



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

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

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer (in part)	Chief Executive, Powys Teaching Health Board PthB
Stuart Walker	Interim Chief Executive, Cardiff and Vale CVUHB
Mark Hackett (in part)	Chief Executive, Swansea Bay SBUHB
Andrew Carruthers	Director of Operations, Hywel Dda HDdUHB
Linda Prosser	Director of Strategy and Transformation, Cwm Taf Morgannwg CTMUHB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Stuart Davies (in part)	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)
Chris Moreton (in part)	Assistant Director Commissioning and Finance, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/66	<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 and gave an overview of the arrangements for the meeting.</p> <p>Following some recent changes at Health Boards the Chair welcomed Glyn Jones and Stuart Walker as Interim Chief Executives of their respective Health Boards. The Chair also welcomed Linda Prosser Director of Strategy and Transformation from Cwm Taf Morgannwg University Health Board to her first meeting of the EAS Joint Committee.</p> <p>The Chair thanked Judith Paget in her absence for her significant contribution to the Committee’s work over recent years and wished her every success in her new role with Welsh Government.</p>	Chair
EASC 21/67	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead, Paul Mears, Steve Ham, Steve Moore and Gwenan Roberts.</p>	Chair
EASC 21/68	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared. The Chair reminded those that have not yet responded to the request for Declarations of Interests and asked that the EASC Team are contacted if there are any queries.</p>	Chair
EASC 21/69	<p>MINUTES OF THE MEETING HELD ON 7 SEPTEMBER</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 7 September.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 7 September. 	Chair
EASC 21/70	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 21/59 and EASC 21/44 WAST Provider Report It was agreed that Agenda item 2.4 covers these items.</p>	

	<p>EASC 21/26 Committee Effectiveness</p> <p>It was confirmed that members had agreed that a formal process of training for new Committee members is not required but that this is always available to all members on an individual basis</p> <p>The Chair noted the importance of the patient voice and how the EASC could facilitate a more inclusive approach, this will remain an ongoing issue for discussion. The Chair agreed to work with the Committee Secretary to ensure that progress would be made in all areas of the action log.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>EASC Team</p> <p>Chair and Committee Secretary</p>
<p>EASC 21/71</p>	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
<p>EASC 21/72</p>	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>In presenting the report, Chris Turner explained that he had attended the meeting with Powys Teaching Health Board with the Chief Ambulance Services Commissioner on 20 October. Members noted that this had been a very positive and collaborative session focusing on such matters as reducing conveyance to ED and the "rural model". Again, it was very helpful that Jason Killens joined this session.</p> <p>Members noted that the Chair's end of year appraisal had taken place and that confirmed objectives for the Chair are awaited.</p> <p>The Chair stated that the NHS Wales Leadership Board meeting clashes with the Committee's next meeting on 18th January 2022. Members were asked to consider alternative arrangements and it was noted that nominated deputies have delegated authority to commit to the required decisions. It was agreed that the EASC Team would now seek the availability of nominated deputies to attend this meeting. The EASC team would ensure timely circulation of papers to facilitate the required internal consideration and discussion within Health Boards.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report 	<p>EASC Team</p> <p>EASC Team</p>

	<p>NOTE: Subsequent to the meeting Welsh Government confirmed that it had changed the date of the Leadership Board in which case the EASC meeting would proceed as planned.</p>	
<p>Part 2. ITEMS FOR DISCUSSION</p>		<p>ACTION</p>
<p>EASC 21/73</p>	<p>PERFORMANCE REPORT</p> <p>The Chair introduced the Performance Report as the first standing agenda item (for discussion) at all future Joint Committee meetings, as requested by the Minister. It was noted that this is the first iteration of the report and comments from members are welcomed.</p> <p>Ross Whitehead presented the update on current emergency ambulance performance setting out activity and performance across calls, incidents, response and output with a range of matters discussed including:</p> <ul style="list-style-type: none"> • The clear deterioration in the 95th percentile call answering time but members received some re-assurance around WAST’s recruitment plans to resolve this • A growing gap between the number of calls answered and the number of incidents generated, a trend often seen at times of escalation related to individuals calling back due to a delayed response but is now become a consistent feature over many months • The volume of incidents resolved by “hear and treat” is improving, noting that recent investment in both staff and technology should support further improvements in this as well as providing more granular data on the outcomes for patients and the impact on the wider system • The categories of incidents receiving at least 1 ambulance response, noting an increase in Red incident volume and proportion. By their nature, red incidents often require multiple responses at scene and so have a disproportionate effect on resource availability for other incidents • The increased response times for red and amber incidents, with particular concern around the Amber median and 95th percentile for both categories • A reduction in both conveyance volume and percentage, this impact must be considered in light of the reduction in attendance at scene in response to escalation decisions and so is not necessarily in the best interest of patients. <p>However, the main focus of the discussion centred on the growing level of handover delays at hospital sites in Wales with over 18,000 hours lost in October, a growth of 4,000 hours on September. It was noted that the Committee had previously committed to delivering a maximum of 150 hours lost per day, or circa 5,000 hours a month however over 5,000 hours were already reported in November.</p>	

