



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
10 MARCH 2020 AT THE NATIONAL COLLABORATIVE
COMMISSIONING UNIT (NCCU) UNIT 1, CHARNWOOD COURT
HEOL BILLINGSLEY, NANTGARW, CF15 7QZ**

PRESENT

Members:	
Chris Turner	Independent Chair
Glyn Jones	Deputy Chief Executive, Aneurin Bevan ABUHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
In Attendance:	
Shane Mills	Deputy Chief Ambulance Services Commissioner
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
James Rodaway	Head of Commissioning & Performance Management
Ross Whitehead	Assistant Director of Quality and Patient Experience
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Secretariat)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/20	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee. Members noted that the Chair had written to Gary Doherty to thank him for his support for the Committee's work and to wish him well for the future and a positive response had been received.</p>	
EASC 20/21	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Stephen Harray, Simon Dean, Carol Shillabeer, Steve Moore, Len Richards, Steve Ham and Tracey Cooper. Despite best efforts, Karen Miles was unable to join the meeting due to difficulties in connecting to the video conferencing site.</p>	

EASC 20/22	<p>DECLARATIONS OF INTERESTS There were no additional interests to those already declared.</p>	Chair
EASC 20/23	<p>MINUTES OF THE MEETING HELD ON 28 JANUARY 2019 The minutes were confirmed as an accurate record of the meeting held on 28 January 2019.</p>	Chair
EASC 20/24	<p>ACTION LOG Members RECEIVED the action log and NOTED progress as follows:</p> <p>Emergency Medical Retrieval Service (EMRTS) Gateway Review The Chair requested that work to complete this item take place before the next meeting.</p> <p>EASC 18/06 & EASC 18/65 & EASC 19/21 Integrated Performance Dashboard Members noted that the dashboard would now be developed by the EASC Management Group and this would be removed from the action log.</p> <p>EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework Members noted that the work to develop the framework was almost complete and would be provided at the next meeting.</p> <p>EASC 19/12 Risk Register An overview of the risks would be provided in the governance report and would be developed in line with the host body arrangements for the next meeting.</p> <p>EASC 19/55 & 19/92 Mental Health An overview would be provided in the Chief Ambulance Services Commissioner Report.</p> <p>EASC 19/78 Reference document on the WAST Relief Gap Emergency Ambulance Service Jason Killens explained that returning to the 2013/4 percentage in terms of levels of spending on front line staff was linked to providing the baseline position which he felt would need to be discussed with Stephen Harray further. Members noted that a small part had been agreed through the process of approving the Integrated Medium Term Plan (IMTP), although it would need to be agreed how this could be measured. Members agreed to keep this action open.</p>	<p>CASC</p> <p>Ross Whitehead</p> <p>James Rodaway</p> <p>Gwenan Roberts</p> <p>CASC</p> <p>Jason Killens</p>

