



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
10 NOVEMBER 2020 AT 09:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB
<b>In Attendance:</b>	
Steve Ham	Chief Executive Officer, Velindre NHS Trust
Hannah Evans	Director of Transformation, Swansea Bay SBUHB
Gavin Macdonald	Interim Chief Operating Officer, Betsi Cadwaladr UHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Shane Mills	Director of Nursing and Quality, National Collaborative Commissioning Unit

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 20/86	<b>WELCOME AND INTRODUCTIONS</b> Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Paul Mears was welcomed to his first meeting.	Chair
EASC 20/87	<b>APOLOGIES FOR ABSENCE</b> Apologies for absence were received from Gill Harris, Tracy Myhill, Tracey Cooper and Gwenan Roberts.	Chair
EASC 20/88	<b>DECLARATIONS OF INTERESTS</b> There were no additional interests to those already declared.	Chair

<p>EASC 20/89</p>	<p><b>MINUTES OF THE MEETING HELD ON 8 SEPTEMBER 2020</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 8 September 2020.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Minutes of the meeting held on 8 September 2020.</li> </ul>	<p>Chair</p>
<p>EASC 20/90</p>	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b> specific progress as follows:</p> <p><b>EASC 20/45 &amp; 20/57 Learning Lessons of working during a pandemic</b> To be received at the next meeting (added to the Forward Look).</p> <p><b>EASC 20/57 Unscheduled Care Dashboard</b> Stephen Harray updated Members by explaining that progress had been made in the work to develop the Unscheduled Care Dashboard. Specification has been developed following work with health boards which would be circulated (added to the Action Log) and external funding had been confirmed. A tender process would soon commence.</p> <p><b>EASC 20/57 Healthcare Inspectorate Wales (HIW) Report</b> The report has been circulated.</p> <p><b>EASC 20/60 Governance Update</b> A report would be received at the next meeting (added to the Forward Look).</p> <p><b>EASC 20/70 CASC as Co-Chair Task and Finish Group</b> Members noted the ongoing work with the Fire and Rescue Services in relation to their work as first responders. Stephen Harray agreed to provide an update on the work at the next meeting (added to the Action Log).</p> <p><b>EASC 20/73 EASC allocation letters for Major Trauma Services and Critical Care Transfer Services</b> Stephen Harray confirmed that the allocation letters had been received for Major Trauma and Critical Care Transfer Services from the Welsh Government and discussions had commenced with providers. Information related to potential slippage would be included in the next finance report.</p>	<p>CEO WAST</p> <p>CASC</p> <p>Completed</p> <p>Ctte Sec</p> <p>CASC</p> <p>CASC &amp; Director of Finance</p>



<ul style="list-style-type: none"> <li>• <b>Non-Emergency Patient Transport Service (NEPTS)</b> Members noted that the timescales for transfers had been brought forward for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards and Powys Teaching Health Board, with the expectation that all transfers would be completed by mid-2021 Stephen Harray thanked the health boards for their support in moving forward the agreed collective approach.</li> <li>• <b>Revising EASC Integrated Medium Term Plan</b> The EASC IMTP was discussed at the EASC Management Group and a summary had been provided to Members to ensure that the revised priorities were supported. WAST explained that they welcomed the new approach and were working closely with the EASC Team on the detail. The key deliverables were clarified in order to lead to a balanced approach. No issues were raised by Members to this approach.</li> <li>• <b>Ministerial Ambulance Availability Taskforce</b> Further progress had been made on arrangements for the Taskforce. An interim report was planned for submission before the end of the year. The report would be shared with Members and would be discussed in detail at the meeting in January 2021 (Added to the Action Log).</li> <li>• <b>Beyond the Call</b> Shane Mills was invited to present the findings of the work commissioned by the Welsh Government through the Mental Health Crisis Care Concordat – National Review of Access to Emergency Services for those experiencing mental health and or welfare concerns, report title ‘Beyond the Call’.</li> </ul> <p>Members noted the importance of language and how mental health services were described. Mental health was referred to as those with a diagnosed mental health disorder and welfare concerns such as social issues and housing, which has an impact on mental health. The review would be published in November and would be shared widely in the system. Members noted the barriers to access to services which were compounded by mental health, including the stigma attached to it.</p> <p>The review involved all agencies across health and social care and also wider public services such as the police and fire and rescue services. Opportunities were highlighted such as the 111 service as well as a range of other “in hours” and “out of hours” services.</p>	<p>CASC</p>
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The Review recommended further work to enhance the 111 service in Wales which has also been supported by the 111 service board. The Review captured the missed opportunities, supported by data, although this was more difficult in social care. The role of the Police within mental health was also captured and this constituted 9-15% of their daily calls. A bespoke data collection was created and 10,000 calls used which were broken down into 17 index areas. The Review was also supported by an expert reference group.

