



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

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

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer (in part)	Chief Executive, Powys Teaching Health Board PTHB
Stuart Walker	Medical Director, Cardiff and Vale CVUHB
Steve Moore (in part)	Chief Executive, Hywel Dda HDDUHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
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
Clare Williams	Deputy Director of Planning, Cwm Taf Morgannwg CTMUHB
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)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Richard Baxter	Project Manager, EASC Team (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/51	<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>The Chair welcomed Clare Williams, Deputy Director of Planning from Cwm Taf Morgannwg University Health Board, Stuart Walker from Cardiff and Vale University Health Board and Roshan Robati, Senior Programme Advisor for Unscheduled Care, from Betsi Cadwaladr University Health Board to their first meeting of the EAS Joint Committee.</p> <p>The Chair thanked Len Richards in his absence for his sustained contribution to the Committee’s work and wished him every success in his new role.</p>	Chair
EASC 21/52	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead and Gill Harris (BCUHB), Paul Mears and Linda Prosser (CTMUHB) Len Richards, Mark Hackett and Steve Ham.</p>	Chair
EASC 21/53	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	Chair
EASC 21/54	<p>MINUTES OF THE MEETINGS HELD ON 13 JULY AND 20 JULY 2021</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 13 July and 20 July 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meetings held on 13 July and 20 July 2021. 	Chair
EASC 21/55	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 21 /42 Roadmap for the system service response</p> <p>Members noted that further discussion was required for the key design principles to be developed. An update would be provided at the next meeting.</p>	EASC Team

	<p>Members noted that a different approach had been taken to try and have more dialogue with Board members regarding their local area. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust had also attended the meeting. Members noted that a helpful discussion had taken place with good feedback received.</p> <p>The Chair offered all Members the opportunity of shaping the local sessions to have as much meaningful discussion as possible with individual health boards.</p> <p>Members also noted that the Chair’s end of year appraisal had also taken place. The Chair had been joined by the Chief Ambulance Services Commissioner during the second part of the session with the Minister and discussions had taken place in relation to the current issues, injecting pace into solutions and the importance of the ongoing action plan. The Chair explained that it was a different type of appraisal with a broad ranging discussion related to ambulance services and the place of those services within the Urgent and Emergency Care context across Wales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair’s report 	
Part 2. ITEMS FOR DISCUSSION		ACTION
<p>EASC 21/58</p>	<p>FOCUS ON – Performance and Improvement</p> <p>An important and focused discussion took place on performance and improvement as the current position was judged to be unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:</p> <ul style="list-style-type: none"> • Needing to use the forecast position and match resources accordingly • Refreshing the work of ORH in relation to the Emergency Medical Services Demand and Capacity Review, noting the increased number of red calls from 5% to 10% • Further specific work on utilisation • High levels in the use of the Demand Management Plan • Potential harm to patients • Patients self-presenting at emergency departments not having received the right pre-hospital care and timeliness of some specific treatments for their conditions • Patient flow across the system and ensuring safe, effective and timely discharges • The management of risk within the community and the identification and mitigation of clinical risks 	

	<ul style="list-style-type: none"> • WAST had the only Demand Management Plan within the NHS Wales system and the need to identify key risks and impacts of this approach • Need to develop a joined-up escalation plan approach across NHS Wales to involve health board operational teams as well as the clinical executives to manage clinical risk within localities • Need to ensure a system wide approach undertaken for the whole patient pathway • Must use the opportunity to forecast and predict demand to match resources as best as possible • Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters • Important to have primary care information for whole system approach and for the 111 Service. <p>Summary: 3 key areas</p> <ol style="list-style-type: none"> 1. Capacity 2. Demand Management 3. Efficiency. <p>Following discussion, the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan had subsequently been developed and sent out for comment.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion 	
<p>EASC 21/58</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 (CTMUHB) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales • NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. 	

	<p>One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.</p> <ul style="list-style-type: none"> • Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities. • The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner-Led Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and could be developed. • Handover delays had increased to an average of 490 hours a day lost during August 2021; this had contributed to the need for WAST to raise the level of their Demand Management Plan in response. • WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met, and the actual costs identified, in order to obtain EASC formal support. <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. 	
<p>EASC 21/59</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.</p> <p>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"> • Rising Covid19 related activity; rising “abstractions” for the emergency medical services; increasing pressure on services • The last month was the second worst month ever for patients waiting for ambulance response – over 500 people waited 12 hours or more; this was a significant and worrying development 	

	<ul style="list-style-type: none"> • Post-production lost hours – an important efficiency for WAST to deliver (in line with the ORH EMS Demand and Capacity Review) which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. Members noted a series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement with the staff side and trade unions at WAST. • NEPT service levels back to 70% of the pre pandemic levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use. <p>Members RESOLVED to: NOTE the WAST provider report.</p>	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/60	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted the stable position of the 100% balanced plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 21/61	<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 – 24 June 2021 • NEPTS Delivery Assurance Group 8 June 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 21/62	<p>EASC GOVERNANCE</p> <p>The EASC Governance report was received. In presenting the report Gwenan Roberts gave an overview of the work to complete the review of the Standing Orders.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The Memorandum of Agreement had been updated in line with Standing Orders • The Hosting Agreement, this was last reviewed in November 2018 – no areas of concern were identified 	CASC

	<ul style="list-style-type: none"> • The Draft Memorandum of Understanding with the Welsh Government Officials was received and further discussions would take place, it was last discussed in 2016 • The update on work to complete all of the requirements in the Standing Orders including the Standing Financial Instructions and the Scheme of Delegation and Schedule of Powers which are all interlinked. • Two specific areas of non-compliance with the Standing Orders relating to the time papers sent out to Members and also that Sub Group chairs should not normally be a member of the EASC Team were noted. Members supported the variance from the Standing Orders in relation to these two matters and noted that this would be raised at the host body Audit and Risk Committee. <p>The EASC Risk Register was received. Members noted that all risks had been comprehensively reviewed by the EASC Team in August 2021 and the two risks related to performance against targets for the red and amber categories had been raised from 16 to 20.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government • APPROVE the risk register • NOTE the governance arrangements for the EASC. 	
EASC 21/63	<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. 	CASC
Part 4. OTHER MATTERS		ACTION
EASC 21/64	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/65	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 9 November 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