

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
10 SEPTEMBER 2019 AT THE NATIONAL COLLABORATIVE
COMMISSIONING UNIT, TREForest INDUSTRIAL ESTATE**

PRESENT

Members	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Gary Doherty (Via VC)	Chief Executive, Betsi Cadwaladr BCUHB
Len Richards	Chief Executive, Cardiff & Vale CVUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
Steve Moore (Via VC)	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
In Attendance:	
Simon Dean (in part)	Deputy Chief Executive NHS Wales
Nicola Prygodzicz	Director of Planning, Aneurin Bevan ABUHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
James Rodaway	Head of Commissioning & Performance Management, EASC
Julian Baker	Director, Collaborative Commissioning
Ross Whitehead	Assistant Director of Quality and Patient Experience
Jo Mower	Clinical Director National Programme Unscheduled Care
Rachel Marsh	Interim Director of Planning, Welsh Ambulance Services NHS Trust
Lee Brooks (in part)	Director of Operations, Welsh Ambulance Services NHS Trust
Stuart Davies	Director of Finance, WHSSC and EASC Joint Committees
Gwenan Roberts	Head of Corporate Services, Cwm Taf Morgannwg UHB (Secretariat)
Maxine Power (in part)	Executive Director of Quality, Innovation and Improvement, North West Ambulance Service

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/68	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	
EASC 19/69	<p>PRESENTATION</p> <p>Maxine Power, Executive Director of Quality, Innovation and Improvement from the North West Ambulance Service was welcomed to the meeting and gave a presentation entitled 'Tackling the Challenge of Handover Delays'.</p> <p>Members NOTED:</p> <ul style="list-style-type: none"> • Population 7.9m; 31 hospital sites, large numbers of Clinical Commissioning Groups to work with; large population health footprint; 4 strategic transformation partnerships which provided an area of great challenges but great opportunities • Winter of 2017-8 particularly challenging including increase of serious incidents from 2-3 per month to 20; key issue crews waiting at A&E • The overview of the 10 years of initiatives in NHS England • Worked with the 'super six' organisations as the most willing • Chief Executives asked to take a personal interest in the lost hours • Used patient stories to help understanding • Used 15 different actions to get different responses – the exchange visits to different organisations most powerful as well as having executive and board sponsorship • Locally on the ground things felt 'chaotic' • Sites chose what actions they felt were appropriate • A strong set of diagnostics and measures were identified • Tracker on an hourly basis and worked closely with the regulator. <p>Members discussed the implications and ideas for NHS Wales and identified that other agencies would also be willing to assist such as 1,000 Lives Plus. The notion of having a competitive element was also recognised as a useful driver. In terms of patient safety the use of a safety checklist was known and Members felt it was helpful to learn from the experience of others although a lot of the actions identified were already available in NHS Wales.</p>	Jo Mower

	<p>The value of front line staff working together and learning between sites was felt to be key. Both Jo Mower and Julian Baker shared the specific initiatives being led or co-ordinated by the National Programme for Unscheduled Care in Wales and Members felt that actions were already been taken. Members felt it would be helpful to have an update in the future on the actions taken which impacted specifically on handover delays.</p> <p>It was agreed that the Clinical Director for the National Programme for Unscheduled Care (Dr Jo Mower) should present the Emergency Department Quality and Delivery Framework to the next EASC meeting ensure that that the pace of progress was being maintained (Added to Action Log).</p>	
EASC 19/70	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Judith Paget, Glyn Jones, Georgina Galletly, Steve Ham, Anthony Hayward, Shane Mills and Tracey Cooper.</p>	
EASC 19/71	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	
EASC 19/72	<p>MINUTES OF THE MEETING HELD ON 23 JULY 2019</p> <p>The minutes were confirmed as an accurate record of the meeting held on 23 July 2019.</p>	
EASC 19/73	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED progress as follows:</p> <p>EASC 18/06 & 18/65 & 19/21 Integrated Performance Dashboard Members NOTED that work was continuing on the development of the Dashboard which was linking data across the system. A further update would be provided at the next meeting.</p> <p>EASC 19/08 & 19/21 Mental Health Staff Clinical Desk Members NOTED that work was continuing with the Welsh Government in terms of developing a national approach. A further update would be provided to the Committee in November (Added to the Forward Look).</p>	<p>CASC</p> <p>Director of Quality and Experience</p>

- **RED performance**

Members **NOTED** that this would be discussed in detail in the provider update report.