	<p>EASC 19/79 WAST Service Transformation Jason Killens explained that this was part of the work related to pathway access and development and suggested this would be an important element for the Taskforce to consider shortly.</p> <p>EASC 19/97 Serious Adverse Incidents (SAIs) Members noted that SAIs would be discussed at the forthcoming Quality and Delivery meeting. More detail would need to be provided and Shane Mills confirmed that the reasons for incidents would be analysed over the next year.</p> <p>EASC 19/100 Emergency Department Quality and Delivery Framework An update would be provided at the next meeting.</p> <p>EASC 19/103 Governance Members noted that the Directors of Finance were developing Standing Financial Instructions across Wales for Health Boards and NHS Trusts. A version of the SFIs would be developed for the Welsh Health Specialised Services and, for the first time, for EASC. A further update would be provided when the draft SFIs had been received.</p> <p>EASC 20/12 Ministerial Ambulance Availability Taskforce Members noted that the membership of the Taskforce had been confirmed and invitations sent for the first meeting. Members noted that a draft Terms of Reference had been developed and would be shared for information.</p> <p>Emergency Medical Retrieval and Transfer Service A meeting was planned to take place before the end of March with the Air Ambulance Charity.</p> <p>Research related to triage tools Jason Killens gave an update on the 'breathing card' and also the work of the Academy in a further audit involving a larger group of patient calls. Once received the final information would be shared with the EASC Management Group.</p> <p>EASC 20/15 Finance Report Stuart Davies reported that 'A Healthier Wales' allocation had not quite been finalised. A further report would be provided in the next finance report.</p>	<p>Jason Killens</p> <p>Ross Whitehead</p> <p>Jo Mower/ Julian Baker</p> <p>Stuart Davies</p> <p>CASC</p> <p>Chair and CASC</p> <p>Jason Killens</p> <p>Stuart Davies</p>
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	<p>EASC 20/16 EASC Governance Update Gwenan Roberts explained that the current risks had been identified and had been included in the Governance update report.</p> <p>Annual Reports for the Committee and Sub Group Members noted that plans were in place for the sub Group to develop annual reports to assist the Committee in assessing and evaluating its impact. In line with the Standing Orders the reports would be received during the summer.</p>	<p>Gwenan Roberts</p>
<p>EASC 20/25</p>	<p>MATTERS ARISING</p> <p>There were none.</p>	
<p>EASC 20/26</p>	<p>CHAIR'S REPORT</p> <p>The Chairs report was received by Members. In presenting the report, Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee. Members noted the change in the way information was presented to health boards which was being perceived as being helpful and informative.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's Report. 	
<p>EASC 20/27</p>	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and suggested that arrangements for the approval of the IMTP would need to be brought forward to meet the timescales set by Welsh Government.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan for future meeting in line with the discussions held. 	<p>Gwenan Roberts</p> <p>Chair and CASC</p>
<p>EASC 20/28</p>	<p>CONFIRMED ACTION NOTES FROM EASC SUB GROUPS</p> <p>Members received the following items:</p> <ul style="list-style-type: none"> • EASC Management Group meeting 9 January 2020 • Non-Emergency Patient Transport Delivery Assurance Group meeting date • Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 	

	<p>Further discussion took place in relation to the:</p> <ul style="list-style-type: none"> • Highlight Report EASC Management Group 21 February 2020 <p>Members noted that this was the first highlight report received from an EASC Sub Group with the aim of providing a brief summary of the key issues in the most recent management group. Members felt it was a useful summary and this approach would be adopted across all of the EASC Sub Groups. The highlight report would be additional to and not in place of the full minutes/notes (Action log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the action notes • APPROVE the highlight report for use by all Sub Groups. 	
<p>EASC 20/29</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER’S REPORT</p> <p>The Chief Ambulance Services Commissioner’s (CASC) report was received. In presenting the report Shane Mills, Deputy CASC highlighted the following:</p> <ul style="list-style-type: none"> • National Transfer Services including critical care – Members noted that work was ongoing with the Emergency Medical Retrieval and Transfer Service to take forward the work with a clinical lead and working closely with WAST to ensure that sufficient clinical teams were available which was considered key. • Ministerial Ambulance Availability Taskforce – Members noted that the membership had been confirmed and arrangements were underway to finalise the meeting dates; the draft terms of reference would be shared with Members • Escalation – the revised arrangements for the coordination and chairing of the daily regional escalation calls had progressed and WAST had established an Operational Delivery Unit which was fully operational on 2 March 2020. The detail of the arrangements would be discussed at the next meeting of the EASC Management Group. • Emergency Medical Retrieval and Transfer Service - the EMRTS Service Expansion Review was a key focus for the service and would commence from 1 April 2020, with the introduction of a 24-hour operation based at Cardiff Heliport. Further discussions would need to take place regarding infrastructure and the capital requirements (action log). • Urgent Mental Health Access and Conveyance Review – Members were pleased to note that 10,000 responses had been received. Shane Mills explained that the information was fascinating and work had commenced on writing the report which was due to be published in May 2020. The aim was to try and provide health board and regional level information. The Report would be discussed at the Mental Health Crisis Concordat meeting and would be shared with members of the committee in due course (action log). 	<p>CASC</p> <p>Jason Killens</p> <p>CASC</p> <p>Shane Mills</p>