Shane Mills gave an overview of the findings of the data and the inter-connectedness in terms of how and when people accessed services. Members noted the breakdown of information by gender and age, type of caller (self-callers or public), time spent on the phone and the overall time spent. There were 10 recommendations made by the Review which included ensuring real time data and effective multiagency collaboration. Members noted other areas of ongoing work included an access review with MIND and also a conveyance review.

Carol Shillabeer added the key drivers in terms of the work identified by the Police and it was important to work closely with them to develop the Review, which has led to a generally better understanding with the Police. In terms of services across Wales there is variability in provision but work to streamline the model in Wales, and potentially a once for Wales approach, can be progressed.

Members discussed the prevalence of mental health demands during the pandemic and whether a once for Wales approach could be achieved and how to simplify access for people. Jason Killens also shared WAST's findings that having mental health practitioners in the call centres had been very well received during the pandemic. The link between drug and alcohol use was discussed and it was confirmed that a strong relationship had been identified in the Review.

Members were keen to have actions to take forward in each area to ensure that the findings of the review were acted on. Members noted that the Review would be formally presented to the Minister with responsibility for Mental Health services and Mental Health Crisis Care Concordat. The recommendations had been discussed with the 111 service board and further opportunities would be progressed. Mental health practitioners would be available in the WAST control centres over the winter.

	<p>Members noted that further work to clarify the next steps and the governance routes would take place and further information would be shared at the NHS Wales CEO group. Shane Mills was warmly thanked for the helpful presentation and he agreed to share the final version of the document with Members (Added to the Action Log).</p> <ul style="list-style-type: none"> <li>• Commissioning Intentions</li> </ul> <p>Members noted a more streamlined approach would be taken and this had been discussed at the EASC Management Group. The approach would take account of the emerging context and a further iteration would be taken to the EASC Management Group for further development before being presented at the next EASC meeting (Added to the Forward Look).</p> <p>The Chair thanked Stephen Harray for his report and Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chief Ambulance Services Commissioner’s report</li> </ul>	<p>Carol Shillabeer Cttee Sec</p> <p>CASC</p>
<p>EASC 20/94</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</b></p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• Covid Pandemic</li> </ul> <p>Abstractions had risen, slightly less than the peak of the first wave and had triggered the tactical approach to production. This included using staff from 3 Fire and Rescue Services on a regular basis to support production for the front line. Jason Killens offered to bring forward the lessons learned from the first wave to the next meeting (added to the Action Log).</p> <ul style="list-style-type: none"> <li>• Health and Safety Executive (HSE)</li> </ul> <p>Members noted the update which related to the wearing of personal protective equipment (PPE). As a result policies had been updated and the dialogue with the HSE had been helpful with a number of meetings held. Progress was being made and the approach by WAST had been appropriately adjusted.</p> <ul style="list-style-type: none"> <li>• Clinical Indicators / Clinical Outcomes</li> </ul> <p>Jason Killens gave an overview of the work related to the electronic case card (moving away from the digital pen). A supplier has been identified and capital funding secured for implementation towards the end of next year. This would enable a greater understanding related to outcomes and over time this will allow informed adjustments to the service.</p>	<p>CEO WAST</p>

