>• the future ambition and the transition from the 'see, treat and convey' domain</li> <li>• key components of the new system included better access to information, alternative service pathways, more timely handover processes, different models in different communities and a system that, no matter what number the patient dialled, they would be directed to the right service</li> </ul>	

- 111 Service was referred to as the 'Gateway to Care' with a central aim for more callers to have a clinical assessment before the response was agreed via an integrated national clinical hub
- commissioning opportunities across 999 and 111 services with the use of the five-step patient pathway that was already used to commission emergency ambulance services, consistent public messaging to change behaviour around choosing services and the need to work collaboratively and to ensure a balance between national and local models as appropriate.

Jason Killens also supported the views of Members, in particular that the issues within the system were broader than emergency ambulance services and included the wider urgent and emergency care system; he also supported the need to reflect how communities varied across localities and the need to find a balance of national and local services as appropriate. Members noted that WAST were also committed to appropriate clinical assessment and broadening the range of its responses as the current service would most often involve conveying a patient, usually to ED.

Members also felt that, whilst WAST currently provided both 999 and 111 services, the 111 Service was not an emergency ambulance service and it was important to maintain the distinction between the services. Members noted that further work would be required to refine the 111 Service model to ensure that it was compatible with public expectations and tailored to available local services.

It was also suggested that it was important to ensure that the service response model was more integrated and that, whether the call was made to the 999 or 111 service, the most appropriate response would be triggered. The system response should include a suite of alternative options that were not reliant on conveyance and would integrate with what Health Boards had to offer; all with patient safety as the focus. Members felt it was important from the patient perspective that they would be helped to enter the system in the best way possible. It was also emphasised that it would be important to agree on a system-wide basis how services were joined up so that the place of entry did not impact on patients receiving the best service. Members noted the impact of the digital offerings from WAST and anticipated that significant improvements could be made.