	<ul style="list-style-type: none"> • Co-Chairing a Task and Finish Group to explore opportunities for fire and rescue and NHS services to collaborate – Members noted that Stephen HARRY had been asked to co-chair the group to optimise the clinical outcomes and experience for the people of Wales. Ministers would like to explore the potential role of fire and rescue services in providing emergency medical service support. <p>It was expected that the task and finish group would include representation from Directors of Primary, Community and Mental Health; Public Health; and Therapies peer groups in addition to relevant representatives of the Welsh Ambulance Services NHS Trust. Members discussed that health boards had been asked to respond to the Minister on this matter. A further update would be provided at the next meeting (Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner’s report. 	<p>CASC</p>
<p>EASC 20/30</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 and in presenting the report Jason Killens highlighted key areas which included:</p> <ul style="list-style-type: none"> • Performance – Members noted an improving position in January and the organisational data suggested that this had been maintained in February. • Ambulance quality indicators would soon be provided on a monthly basis (Action Log) • Demand and Capacity Review – progress continuing with the work to recruit the additional 136WTE and an additional number of staff for the new Grange hospital expected to be approximately 100. Members noted that there was currently a difference of opinion regarding the model being developed and Jason Killens would write to Judith Paget to outline his concerns. Members noted that when the turnover rates of staff were added this would equate to the requirement to recruit over 300 staff this year. The Chair asked how feasible this would be in view of previous information. Jason Killens reassured members that the type of staff required, such as urgent care staff, would be relatively quicker, easier and cheaper to recruit and train (Action log). • Aneurin Bevan University Health Board (ABUHB) – Members noted that the ABUHB wanted to commission a service from the WAST and it was described as a huge requirement. 	<p>Ross Whitehead</p>

	<ul style="list-style-type: none"> • Members felt that if the service required a significant number of additional paramedics this would be an issue for the committee. It was agreed that the model choice may be beyond the local health board if this impacted on the wider system and any additional service would need to be presented to the Committee for consideration. Members wanted to understand the collective benefit and impact; in addition to work force requirements the fleet impact would also need to be clear. • Recruitment – Members noted that WAST were now seeking to recruit 350 staff this year. The EASC Management Group would be asked to monitor the numbers of staff recruited. • Coronavirus – ongoing work to reconfigure the organisation to prepare for Covid 19. This would likely delay other matters in the previously agreed plans. • Major Trauma Network go live – Members noted that concerns had been raised at health board level and following discussion at the EASC Management Group this was now a standard item on its agenda. • Readiness for WAST major trauma - Jason Killens explained that there were two aspects of the work, developing the desk and ensuring the awareness of the wider staff. Members noted that the staff had been recruited for the desk and training was taking place. Jason Killens agreed to inform the CASC of the numbers of staff recruited to date; the plan was to go live at the end of March 2020 although there was a slight risk relating to the training of staff, although a senior decision maker would always be available on the desk • Safe cohorting of patients – Jason Killens was asked how the impact of this work would be measured – Members could understand the hard measure of lost hours but more difficult to quantify whether the patient experience was better. Members agreed it was important to learn lessons to share across NHS Wales; staff morale had significantly improved. EASC Management Group would be asked to coordinate the impact of safe cohorting of patients and share any learning. Internal communications were also considered to be important and positive for staff (Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	
<p>EASC 20/31</p>	<p>STRATEGIC COMMISSIONING INTENTIONS The Report on Strategic Commissioning Intentions was received; presented by James Rodaway the report highlighted the commissioning plan for the Integrated Medium Term Plan and the aim to develop the Emergency Ambulance Services Committee influence across NHS Wales in line with the quadruple aim of the Institute of Healthcare Improvement.</p>	

	<p>Members noted that meetings were taking place between the planning teams to develop the action plan and would be discussed in detail at the EASC Management Group. The key underpinning actions would be to develop a detailed delivery plans which were aligned with national programme plans and the Welsh Ambulance Services NHS Trust. Workstreams would be developed which would also identify key resourcing requirements.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the approach and work programme to deliver EASC Strategic Commissioning Intentions. 	
<p>EASC 20/32</p>	<p>FINANCE REPORT</p> <p>Members received the Finance Report which was presented by Stuart Davies and provided the monitoring report for Month 10 and 11 showing the breakeven position.</p> <p>Members were informed that a possible underspend on 'A Healthier Wales' 1% allocation had been identified and would be quantified by the end of March (Action Log).</p> <p>Members RESOLVED to: NOTE the report.</p>	<p>Stuart Davies</p>
<p>EASC 20/33</p>	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members discussed the risks identified and suggested that further work was required to distinguish between issues and risks and ensure that risks are clearly identified and articulated. The updated risk register would be presented to the next EASC Management Group for further discussion and development (Action Log).</p> <p>Members noted that the work had commenced with the sub groups to ensure a consistent style and approach. The confirmed action notes had been received by the Committee and the highlight report welcomed to share information more easily. Members noted that each sub group would present an annual report for the Committee's approval during the summer months.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Governance Update 	<p>Committee Secretary</p> <p>Sub Group leads Committee Secretary</p>

