



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
18 JANUARY 2022 AT 11:15HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer	Chief Executive, Powys Teaching Health Board PtHB
Stuart Walker	Interim Chief Executive, Cardiff and Vale CVUHB
Mark Hackett	Chief Executive, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
<b>In Attendance:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/01	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair

	<p>Members were reminded that, following discussion with the Chairs of both EASC and the Welsh Health Specialised Services Committee (WHSSC), it had been agreed to hold a shortened meeting in light of the current severe operational pressures that Health Boards were facing.</p> <p>The Chair explained that an abbreviated agenda had been prepared with the meeting focussed on two main items, these were emergency ambulance capacity and the draft EASC Integrated Medium Term Plan (IMTP). It was stated that the performance report, Chief Ambulance Services Commissioner (CASC) report and the Welsh Ambulance Services NHS Trust (WAST) provider update had also been included for noting and information. Whilst the three items would not be considered during the meeting, the Chair confirmed that members could raise any related matters with the Chair or any member of the EASC Team.</p> <p>In light of operational pressures and the need for a shortened meeting, other routine reports were deferred to the next meeting of the Committee, due to be held on Tuesday 15 March 2022.</p>	
EASC 22/02	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Tracey Cooper, Steve Ham, Stephen Harry, Gwenan Roberts and Jo Whitehead.</p>	Chair
EASC 22/03	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>The Chair reminded those that had not yet responded to the request for Declarations of Interest to respond and suggested that the EASC Team could be contacted if there were any queries.</p>	Chair
EASC 22/04	<p><b>MINUTES OF THE MEETING HELD ON 9 NOVEMBER</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 9 November 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 9 November 2021.</li> </ul>	Chair
EASC 22/05	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p>	

	<p><b>EASC 21/64 Ambulance Handover Delays</b> It was noted that discussions were ongoing with various sites and options being discussed regarding this matter.</p> <p><b>EASC 21/65 Focus on session - Update on Demand &amp; Capacity</b> It was agreed that a short paper would be prepared to include the assumptions used in the modelling.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Action Log.</li> </ul>	<p><b>EASC Team</b></p> <p><b>EASC Team</b></p>
EASC 22/06	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	
EASC 22/07	<p><b>CHAIR'S REPORT</b></p> <p>The Chair's report was received.</p> <p>It was noted that the Chair had recently met with both Velindre University NHS Trust and Betsi Cadwaladr UHB. Each presentation had been tailored to suit local requirements and priorities and, again, this resulted in positive interactions and welcome feedback.</p> <p>The Chair advised that personal objectives had now been received from the Minister following the end of year appraisal. In addition to the core objectives, three additional targeted objectives had been included to reflect the specific role of the Committee.</p> <p>It was agreed that the inclusion of the specific Six Goals objective indicated the Minister's clear wish to formally extend the Committee's role in the urgent and emergency care arena.</p> <p>The Chair confirmed that the in-year review with the Minister would be held shortly.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report</li> </ul>	
<b>Part 2. ITEMS FOR DISCUSSION</b>		<b>ACTION</b>
EASC 22/08	<p><b>EMERGENCY AMBULANCE CAPACITY (2022-23)</b></p> <p>Ross Whitehead presented the report relating to emergency ambulance capacity and the continuing challenge in ensuring the delivery of effective and responsive emergency ambulance services.</p>	

Members noted that changes in demand and lost capacity through handover, sickness and other areas had resulted in poor responses for patients, failure to achieve response targets and episodes of harm for some patients.

The Welsh Ambulance Services NHS Trust (WAST) had recently provided a transition case to the Chief Ambulance Services Commissioner outlining their preferred option for additional capacity next year.

This option included the recruitment and training of an additional 294 full time equivalents (FTEs) during 2022-23 to aid in reducing patient harm and system risk and supporting the move towards the strategic ambition previously presented to the Committee.

Additional capacity would bolster operational resources and mitigate the impact of lost capacity through handover delays and workforce practices, whilst improvement plans to address these were being implemented. This capacity would predominantly come from recruiting and training additional Emergency Medical Technicians and would be unlikely to draw significantly on candidates that Health Boards would be seeking.

Members noted that the case had been considered and agreed by the WAST Board during a closed board session and would be made available to Members on request.