- **Handover position**

Members **NOTED** that during the last weekend, performance was not at the level expected with 650 hours lost across Wales.

Members NOTED ongoing work in the following areas:

- Aneurin Bevan, Cardiff & Vale and Betsi Cadwaladr as pilot sites for the EDQDF
- The Swansea Bay improvement plan was considered good but needed pace to implement
- The Delivery Unit were planning to work at the Princess of Wales Hospital site to assist with the drifting performance
- Aneurin Bevan had visited Preston to view progress being made.

Members discussed what additional actions should be taken, how they could learn from others and how they could work more closely together at times of heightened escalation. It was felt that it was important to build on work already underway and to concentrate on a small number of initiatives that would have the greatest impact.

Members discussed the need to do further work and to address the current position which was much worse than last year.

Members **NOTED** that at the National EDQDF Summit held in July 2019, a significant amount of good initiatives which were showing signs of success had been identified. Members specifically discussed the use of the checklist and having the emergency department consultant at the front door in terms of triage but this did not have the anticipated impact due to the whole system issue of patient flow throughout the hospital sites. Members **NOTED** the good progress that was being made with the EDQDF programme.

A discussion took place on the current escalation plans and processes. It was agreed that the plans needed to be reviewed and the daily conference calls should be hosted by WAST. A national event would be organised as a matter of urgency to finalise this.

	<p>A discussion took place on the use of alternative pathways and the important role that they can play in managing demand into Emergency departments and reducing the number of ambulance conveyances.</p> <p>It was agreed that each Health Board would make available to WAST an additional three pathways in time for this winter.</p> <p>Simon Dean challenged the leadership and ownership of the Members and felt that it was important to make more progress on the journey which was a clear Ministerial priority. The Deputy Chief Executive of NHS Wales asked about priorities of organisations and the role of the whole executive in ensuring the pace.</p> <p>Simon Dean also challenged the Members regarding whether the local systems were completely understood and the impact on the lack of consistency across Wales; he felt that there were areas that organisations could just make the changes required. The challenge was to ensure that changes could be made at pace - these changes needed to be clarified organisation by organisation. The importance of the work required by WAST was also discussed including the importance of increasing the staffing levels as well as clarifying how community risks are captured and managed effectively.</p> <p>Members discussed resetting thresholds such as for corridor waits which are normalised thresholds in some organisations. Members agreed that the goal zero tolerance although this would depend on the starting point for each health board (HB).</p> <p>Discussion took place in relation to the immediate release arrangements for RED category requirements and agreed the need to comply with the current policy to avoid what was seen as a potentially growing risk to patients waiting longer for an ambulance response in the community. Members also agreed to use the next Management Group to identify areas for further pace and for in-depth discussion prior to any Committee meeting.</p> <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report and the agreed actions • APPROVE the Terms of Reference for the Management Group (subject to the review of the membership). 	<p>CASC</p>
--	--	-------------

EASC 19/77	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER UPDATE</p> <p>The Provider Update report provided by the Welsh Ambulance Services NHS Trust was received. In presenting the report, Jason Killens highlighted some key areas including:</p> <ul style="list-style-type: none"> • The number of patients more than 12 hours following a 999 call • The increase in immediate release requests • RED performance – which had been particularly challenging, particularly in Powys; Members NOTED that the demand was increasing at a rate of 7% year on year • The increasing reliance on overtime currently over 20% • The high levels of sickness • The early indications within the demand and capacity review including a potential relief rate of 42.2% giving a staffing gap of 262 whole time equivalent • Newly qualified pipeline continued although natural turnover – identified a significant number of re-sits which Members asked if it was considered excessive and Jason Killens agreed to discuss with the provider (Added to the Action Log). <p>Winter Resilience</p> <p>Members held a wide ranging discussion on the additional schemes that could be introduced to ensure greater resilience over this winter. The following were agreed for inclusion in winter plans and for implementation:</p> <ul style="list-style-type: none"> • The use of 3rd sector support for transfers and discharges and to support the unscheduled care workforce • The provision of extra support by extending the hours of clinical staff already employed in the CCC's • Support to cohort patients in safe spaces in specific district general hospitals • Provision of additional emergency medical services staff. <p>RED Performance</p> <p>Members received the presentation outlining RED performance which was presented by Lee Brooks. The key issues only were highlighted and Members NOTED:</p> <ul style="list-style-type: none"> • RED improvement plan to be produced and shared (Added to Action Log) • Resource requirements and the identification of potential sources of funding • The WAST risks including being unable to get additional staff • The WAST implementation plan and monitoring mechanisms. 	Jason Killens
		Jason Killens
		Jason Killens