<p>Members also highlighted the importance of linking with local authorities across Wales to understand and develop emergency social care responses, both in and out of hours, to help manage risk across the system. Members suggested examples where this could have an impact, such as falls responses, home care, mental health, emergency sitting and drug &amp; alcohol services.</p> <p>In addition, it was noted that there had been a shift in the way in which the public expected to access services and how the increased digital offering has been seen to uncover additional demand from the public for information and reassurance. Members felt it would be important to develop the system response and using a digital first approach where appropriate. Jason Killens gave examples of successful digital models that were already in place and suggested that some could be adopted on a national scale.</p> <p>Members also discussed the importance of working with the public in relation to access to services and alternative pathways to emergency ambulance response for a modern ambulance service. Irrespective of the entry point, Members felt it would be important to ensure that the right response was received across the whole system for each patient. (Steve Moore joined the meeting 10:25)</p> <p>Stephen Harray summarised some of the key points made, which included the need:</p> <ul style="list-style-type: none"> <li>• for the patient experience to be most critical</li> <li>• to exploit the potential of digital technology</li> <li>• to have integrated services behind the first point of access and to understanding the impact of this on patients and providers.</li> </ul> <p>Members agreed that a roadmap would be developed capturing the key design principles and that, once agreed by the Joint Committee, this would be taken forward across Health Boards to ensure the required system service response was achieved (Action). Members offered to support this work as required.</p> <p>The Chair thanked all members for the helpful discussion and especially the practical and collaborative approach that had been agreed.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the presentation</li> <li>• <b>ENDORSE</b> the development a road map of the key design principles for consideration and approval at a future meeting.</li> </ul>	<p>EASC Team</p>
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<p>EASC 21/43</p>	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</b></p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen HARRY highlighted the following key items:</p> <ul style="list-style-type: none"> <li>• Ministerial Ambulance Availability Task Force – the Co-Chairs had recently met with the Minister for Health and Social Services and reported her support for the direction of travel. It was noted that specific work had been undertaken by the Taskforce with a focus on ambulance handover delays and key actions would now be taken forward; this could include a refreshed Welsh Health Circular to support increased ownership and leadership across the system.</li> <li>• Emergency Department Quality and Delivery Framework (EDQDF) – it was agreed that an update on the work undertaken would be prepared for EASC colleagues and circulated outside of the meeting (Action).</li> <li>• Regular meetings continued to be held with WAST colleagues regarding the concerning ambulance performance; Members noted WAST were currently undertaking a deep dive approach to identify areas for immediate improvement in relation to EMS performance.</li> <li>• Non-Emergency Patient Transport Services (NEPTS) - It was noted that work was being undertaken with Cwm Taf Morgannwg (CTMUHB) to ensure that the remaining transfer of work would take place on 1 August 2021. The CASC reported that Covid-19 social distancing measures were impacting on the level of NEPTS resources available across Wales and the inevitable impact of health board reset and recovery plans on the services provided. Members noted that work was underway with health boards regarding the prioritisation and management of patient transport resources and that, following discussion at the NEPTS Delivery Assurance Group (DAG), it had been agreed that a central Welsh Government allocation would be sought to support the work, rather than impacting on plans already developed. Discussions were already underway with WG officials in this regard.</li> <li>• Operational Delivery Unit (ODU) and Escalation Plans – work was being undertaken to assess whether the ODU was functioning effectively and also, more recently, work with Chief Operating Officers had been commenced to establish operational delivery units for each health board.</li> <li>• Commissioning for Value Programme – in line with EMS Commissioning Intention 4, working with WAST colleagues, a value-based approach had been developed with engagement now taking place on programme priorities.</li> </ul>	<p>Julian Baker</p>
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	<p>An update would be provided at the next EASC Joint Committee meeting (Action).</p> <ul style="list-style-type: none"> <li>• Emergency Medical Retrieval and Transfer Service (EMRTS) - Members received the final version of the EMRTS Quality and Delivery Framework and agreed its content.</li> </ul> <p>Following discussion, members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the information within the report.</li> <li>• <b>APPROVE</b> the EMRTS Quality and Delivery Framework.</li> </ul>	
<p>EASC 21/44</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</b></p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. The report featured the requested focus on the work undertaken in relation to the demand and capacity within the service and the impact of the additional staff recruited. Members noted the position relating to roster reviews and ongoing policy changes within the service and the likely impact of these, as well as the current review of performance and short-term actions that aimed to improve performance immediately in addition to addressing winter resilience requirements. Jason Killens presented slides to focus on key points raised, these included:</p> <ul style="list-style-type: none"> <li>• That exceptional increases in activity had taken place across the UK ambulance sector with a significant increase in 999 calls month on month. Members asked whether the 999 call increases were evenly distributed across Wales and Jason Killens agreed to give an overview in the next report (Action)</li> <li>• in Wales, significant increases had been experienced in red activity and overall increases in 999 activity with approximately 200-300 calls a day in excess of the forecasted position</li> <li>• recruitment – additional staff had been or were being recruited to reduce the relief gap and ensure that the service was less reliant on overtime. This would ensure a more stable unit hour production including for frontline emergency ambulances and would also lead to increased rapid response vehicles (RRV)</li> <li>• roster changes – Members noted this was a significant undertaking and would impact on every ambulance station across Wales. Discussions had been held with trade unions and staff to finalise the key design principles for the new rosters with the aim of implementing from April 2022, following the winter period</li> </ul>	<p>Jason Killens</p>

- the impact of the reduced availability of Community First Responders (particularly of the CFR capacity in rural areas)
- RRV hours, improved mobilisation efficiencies and ongoing personal protective equipment (PPE) requirements on red performance were noted
- it has been identified that higher proportions of activity had been missed in the twilight hours where there were less resources available; additional work would be undertaken by the service regarding dispatch, production and response, an update would be provided at the next meeting (Action)
- 'hear and treat' interventions were currently contributing approximately 10% of daily activity
- investment in the rural model was noted in order to increase the ambulance and CFR availability in Powys and other rural areas; this would potentially lead to an increase in RRVs too, this work would continue with key stakeholders and further updates would be provided
- Members noted the position regarding post production lost hours and current workforce policies and the need to agree alternative approaches that would ensure improved efficiencies, a plan was being finalised and would be received by WAST in the coming week; a further update would be provided at the next meeting (Action).