	<p>It recognised that many of the solutions to the handover issue were not at the front door of the hospital and Stuart Walker kindly shared information relating to patients medically fit for discharge. It was also recognised that, as a Committee charged with the provision of emergency ambulance services, we must draw a line at the level of handover hours we are prepared to tolerate.</p> <p>It was noted that a solution to mitigating the impact of handover delays could not be achieved solely via WAST employing additional staff and delivering efficiencies that they have previously committed to.</p> <p>Members agreed to the following deliverables as the start point of the commitment to reducing handover delays:</p> <ul style="list-style-type: none"> • No ambulance handover will take more than 4 hours • We will reduce the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minute to 54 minutes at an all Wales level). <p>It was accepted that, whilst this commitment can be made as a Committee, further work will need to be done locally with clinical teams to deliver this. It was also agreed that the Committee would need to consider the organisational implications of failure to deliver this commitment.</p> <p>It was recognised that the scale of this challenge would vary by site, and the EASC Team agreed to work closely with Morriston, GUH and YGC in particular to support the improvements needed.</p> <p>There was broad agreement that this requirement must be included in the wider system escalation plans that are in development and that further discussions would be held on this at the next NHS Leadership Board, as well as continuing discussions with COOs, Medical Directors and Directors of Nursing.</p> <p>It was agreed that a note of this item and the agreed deliverables would be circulated to members following the meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion and agreed actions 	<p>ALL</p> <p>EASC Team</p> <p>ALL</p> <p>EASC Team</p>
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<p>EASC 21/74</p>	<p>FOCUS ON – Update on Demand and Capacity</p> <p>The ‘Focus On’ session provided the context in terms of the demand and capacity reviews previously undertaken and how the wider system environment has changed. This also covered the key areas of improvement that have already been delivered and a number of updated assumptions that will be included within the modelling going forward.</p> <p>The next steps in WAST’s transformation journey aligned to the key principles of additional capacity, improved efficiency and demand management and the progress made against each of these areas to date were confirmed, including:</p> <ul style="list-style-type: none"> • recruitment • increased ‘hear and treat’ rate and • the work that has commenced on realigning rosters with demand. <p>Members noted:</p> <ul style="list-style-type: none"> • the significant uplift in the number and proportion of red calls • an increase in sickness levels and absences • increased handover hours lost • deteriorating response times leading to significant patient harm • short term actions that have been undertaken including additional capacity (St John Ambulance, military and fire and rescue support), demand management (additional clinicians and mental health staff to increase the clinical support desk) and increased efficiency (working with Trade Union partners to look at modernisation in key areas). <p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • that it would be helpful to see the assumptions made as part of the modelling • the need to undertake additional forecasting to plot how demand may taper in future • the importance of understanding the opportunity costs of increasing the “see and treat” services rather than hospital admission avoidance • that modelling should also take account of any mitigating actions being taken locally by Health Boards in addition to WAST’s own efficiency/cost improvement programme • the need to take account of the differing transfer requirements of Health Boards. <p>It was agreed that:</p> <ul style="list-style-type: none"> • the assumptions used in the modelling are available to members 	<p>WAST</p>
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	<ul style="list-style-type: none"> • there is a need to ensure a safer level of response • this has been a difficult year for making efficiencies but that WAST would also need to demonstrate progress on efficiency gain • WAST have had additional investment to deliver certain things and there was reasonable progress in all these • there is general support to continue to rotate the triangle but also to be practical in terms of likely additional recruitment in 2022-23 • the Committee supported their previous commitment to recurrently fund this year’s non-recurrent investments and to agree an additional non-recurrent allocation for 2022-23 • it will be important to review options within the context of the wider health system and not in isolation. <p>Engagement would now be undertaken with planning and finance groups and would be forwarded to members in December.</p> <p>Next steps for WAST were noted to include a strategic outcome case to be developed by early December to start to realise the strategic ambition for the transformation of services, this will include recruitment deliverability, fleet and estates, capital and revenue, benefits and risks.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion 	<p>WAST</p>
<p>EASC 21/75</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 HARRY highlighted the following key items:</p> <ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) – services at Cwm Taf Morgannwg University Health Board have now transferred to the Welsh Ambulance Services NHS Trust. It was noted that additional funding has also been secured from Welsh Government to support additional capacity within NEPTS for the remainder of this year • The EASC Action Plan details the key milestones as we work towards agreeing the vision of a modern high-performing emergency ambulance service, monthly performance meetings will now be held with Welsh Government officials • The new Commissioning for Value Framework was presented at the recent EASC Management Group meeting with the key principle of reflecting the extended offer already made, including ‘hear and treat’ and ‘see and treat’ services. 	