	<p>Following discussion, Members agreed to prioritise the hand over delays and RED performance and expressed their urgency to get changes made quickly into the system.</p> <p>Jason Killens also asked Members for support in their organisations with GoodSAM which integrates with the computer aided dispatch.</p> <p>Jason Killens agreed to send additional information following the meeting to Members (Added to the Action Log).</p> <p>Members also received the ORH slide deck for information. The steering group was meeting regularly to track progress and it was anticipated would finish in September and the final report would be received at the November meeting (Added to the Forward Look).</p> <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the work being undertaken and the priorities agreed for winter resilience. • Receive the RED Improvement plan. 	<p>Jason Killens</p> <p>Jason Killens</p>
<p>EASC 19/78</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) RELIEF GAP EMERGENCY AMBULANCE SERVICES REFERENCE DOCUMENT</p> <p>Members received the Reference Document, Stephen Harray presented the document.</p> <p>Members NOTED that following the WAST Joint Executive Team meeting with Welsh Government officials Members NOTED that the Reference Document had been developed as a response to the information directly provided to the Welsh Government from WAST on the stated relief gap within the provision for emergency ambulance services.</p> <p>Members NOTED:</p> <ul style="list-style-type: none"> • The timescales for the information • IMTP and commissioning intentions • CASC Review of WAST spend on front line staff compared to the overall increased allocation since 2013-2014 <p>Jason Killens informed the Committee that discussions had taken place with the Chair of WAST in relation to the proportion of spend on frontline staff and confirmed the commitment to return to 2013/14 levels; he also explained that the organisation was 'paramedic rich' although in the report to the Welsh Government had identifying a requirement for an additional 40 paramedics.</p>	

	<p>Members felt it would be helpful to have confirmation in terms of where resources had been allocated to better understand the current position, generally Members felt that spending on frontline staff was not as they expected.</p> <p>Following discussion Members RESOLVED to: AGREE to the following:</p> <ul style="list-style-type: none"> • Receive a plan from WAST outlining how they would return to 2013/14% levels of spending on frontline staff recurrently • Use WAST contingency and 1% 'A Healthier Wales' funding slippage as non-recurrent allocation for use by EASC; money to be allocated on spend and with agreement on impact on performance • Receive a review what has happened to the funding provided to date since 2013/14 (CASC to undertake on behalf of EASC) • Tapering funding to be discussed as part of the IMTP process and linked to outcome of Demand and Capacity Review • Handover improvement plan to be agreed by EASC • Detailed discussion to take place at the Management Group meeting on 23 September 2019 • No delay in any immediate actions to be undertaken. 	<p>Jason Killens</p> <p>CASC</p> <p>CASC</p> <p>EASC</p> <p>WAST CASC</p> <p>WAST</p>
<p>EASC 19/79</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) SERVICE TRANSFORMATION</p> <p>Members received the WAST Service Transformation Report. In providing an overview of the background to the report, Jason Killens gave a summary of the work to date.</p> <p>Rachel Marsh provided the detail in relation to the schemes that WAST were asking for support.</p> <ul style="list-style-type: none"> • Falls Service – strong evidence of the positive impact of the service • Advanced paramedic practitioners: funding received during the last winter; further 25 undertaking training starting in September; working in primary care; rapid response vehicle and the clinical control centre. • GPs and others closely aligned with control centres to work with the categories of green and amber 2 calls for alternative pathways. <p>Stephen HARRY supported the report in terms of explaining that the patients who would be mostly dealt with would be seen in a more timely way. Julian Baker asked about the net impact of the appointments and the need for a strong evaluation process. Members NOTED that the evaluation for the falls bid showed clearly the positive impact on the patient experience.</p>	