	<p>Members noted that there was a training requirement, some could be undertaken on line and some would also need to be face to face. Some modifications and testing would be also required. The issues of interoperability with emergency department systems was also raised and Members were assured that this was a function of the system. This would happen in a phased way and linking to the Welsh Clinical Portal and other different systems across NHS Wales in due course.</p> <ul style="list-style-type: none"><li>• <b>Non-Emergency Patient Transport Services (NEPTS)</b> In keeping with the requirement for social distancing this was having an impact on the service because vehicles were restricted in the number of patients they could accommodate. This issue was being discussed at the NEPTS Delivery Assurance Group.</li><li>• <b>Emergency Medical Services Demand and Capacity Review</b> Members were reminded that the staff growth had been planned for a further 136WTE this year and good progress had been made with the expectation that this target would be met by the end of year. This was having a positive impact in the unit hours of production (UHP) which was very encouraging.</li></ul> <p>Members asked:</p> <p>In terms of production hours and the impact of the investment in line with the Demand and Capacity Review Members asked regarding the forecasting and the impact over the winter months. Members noted that 100% of the rosters equated to 119,000-120,000 hours. The figures in October were similar to earlier in the year due to various reasons. The forecasting into the winter used various scenarios including normal winter demand and high levels of Covid. The aim would be to get to 107% of roster fills (113% would be the maximum fill due to vehicle availability).</p> <p>In terms of the urgent care system and the inter-operability opportunities, Members noted that the unscheduled care dashboard work was currently at the tender process stage and further information would be available in due course (Added to the Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"><li>• <b>NOTE</b> the WAST provider report.</li></ul>	<p>NEPTS DAG</p> <p>CASC</p>
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<p>EASC 20/95</p>	<p><b>FOCUS ON – SYSTEM PRESSURES</b></p> <p>Stephen Harray introduced the session and provided some context in relation to the purpose of the session.</p> <p>A presentation had been shared with Members which concentrated on the commissioner perspective on planning and securing sufficient ambulance services for the population of Wales within the context of severe system pressures.</p> <p>In terms of the WAST Demand Management Plan (WAST DMP) at level 5 or 6 Members noted that this would mean that WAST would not be able to send a resource to any caller. This was felt to be an extreme position and that every opportunity should be taken to try and avoid such occurrences.</p> <p>The aim of the session was to:</p> <ul style="list-style-type: none"> <li>• Ensure ambulance availability - actions to take over handover delays and WAST actions to maximise resources available</li> <li>• Understand the impact of escalation across the system as a whole – on both health boards and WAST.</li> <li>• How health boards and WAST work together and the regional solution</li> <li>• Align escalation plans with Covid learning</li> <li>• Capacity for alternatives for demand management</li> <li>• Find the tolerances</li> <li>• Identify actions to take.</li> </ul> <p>Members agreed to this approach.</p> <p>Ross Whitehead gave the presentation, again highlighting the commissioner perspective to plan and secure sufficient ambulance services for Wales. On a few occasions recently, the WAST DMP had been triggered and these system pressures challenged the ability of the Committee to meet with its statutory obligation. Members noted that WAST had undertaken modelling forecasts in line with the expectations of the Welsh Government in relation to the impact of the pandemic and many forecasts indicated that WAST would not reach the 65% performance target for red calls.</p> <p>An overview of incident demand, attended scene, attended hospital and lost hours was provided. Members noted the specific impact of the pandemic on service provision as well as the data and the actions already taken in terms of recruitment, establishing the Operational Delivery Unit, the doubling of handover delays since August and the WAST DMP level 6 triggered on more than one occasion.</p>	
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	<p>Members noted the modelling and scenario plans for worst case, most likely in high covid levels and most likely in low covid levels.</p> <p>In terms of the collective position and the actions required to deliver the statutory requirements this winter, Members noted the key areas of efficiencies, investment and additionality opportunities for the operational delivery unit and handover delays. The modelling that had been undertaken had assumed 90% of the handover delays experienced in 2019.</p> <p>Members discussed the ongoing system pressures, and in particular for health boards, with regard to handover delays at emergency departments. Stephen Harrhy also confirmed that the work undertaken by Improvement Cymru would also inform the process going forward.</p> <p>Members supported the requirements to maximise the availability of ambulances this winter, the need to have a focus on reducing harm and improving quality and patient outcomes and the need to act in a proactive way starting from a Health Board footprint but to engage collectively on a regional basis where this was <b>needed by exception</b>. Members committed particularly to the following actions:</p> <p><b>Ambulance Resource</b> – Central funding has been provided to support WAST to staff rosters up to the fleet maximum of 113%. Funding for this would come centrally from the winter protection fund and WAST should maximise available resource with immediate effect. Stephen Harrhy agreed to circulate a report on securing additional NEPTS capacity as part of the Q3 and Q4 winter protection plan (Added to the Action Log).</p> <p><b>Resource Efficiency</b> – Members agreed that WAST should effectively target this additional resource to times of the day, dates and regions where there was currently a mismatch between demand and capacity.</p> <p><b>Safe cohorting of patients / patient offload Department (POD) staffing and operating model</b> – Members recognised the role that the safe cohorting of patients would have this winter in enabling the timely release of ambulances and Stephen Harrhy agreed to work with WAST and the relevant health boards to find a solution to staffing and agreeing the operating model for these areas for this winter (Added to the Action Log).</p>	<p>CASC</p> <p>CASC</p>
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	<p><b>Operational Delivery Unit (ODU)</b> – Members recognised the role of the ODU in supporting system level information flow and recognised it needed to develop further to support the system. Members agreed that Health Boards should proactively maximise their own capacity prior to requiring regional support. Stephen Harray agreed to continue to work with the Chief Operating Officers (COOs) on this to agree scope and responsibilities and to develop the operating model for the ODU (Added to the Action Log).</p> <p><b>Information</b> – Members recognised the opportunities that were currently available for sharing information between WAST and Health Boards and the additional opportunities that an expanded unscheduled care dashboard and ‘signals for noise’ present us with.</p> <p>Jason Killens agreed to review and enhance the data provided regularly to Health Boards with a focus on a range of the Ambulance Quality Indicators (AQIs) (Added to the Action Log), Stephen Harray agreed to work with the NHS Wales Informatics Service (NWIS) to provide an immediate Business Intelligence based solution and to move forward the on-going procurement of a dashboard and supporting data infrastructure to have a single view in health boards and WAST (Added to Action Log).</p> <p><b>Handover Levels</b> – Members discussed the importance of minimising patient handover lost hours and the requirement to maintain levels <b>below 150 hours per day</b> as any level above this would be challenging from a resource availability perspective (Added to the Action Log). Members also discussed the importance of turning vehicles around quickly and adopting a ‘no tolerance’ approach to delays over 1 hour.</p> <p><b>Escalation</b> – Members agreed that a standardised approach to escalation (and the level within organisations) with a focus on proactive actions, quality improvement and harm reduction would be necessary and helpful for providing clarity on responsibilities and actions at all levels of escalation, both at Health Board level and in WAST. Stephen Harray agreed to take this work forward and would circulate a draft proactive proposal to Members (Added to the Action Log).</p> <p><b>Post Production Lost Hours</b> – Members agreed that quick progress was required on the understanding and reduction of post-production lost hours particularly those associated with rest breaks. Members discussed the need to provide WAST with support and cover for this, recognising that it would be a challenging ask.</p>	<p>Health Boards</p> <p>CASC</p> <p>CEO WAST</p> <p>CASC</p> <p>Health Boards and WAST</p> <p>CASC</p>
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## Agenda Item 1.4

