



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

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

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner
Jo Whitehead	Chief Executive, Betsi Cadwaladr University Health Board BCUHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys Teaching PTHB
Sian Harrop-Griffiths	Director of Planning, Swansea Bay SBUHB
Len Richards (in part)	Chief Executive, Cardiff and Vale CVUHB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Nicola Prygodzicz	Director of Planning, Aneurin Bevan ABUHB
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)
Matthew Edwards	Head of Commissioning and Performance (EASC Team)
Phill Taylor	Head of Commissioning and Performance (EASC Team)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/18	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. The two new members of the EASC Team, Matthew Edwards and Phill Taylor were welcomed as observers to the meeting.	Chair

EASC 21/19	<p>APOLOGIES FOR ABSENCE Apologies for absence were received from Judith Paget, Mark Hackett and Paul Mears.</p>	Chair
EASC 21/20	<p>DECLARATIONS OF INTERESTS There were no additional interests to those already declared.</p>	Chair
EASC 21/21	<p>MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2020</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 9 March 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Minutes of the meeting held on 9 March 2021. 	Chair
EASC 21/22	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED specific progress as follows:</p> <p>EASC 20/74 Serious Adverse Incidents (SAIs)</p> <p>Jason Killens gave an update on the position related to SAIs and benchmarking the Welsh Ambulance Services NHS Trust (WAST) position. Members noted that the UK national ambulance quality group had been working on the options for benchmarking but had identified that services had different thresholds. It was anticipated that a comparative assessment with broadly aligned categories would be provided although this would not be an absolute comparison for SAIs and treatment which would be received at a future meeting.</p> <p>EASC 20/95 Safe Cohorting of Patients</p> <p>Members noted that WAST and the EASC team would discuss this issue at the next EASC Management Group and report back at a future meeting.</p> <p>EASC 20/95 Post Production Lost Hours</p> <p>Jason Killens explained that serious discussions had taken place at the end of the financial year with the staff side / Trade Unions at WAST; the proposals had been rejected although had not been shared with the staff.</p>	<p style="text-align: center;">CEO WAST</p> <p style="text-align: center;">WAST/EASC Teams</p>

	<p>A further meeting had taken place with the staff side / Trade Unions which had asked for new proposals to meet the commitments to ensure the services were as efficient as possible (in line with the agreement related to the Emergency Medical Services Demand and Capacity Review) which included post production lost hours. No new proposals had been received and it was anticipated that there was more work to do to improve engagement.</p> <p>Members noted that a deadline had been set to review the rosters in September and were disappointed that no progress had been made despite the agreement of the staff side / Trade Unions during the joint exercise to commission and implement the EMS Demand and Capacity Review. As part of the work of the Ministerial Ambulance Availability Taskforce it was also noted that a meeting had taken place with staff side / Trade Unions and it had been clarified that work would progress as a total package and not item by item such as the funding already approved for additional staff without the efficiencies to support the work.</p> <p>EASC 20/73 Overview list to tackle performance</p> <p>Members noted this would be discussed at the next EASC Management group and reported back at a future meeting.</p> <p>The recent CASC Quality and Delivery meeting had discussed proposals for a WAST dashboard in terms of a view on a page, particularly for performance and the modelling required to meet the 65% target consistently; the work would be discussed at the EASC Management Group. The importance of finding a balance between activity, performance and patient experience was emphasised and Members suggested that this would be helpful to have an overview which would facilitate feedback on a regular basis. Members felt that there was a lot of data available but not enough information about how it would be applied in the local environments.</p> <p>Pending actions</p> <p>EASC19/76 Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review</p> <ul style="list-style-type: none"> Members noted that the first draft report had been received by the EMRTS Delivery Assurance Group (DAG) The final report would be shared when received. 	<p>EASC Management Group</p> <p>CASC</p>
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Part 2. ITEMS FOR DISCUSSION	ACTION
<p>EASC 21/25</p> <p>FOCUS ON</p> <p>A Modern Ambulance Service</p> <p>The presentation 'A modernised ambulance service for the future' was received. Jason Killens introduced the session and explained the intention to build on the conversation at the last EASC meeting in terms of modernisation and transformation. In particular, the aim to change the ambulance service to move from the traditional transport organisation to provide more direct clinical care as a system partner in Wales. The ambition of the offer to the commissioners was in line with the intentions of 'A Healthier Wales' and similar to other high performing ambulance services. (Jo Whitehead joined the meeting at 13:57)</p> <p>Rachel Marsh presented the report and highlighted:</p> <ul style="list-style-type: none"> • The link to the long-term strategy framework presented to EASC in May 2019 'Delivering Excellence – Our Vision for 2030' and the WAST Integrated Medium Term Plan • The strategy aimed to demonstrate how things would be different for patients by using a patient story as the lens to explain (e.g. nurse triage, video, medication and advanced paramedic to visit and prescribe and avoid needing the emergency department (ED)) • An overview was provided of 'where are we now' – the Amber Review showed that nearly 1/3rd of patients were discharged without follow up • Breadth across 111 and 999 services which were being expanded with lots of opportunities for better solutions for patients • Website for the 111 service had millions of 'hits' but people reported they were unable to find the information they needed • Opportunities in how the WAST data could be linked with health board data to understand the full pathway before patients received to the right service • The future ambition - hear and treat and whether 'treat' is the right descriptor (or a concept) • Components of the system – would need a simplified access system • 6 of 7 health boards now would be using the 111 service by June (not Cardiff and Vale) suggesting integration regardless of access point • Benefit to bring the two services (111&999) together and provide a gateway of access point and get callers more immediately to the right service 	