<p>EASC 20/34</p>	<p>INTEGRATED PERFORMANCE DASHBOARD</p> <p>The Integrated Performance Dashboard report was received; in presenting the report Ross Whitehead apologised to members that the interactive demonstration was not available. However, Members noted the progress made in developing the dashboard which followed improved access to source data across the 5 step ambulance pathway and which would also provide health board specific information. The aim would be to provide a broader understanding of flow through the system. Members noted the work and asked that the EASC Management Group oversee the ongoing development and refinement of the dashboard (Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Integrated Performance Dashboard and the plan that the EASC Management Group oversee the further development. 	<p>Ross Whitehead</p>
<p>EASC 20/35</p>	<p>AMBULANCE QUALITY INDICATORS</p> <p>The latest Ambulance Quality Indicators (AQI) published on Wednesday 29 January 2020 were received. The AQIs were for the period: 1 October 2019 to 31 December 2019 and described performance across the 5 Step Ambulance Care Pathway.</p> <p>In presenting the report, Ross Whitehead highlighted the following:</p> <ul style="list-style-type: none"> • The agreement to publish the AQIs monthly which would allow better access to information in a more timely way to start in April 2020 (Action Log) • Members were asked to reconsider the AQIs and whether any needed to be added, amended or removed • The key aim is to make the AQIs more visual for members and generally more public facing • More work to be undertaken to focus on quality and less on performance and activity which would be included in the integrated performance dashboard. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Ambulance Quality Indicators and the plans for monthly report and public facing information. 	

ANY OTHER BUSINESS

EASC
20/36

CORONAVIRUS

Members noted that the CASC had written to WAST and the Emergency Medical Retrieval and Transfer Service to seek assurance regarding the pandemic plans for dealing with the coronavirus. In relation to WAST, Jason Killens explained that work was moving at pace to ensure readiness to respond to the requirements as far as possible.

Members noted:

- Triggered plan two weeks ago
- Pandemic flu plan and mechanisms this week
- Using the evidence that Covid 19 coming and triggered across organisation
- Workforce sustainability - risk of increase in level
- Personal protective equipment strand – logistic cell
- Security – points of contact re 999/ 111 and controlling access
- Considering size of control centres – maybe reduce to smaller sections to protect service
- Home work for non essential staff
- Redeploying and re training staff for 111 service
- Decoupling 111 service and the clinical control centre service to start week after next
- Emergency medical service (EMS) perspective developed and how decisions will be made about the resources deployed
- Shared with Andrew Goodall’s team in Welsh Government
- Will discuss the deployment of resources at the Board meeting at the end of the month
- Range of cells / groups working together – looking at weekly and daily matters
- Emergency planner coordinating key issues
- Also part of the UK response
- Will need a position when demand far outstrips capacity and how decisions will be made
- Will need a pre approved mechanism
- Plans include need for communication including social media messages

Members discussed at length in relation to plans which included:

- If WAST declaring major incident need to discuss the impact on health boards and how we co-ordinate actions
- Need therefore to develop a coordination mechanism with health boards

AGENDA ITEM 1.4

	<ul style="list-style-type: none"> • Need to use the Welsh Government arrangements for severe pressures; CEO calls • Meeting re impact on patient experience to be discussed by the Director of Nursing and CASC • Need a way of ensuring health boards are triggered to respond and the mechanism which can be used • Major incident information - discussion and pre agreed actions • Importance of gold command arrangements <p>Actions agreed:</p> <ul style="list-style-type: none"> • We will raise issues of service pressure in WAST with the national team at the Welsh Government • Health Board and WAST plans will need to link using an agreed mechanism • EASC Team role to identify the key issues which will have an impact more widely on health boards • More important than ever to be joined up and ensure collective decision making <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE and thank the WAST Team for their work to date. 	
DATE AND TIME OF NEXT MEETING		
EASC 20/19	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 May 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed

Christopher Turner (Chair)

Date