It was noted that the EASC Team were currently reviewing the case on behalf of the Committee. Whilst it has not been possible to fully appraise the case in the timescale between its submission and the meeting of the Joint Committee, it was clear from an operational delivery and patient safety perspective that the ambulance service would require additional capacity next year.

The case presented as the WAST preferred option which included the £10m revenue during 2022-23 with an ongoing revenue tail of £16m plus an additional £16m capital requirement.

It was noted that there were multiple risks associated with delivering the preferred model, particularly from a recruitment perspective, that would result in a significant underspend against this requirement if they materialised.

There was currently no identified funding source from the committee or centrally to fund any uplifts in ambulance capacity on a recurrent basis. In addition, the committee does not have responsibility for capital funding for emergency ambulance services, but effective delivery of any additional capacity could require capital funding.

The paper presented aimed to seek the views of the Committee Members on the approach to increasing operational capacity within the emergency ambulance service during the financial year 2022-23, with a view to improving responsiveness of emergency ambulances for the population and supporting the wider health system.

The Chair thanked Ross Whitehead for the report adding that this would stimulate discussion among Members regarding their views around the approach to emergency ambulance capacity for the next financial year. The Chair requested that Members:

- considered the principle of recruiting additional frontline Ambulance staff in 2022-23
- note that the CASC and his team undertake a full assessment of the transitional plan recently received from WAST and provide clear recommendations to the committee via the EASC Management Group
- agree that reference would be made to the transition plan in the EASC IMTP.

It was confirmed that the 294 FTEs would be in addition to the additional resources funded in 2020-21 and 2021-22. It was also noted that during this time there had been a significant increase in activity and a material increase in lost capacity due to the increase in ambulance handover delays. Members were reminded that the modelling undertaken used an average of 6,000 lost handover hours per month; the current average was now 18,000 hours.

Members were advised that the modelling undertaken indicated that in excess of 300 FTEs were required, the 294 FTEs indicated the level that WAST feel that they were able to recruit and train.

It was agreed that this was a significant request and that, whilst this may address the pressure across the system in the short term, there should be a robust effort to explore more sustainable opportunities to relieve the pressure across the system in the longer term.

	<p>Members agreed that this request to increase emergency ambulance capacity reflected an inherently inefficient health and social care system. Equally, it was agreed that this was not just a case for additional resources due to capacity being held outside of our hospitals, but that there were key risks in terms of patient safety and experience.</p> <p>It was suggested that a process of scrutiny and assurance be undertaken. It was agreed that involving Health Board Directors of Finance, Directors of Planning and Chief Operating Officers, working with WAST colleagues, would ensure a robust process involving key stakeholders.</p> <p>The Chair thanked Members for their views and contribution to this important discussion. The EASC Team would coordinate the process, linking in with the EASC Management Group. This would ensure that appropriate EASC governance processes were followed and also that the risks, benefits and assumptions made within the case were fully understood.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and agreed actions.</li> </ul>	<p><b>EASC Team</b></p>
<p>EASC 22/09</p>	<p><b>DRAFT EASC Integrated Medium Term Plan (IMTP) 2022-25</b></p> <p>Ross Whitehead provided an update on the work to develop the EASC IMTP for 2022-25. It was suggested that Members would be familiar with many of the key principles adopted.</p> <p>The plan aimed to reflect and align with key strategic documents, Welsh Government policy, EASC Chair's objectives, plans for transformational change across Health Boards (HB) and Trusts and Commissioning Intentions (2022-23).</p> <p>The key priorities for EASC commissioned services were confirmed as:</p> <ul style="list-style-type: none"> <li>• <b>Emergency Medical Services (EMS)</b> Building upon the engagement undertaken with a wide range of stakeholders in relation to the vision for a modern ambulance service (initially presented, discussed and agreed at the EASC Committee in July 2021). Steps were already being taken on this journey and a case for additional emergency ambulance capacity and additional funding for Year 1 (2022-23) has been submitted.</li> </ul>	

Implementation of a new commissioning framework for EMS that started to reflect the progress made towards the vision for a modern ambulance service, would be a key part of this work around EMS. This new framework would be enacted on 1 April 2022.