	<p>Jason Killens agreed to respond to Stephen Harray on this issue and clarify his thoughts on potential ways forward (and learn from other services and reviews) which would be shared with all Members (added to the Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the presentation and action the areas agreed above.</li> </ul>	CASC & CEO WAST
<b>Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT</b>		<b>ACTION</b>
EASC 20/96	<p><b>FINANCE REPORT</b></p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position. Further work would be undertaken to include critical care and for the Emergency Medical Retrieval and Transfer Service. Work continued to monitor the additional funding provided for additional staff in WAST, out of hospital care and winter planning.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> and <b>NOTE</b> the report.</li> </ul>	Director of Finance
EASC 20/97	<p><b>EASC SUB GROUP MINUTES</b></p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> <li>• EASC Management Group - 27 Aug 2020</li> <li>• NEPTS Delivery Assurance Group – 18 Aug and 29 Sept 2020</li> <li>• EMRTS Delivery Assurance Group – 16 June 2020.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the confirmed minutes as above.</li> </ul>	CASC
EASC 20/98	<p><b>EASC GOVERNANCE INCLUDING THE RISK REGISTER</b></p> <p>The EASC Governance report was received. In presenting the report Stephen Harray explained that two risks had been escalated on the risk register namely the performance in the red and amber categories.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the risk register</li> <li>• <b>NOTE</b> the governance report and the requirement for the effectiveness survey.</li> </ul>	CASC

## Agenda Item 1.4

EASC 20/99	<p><b>FORWARD PLAN OF BUSINESS</b></p> <p>The forward plan of business was received. Members noted that further work was required on the Emergency Medical Service (EMS) Framework. Further work would take place outside of the meeting to suggest the next Focus on topic.</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Forward Plan.</li> </ul>	Chair
<b>Part 4. OTHER MATTERS</b>		<b>ACTION</b>
EASC 20/100	<p><b>ANY OTHER BUSINESS</b></p> <p>One further item of business was raised at the meeting. Jason Killens suggested that the NEPTS Delivery Assurance Group could discuss discharge planning across the winter. Ross Whitehead suggested as time was a major factor in this matter as well as access to providers and offered to write to WAST with some proposals which was agreed by Members.</p>	CASC

<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 20/101	<p>A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 9 March 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.</p>	Committee Secretary

Signed .....

**Christopher Turner (Chair)**

Date .....