Members discussed the key issues and the Stephen HARRY summarised the work which would now be undertaken to agree timelines and to ensure there was a robust plan to address red performance across Wales. Members noted that unit hour production was more stable, this was particularly noticeable in terms of emergency ambulance availability, with further work now required in relation to RRV and urgent care services (UCS) resource availability in order to maximise the resource. In addition, the role of the 'hear and treat' service was appreciated and the impact on the conversion rate of 'calls received' and 'calls responded to'. Members noted the improvement in this trajectory and it was agreed that this would be further capitalised on if some of the discussed alternative pathways could also be implemented.

In relation to the proposal for local operational delivery units, Members raised the need for more effective working and the need to facilitate discussions around the collective system resource. System adjustments would be required in order to improve the way that WAST and health board colleagues worked together each day. Stephen HARRY confirmed that work was underway in terms of developing a local minimum data set that included actual ambulance availability to support local health board teams.

	<p>Members also noted that further work was required to better understand the impact of delays on patient outcomes and patient experience. Stephen Harray reminded Members of the work being undertaken by Digital Health and Care Wales (DHCW) and Lightfoot regarding the linking up of the data and tracking the patient journey. Ross Whitehead added that the EASC team were working on developing the revised commissioning framework that focussed on the outcomes expected from ambulance services for different patient groups and that an update would be presented to a future meetings with the ambition that the revised commissioning framework would be in place from 1 April 2022.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the WAST provider report.</p>	
<b>Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT</b>		<b>ACTION</b>
EASC 21/45	<p><b>FINANCE REPORT</b></p> <p>The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted:</p> <ul style="list-style-type: none"> <li>• the need to work with WAST colleagues to monitor the additional funding and the appointment and deployment of additional staff</li> <li>• the need to continue to work with the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) regarding the additional allocations relating to the 24/7 expansion and the Adult Critical Care Transfer Service</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> and <b>NOTE</b> the report.</li> </ul>	Director of Finance
EASC 21/46	<p><b>EASC SUB GROUP MINUTES</b></p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> <li>• EASC Management Group - 29 April 2021</li> <li>• EMRTS Delivery Assurance Group – 15 March 2021</li> <li>• NEPTS Delivery Assurance Group – 30 March 2021</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the confirmed minutes as above.</li> </ul>	
EASC 21/47	<p><b>EASC GOVERNANCE</b></p> <p>The EASC Governance report was received. In presenting the report Chris Turner gave an overview of the EMRTS and NEPTS Annual Reports for 2020-2021.</p>	CASC

	<p>Members noted that a new version of the EASC Standing Orders had been recently released by the Welsh Government; the Committee Secretary would inform the host body and all other health boards following the meeting.</p> <p>The EASC Risk Register was received with Members noting that two risks remained red relating to the failure to achieve the performance targets for red and amber calls.</p> <p>Members also noted the Internal Audit Report on the EASC Recruitment Review. This report had provided reasonable assurance and identified two medium priority recommendations regarding:</p> <ul style="list-style-type: none"> <li>(i) the reporting of workforce and financial information relating to recruitment and</li> <li>(ii) the monitoring and deployment of new staff.</li> </ul> <p>The Audit Report had been received at the CTMUHB Audit and Risk Committee and the recommendations had been added to the EASC Internal Audit Tracker Log and would be monitored at the EASC Management Group.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the EMRTS Annual Report and Terms of Reference</li> <li>• <b>APPROVE</b> the NEPTS Annual Report and Terms of Reference</li> <li>• <b>APPROVE</b> the model standing orders for EASC</li> <li>• <b>APPROVE</b> the risk register</li> <li>• <b>NOTE</b> the Internal Audit Report on EASC recruitment</li> <li>• <b>NOTE</b> the governance arrangements for the EASC.</li> </ul>	
EASC 21/48	<p><b>FORWARD PLAN OF BUSINESS</b></p> <p>The forward plan of business was received.</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Forward Plan.</li> </ul>	CASC
<b>Part 4. OTHER MATTERS</b>		<b>ACTION</b>
EASC 21/49	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair thanked Members for their contribution to the meeting and commented that the 'Focus on Sessions' were working extremely well with a good level of participation and discussion by Members. Members were reminded of the Special Meeting with the Minister for Health and Social Services on Tuesday 20 July 2021.</p>	

## Agenda Item 1.4

DATE AND TIME OF NEXT MEETING		
EASC 21/50	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 7 September 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 .....