- Referral pathways identified as being 'key'
- Questioned what alternatives to hospital access are available rather than ED when admission is essential?
- Clinicians need the right tools to support such as the opportunity to use 'Lowcode'
- 111 could be seen as the gateway to care including online media and quickly answered calls (although high levels of call abandonment)
- Patient and system outcomes with a seamless transfer in as few steps as possible (handoffs would need to be measured and reduced as far as possible)
- National directories of services would be essential
- Booking patients (callers) into the next step of the pathway would be key
- 'Model of Care' provided the overview of the description to develop services in WAST
- Benefits to patient and the link to quadruple aims
- Core principles - designed national and local perspectives; consistent levels of access and outcomes for Wales
- Importance of aligning with Health Board plans
- Agreeing core principles might help to enable the future discussions
- Workforce implications
- Work needs to take place across traditional provider boundaries.

Members commented on:

- The commissioning work with 'Lightfoot' to start to look at the collective data; it was felt that the Lightfoot work would help identify the key areas building on their experience within NHS Wales
- The key to the transformation would be the integration of the work
- The importance of ensuring that the options to access services for patients to be as simple as possible – must be the nub of the offer
- The exciting opportunities ahead for integration and for the system which should also include social care
- The need to ensure that this work could be fitted with the other ongoing areas of work in health boards and to ensure that an ambulance perspective be included in all service developments and changes
- Need a route for the work to progress which would include the link to the policy direction
- The importance to link to the work of the Ministerial Ambulance Availability Taskforce and also to the work of EASC in the future to shape with confidence to transform services in Wales

- Important behaviour change would be required
 - Needs to link to the work led by Dr Chris DV Jones on the Integrated Clinical Governance for Urgent Care and other ongoing areas of work
 - Potential to gain momentum through the commissioning process or a joint bid (not cutting across health board's work) perhaps to mobilise multidisciplinary teams?
 - The next steps and to clarify what could be achieved relatively quickly and what would need more strategic direction such as workforce changes
- (Len Richards joined the meeting 14:52)

- Important to find quick wins for system confidence
- Needs an integrated system approach
- Would need to meet the Welsh Government's expectations and the requirements that health boards plan for their populations; options could include health board led initiatives with national support; this could include examples such as the National Programme for Urgent and Emergency Care, National Primary Care Board and the Mental Health network
- Importance of considering some issues for immediate action to support the plans for winter
- Opportunity to help the system get into a different place and the importance of joining and coordinating some of the pillars of work
- Planning could start at health boards and aggregate up to drive the transformational change
- The importance of keeping the system as simple as possible was emphasised
- Agreeing a set of national principles which could be delivered locally would be a helpful place to start
- The importance of ensuring that the public understand the work and the vision as their part will be essential in how services are accessed and used.

The Chair thanked Jason Killens and Rachel Marsh for the interesting and thought-provoking presentation. Members agreed on the importance of the work and having some time to reflect on the discussions and held with a view to further refinement to take matters forward and provide a clear vision for the future.

Members **RESOLVED** to: **NOTE** the presentation.

<p>EASC 21/26</p>	<p>FOCUS ON</p> <p>Committee Effectiveness Survey discussion</p> <p>The presentation on the Committee Effectiveness Survey was received. Gwenan Roberts led the discussion providing an opportunity for the first time for the Members to discuss together how the Committee operates and the options for the future. The survey questions had been partially completed which allowed for more time to discuss opportunities for Members to comment.</p> <p>Members discussed the questions in more detail and supported the following:</p> <ul style="list-style-type: none"> • Terms of Reference; EASC Regulations and Directions • Appropriate skills and expertise on the Committee • Effective challenge and scrutiny • Reviewing own effectiveness • That reports had appropriate level of detail and were timely and accurate to allow the Committee to work effectively with sufficient time to undertake the business. <p>Areas agreed for further consideration included:</p> <ul style="list-style-type: none"> • Currently only have one independent member – the Chair • Importance of the patient’ voice and citizen voices • How health boards review the progress and outcomes from the Committee • Using AdminControl for reports but to consider a channel in Microsoft Teams for ease of reference • Discuss whether any training would be helpful for new members outside of the meeting. <p>An updated completed version of the survey would be provided at the next meeting.</p> <p>Members RESOLVED to: NOTE the presentation.</p>	<p>Chair and Ctte Sec</p> <p>Ctte Sec</p>
<p>EASC 21/27</p>	<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 Task Force – an evidence gathering session had been planned to capture the latest information on ‘handover delays’ which would be shared with Committee Members at a future meeting. 	