- **Non-Emergency Patient Transport Services (NEPTS)**

Following completion of the transfers of work from HBs, NEPTS would focus on:

- delivering the best patient transport model for Wales ensuring value and utilisation efficiency
- strengthening the quality assurance process for providers
- understanding the current and future needs of HBs and developing and implementing a responsive and adaptive NEPTS service
- developing a robust forecasting and modelling framework
- collaborating with the system to reduce system inefficiencies.

- **Emergency Medical Retrieval and Transfer Service (EMRTS) including the Adult Critical Care Transfer Service (ACCTS)**

EASC will continue to work with EMRTS Cymru to:

- consolidate the implementation of the ACCTS with a clear focus on improving patient outcomes, value, quality and safety
- explore opportunities for an enhanced Critical Care Practitioner-led response
- finalise and circulate EMRTS Service Evaluation
- support the work of the Wales Air Ambulance Charity in the implementation of their new organisational strategy.

In terms of wider system transformational work programmes, the key priorities included within the EASC IMTP were confirmed as:

- **National Transfer and Discharge Service**

Work will be undertaken to ensure a more effective and efficient approach to transfer and discharge services, ensuring reduced fragmentation and improving patient flow into and out of secondary care facilities.

Next steps would include:

- developing the service through collaborative working with partner organisations
- developing and seeking agreement for the business case.

- **NHS 111 Wales**

It was confirmed that:

- options for commissioning NHS 111 Wales were currently being considered
- there were many cross-cutting themes
- there was a need to realise opportunities to simplify the NHS 111 Wales approach and service as we transition to commissioning phase
- further discussions are required to ensure close alignment between EMS and 111 services.

- **Emerging System Change**

In response to plans for transformational change, it was confirmed that the EASC would:

- act as a forum for discussing the plans that are being developed across HBs at the earliest opportunity
- support the wider urgent and emergency care system, with transport as a key element of the work to improve patient flow within the wider health system
- work with partners to improve service delivery and performance and to lead the commissioning of new transport models in response to system need.

In terms of the EASC financial plan it was confirmed that:

- Early sight of financial requirements has been provided with a draft financial plan presented at EASC in November
- Draft financial plan was then presented to the deputy directors of finance including timelines and assumptions
- Engagement undertaken with peer groups to ensure inclusion in HB IMTPs
- Final draft of the financial plan to be presented to EASC MG in February and EASC Joint Committee in March.

Members were advised of the timeline for submission of the approved EASC IMTP to Welsh Government in March.

A discussion was then held, key points raised included:

- non-emergency patient transport services - noting the completion of transfers of work from HBs, it was agreed that a position report would now be prepared to capture the issues, risks and opportunities in this area in light of the COVID-19 pandemic and the constraints of social distancing, the reported increase in virtual consultations and the development of alternative pathways

	<ul style="list-style-type: none"> <li>• that, as commissioners, the Committee should take action to remove inefficiencies that exist within the system and should embrace the innovation and opportunities that exist including same day emergency care, palliative paramedics</li> <li>• that a comprehensive baseline analysis and scoping exercise would be undertaken as part of the work to develop the case for a national transfer and discharge service in order to remove duplication and to ensure an efficient and effective service.</li> </ul> <p>The Chair thanked Ross Whitehead for the presentation and thanked Members for their contribution and suggestions for the EASC IMTP. The EASC Team would now refine the plan in light of the helpful comments received and circulate in line with the timeline presented.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the presentation and agreed actions.</li> </ul>	
<b>Part 3. ITEMS FOR NOTING AND DISCUSSION</b>		<b>ACTION</b>
EASC 22/10	<p><b>KEY REPORTS AND UPDATES</b></p> <p>Due to the agreement for a shortened meeting and an abbreviated agenda to reflect the operational pressure being faced across the NHS system, the performance report, CASC report and WAST provider update were included for noting and information.</p> <p>Whilst these three items were not considered during the meeting, the Chair confirmed that members should raise any related matters with the Chair or any member of the EASC Team.</p> <p>It was agreed that the WAST Team would undertake work to develop a system that would capture and report on episodes where the ambulance services was not able to deploy a response vehicle or where the patient decided to find their own transport to hospital.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the performance report, CASC report and WAST provider update</li> </ul>	<b>WAST Team</b>
<b>Part 4. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/11	<p><b>ANY OTHER BUSINESS</b></p> <p>There was none.</p>	

<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 22/12	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 15 March 2022 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 .....

Confirmed