	<p>This framework will now be refined in line with the discussions held with stakeholders, working with WAST colleagues as we work to sign off via EASC ahead of 1 April 2022 implementation</p> <ul style="list-style-type: none"> • An update was provided on the process of engagement undertaken during 2021 as part of the commissioning intentions process, including agreement of the commissioning cycle, a more timely and collaborative approach to development of next year’s commissioning intentions, including the receipt of feedback from organisations. These commissioning intentions identify the strategic priorities as agreed by Health Boards • The Commissioner Ambulance Availability Taskforce met in September and focussed on the future clinical workforce, the digital future of WAST and the revised commissioning for value framework that is being progressed • A proposed system escalation process has been developed for Health Boards to work alongside the WAST Clinical Safety Plan, enabling clinical and operational leaders within organisations to respond to areas of greatest clinical risk. This process involves an integrated approach that requires collaboration and response across health and social care and is supported by local operational delivery units. Engagement with relevant peer and stakeholder groups is currently being undertaken to refine the plan • The Adult Critical Care Transfer Service (ACCTS) has now gone live in both North and South Wales. The team recently presented at the Welsh Government Critical Care Summit and Health Board critical care colleagues noted the significant impact already made. <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. 	
<p>EASC 21/76</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. Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:</p> <ul style="list-style-type: none"> • CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST with very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport • WAST is at maximum escalation and expects to remain so for the foreseeable future • There were 586 12 hour and over patient waits in Sep-21 (the third highest recorded) 	

	<ul style="list-style-type: none"> • The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation • WAST remains concerned at the number of hours lost outside EDs, with 14,402 hours lost in Sep-21 • WAST continues to seek to efficiencies, in particular, the pan-Wales EMS Response roster review (temporarily paused) and modernising working practices (negotiations re-started with TU partners in Sep-21), in particular, post production lost hours return to base meal breaks • The electronic patient clinical record (e-PCR) programme is in delivery phase with initial “go live” in Nov-21. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the WAST provider report. 	
EASC 21/77	<p>EASC FINANCIAL PLAN</p> <p>Following the operational discussions regarding additionality held earlier in the meeting, a first draft financial plan was also presented to ensure early sight of the financial requirements for 2022-23. It was agreed that engagement would now be undertaken with appropriate peer groups including finance and planning to ensure inclusion in IMTPs and taken through the EASC Management Group. Members discussed the information within the report and noted that a final draft would be presented for ratification at the January meeting of the Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the draft financial plan. 	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/78	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received. Members approved the current financial position and forecast year-end.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	
EASC 21/79	<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 – 26 August 2021 • NEPTS Delivery Assurance Group – 10 August 2021 • EMRTS Delivery Assurance Group – 15 June 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	

EASC 21/80	<p>EASC GOVERNANCE</p> <p>The EASC Governance report was received. Members noted that the risk register had been received at the recent EASC Management Group meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register. 	
EASC 21/81	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members noted that a comprehensive annual plan would be received at the next meeting in line with the requirements within the Standing Orders.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	
Part 4. OTHER MATTERS		ACTION
EASC 21/82	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/83	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 18 January 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.</p>	Committee Secretary

Signed

Christopher Turner (Chair)

Date