	<ul style="list-style-type: none"> • Ambulance performance remained under the target of 65%; Members noted the re-setting and more normal expectations in terms of what was required and the WAST transition plan; this would be discussed in more detail, including plans for improvements to meet the target at the EASC Management Group and reported to the Joint Committee. • Non-Emergency Patient Transport Services (NEPTS) Stephen Harray thanked the team at Betsi Cadwaladr (BCUHB) for their work in transferring into the service and also recognised the work of the NEPTS Team at WAST in ensuring the progress made to date. Members noted that conversations were taking place with the team at Cwm Taf Morgannwg (CTMUHB) to finalise the date for the transfer as the last health board area. • Emergency Medical Retrieval and Transfer Service (EMRTS) Members noted that last year no specific capital allocation has been made for the EMRT Service including equipment replacement. This had now been agreed with Welsh Government officials and would be administered through the hosting arrangements at Swansea Bay (SBUHB). <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. 	
<p>EASC 21/28</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"> • Performance at 60-62% remained below target despite good solid production against the unit hours of production and rosters; had initiated the performance team to undertake a deep dive to begin to correct position but activity had increased significantly • PPE issues continue to have an impact but aiming to return to normal activity in the next couple of weeks • Routine activity increasing e.g. last week busier than Christmas week • 111 Service progressing well – live with BCUHB next month • Challenges for new call handling and supply meeting and discussing with 111 Programme Board • NEPTS – joint investigation with ABUHB relating to a patient taken to wrong address; also investigation on going for a patient involved in RTA linking to the external investigation. <p>Members RESOLVED to: NOTE the WAST provider report.</p>	

Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/29	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received. In presenting the report Stuart Davies highlighted the following:</p> <ul style="list-style-type: none"> • Underspend £395,000 (section 2.9) • Challenges in year to spend resources as allocation new initiatives. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 21/30	<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 - 25 February 2021 • EMRTS Delivery Assurance Group – 10 Dec 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	CASC
EASC 21/31	<p>EASC GOVERNANCE</p> <p>The EASC Governance report was received. In presenting the report Gwenan Roberts gave an overview of the second EASC Annual Report 2020-2021. Members noted that one meeting had been cancelled in January 2021 due to the operational pressures related to the Covid-19 pandemic at that time. Members noted that all meetings held were quorate in line with the EASC Model Standing Orders.</p> <p>The draft EASC Annual Governance was received and Members noted that the Chief Ambulance Services Commissioner was required to submit to the host organisation for approval in line with year end governance arrangements.</p> <p>The EASC Risk Register was received. Members noted that one risk had been added to the register namely: Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which related to its areas of responsibility. There remained two red risks which related to the failure to achieve the performance targets for red and amber calls.</p> <p>The EASC Management Group Annual Report and Terms of Reference was received which had been endorsed by the EASC Management Group. Members noted that attendance and more regular membership had been achieved this year.</p>	CASC

	<p>The discussion on the effectiveness survey had identified further issues for discussion by the EASC Management Group members particularly in relation to how the information and knowledge was shared within individual organisations.</p> <p>Members also noted that an updated Model Standing Orders had been received following the last EAS Committee meeting. The Members agreed that the Chair and the Committee Secretary review the Standing Orders and take Chair’s action to ensure that all health boards receive the EASC Standing Orders as they are included as part of every health board’s governance arrangements. The Standing Orders would be submitted for ratification at the next EASC meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the EASC Annual Report and Effectiveness Survey • ENDORSE the EASC Annual Governance Statement for submission to the host body • APPROVE the risk register • APPROVE the EASC Management Group Annual Report and Terms of Reference • APPROVE the Chair take Chair’s action and work with the Committee Secretary to review and finalise the EASC Model Standing Orders for distribution to health boards. 	
<p>EASC 21/32</p>	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. The next Focus On session would aim follow up the discussion held relating to the future by capturing ongoing current work and bring together for a further discussion.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	<p>CASC</p>
<p>Part 4. OTHER MATTERS</p>		<p>ACTION</p>
<p>EASC 21/33</p>	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

Agenda Item 1.4

DATE AND TIME OF NEXT MEETING		
EASC 21/34	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 13 July 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

Confirmed