	<p>Members also NOTED that there was a lot of work required to ensure the right information was available for inclusion in the IMTP for the next year.</p> <p>Chris Turner supported the report reiterating the need to sharpen the impact and capture the outcome. Following discussion Members NOTED that there were around 94 pathways in use within WAST. Clinical colleagues had met and developed a proposal to work internally to develop standardised pathways and particularly high volume codes to ensure consistency in the services across Wales would be developed. It was agreed that each Health Board would make available to WAST access to three pathways in time for this winter</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • AGREE make available to WAST access to three pathways in time for this winter • Support the development of Level 1 Falls Response across Wales • Support the expansion of Advanced Paramedic Practitioners using a rotational model (subject to the Demand and Capacity review) • AGREE to support WAST as the handler of choice subject to pilot schemes being developed into a viable pan Wales model. 	
EASC 19/80	<p>FINANCE REPORT</p> <p>Members received the Finance Report which was presented by Stuart Davies. Members NOTED the current financial position and the ongoing work to allocate the 1% 'A Healthier Wales' allocation.</p> <p>Members RESOLVED to: NOTE the report.</p>	Stuart Davies
EASC 19/81	<p>AMBULANCE QUALITY INDICATORS</p> <p>The Committee received the report on Ambulance Quality Indicators (AQIs). In presenting the report, Stephen Harray gave an overview of the key issues which had also been discussed earlier in the meeting including handover delays.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the overview of the last quarter's AQIs. 	Ross Whitehead

EASC 19/82	<p>REGIONAL ESCALATION</p> <p>Members received the report on Regional Escalation.</p> <p>In presenting the report, Stephen Harray explained that the purpose was to improve the arrangements for regional and national escalation and to manage the system risk across NHS Wales. Members welcomed WAST's proposal to chair the conference calls as the system leader (rather than rotating chair) to improve continuity.</p> <p>Members discussed the following:</p> <ul style="list-style-type: none"> • Terms of reference for the conference call – more proactive than reactive for the next 24-48 hours plan • Development of a more integrated dashboard • Using a set agenda for meeting (around escalation plans) 	Stephen Harray
	<ul style="list-style-type: none"> • Use up to date escalation plans – all organisations to submit by 20 September 	ALL
	<ul style="list-style-type: none"> • The need to be realistic for timescales – staff need to be aware of the plans and empowered to enact the plans • Health Board would need to own the plans and the work • Need to consider unintended consequences such as ambulances diverted to other areas – this could create more difficulties and would need to be kept to a minimum, particularly for the patient experience too • Developing an ongoing evaluation criteria and outcomes for patients • The need for more detail on the design and implementation to have a better chance of success • Need to work closely with the Welsh Government and have an indication of numbers • Organisations helping others should not be judged negatively. 	ALL
	<p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the next steps for implementation of this work subject to an ongoing review of arrangements process and • Ensure all organisations provide their escalation plans by 20 September 2019 	ALL
	<ul style="list-style-type: none"> - Individual site escalation plans - Individual site full capacity plans - The list of individuals that will undertake the national escalation calls this winter on behalf of each organisation. 	CASC

	<ul style="list-style-type: none"> Establish of task and finish group (aimed at assistant Chief Operating Officers) to provide a peer review process for the above plans, and finalise the proposals for enhancing the national escalation calls. Develop a bespoke training course for representatives on the call based on the Exercise Wales Gold course, with a specific focus on managing health services during periods of escalation. Agree that the revised process to be live by the 1 December 2019. 	<p>WAST</p> <p>ALL</p>
EASC 19/83	<p>1% 'A HEALTHIER WALES' COMMISSIONING ALLOCATION 2019/2020</p> <p>Members received the report which provided the Committee with an update on progress on the proposals agreed through the Healthier Wales Awarding & Evaluation Panel (HWAEP) on the EASC 1% 'A Healthier Wales' Commissioning Allocation 2019/20 and ongoing evaluation.</p> <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> ENDORSE: the Chairs action on the advice of the Healthier Wales Awarding Evaluation Panel (HWAEP) for the Green and rejected submissions. NOTE the next steps of the Amber + & - submissions to progress the potential Chair's actions contained within Appendix 1 & 2 in light of the emerging financial and service delivery risks around Emergency Ambulance Services. (WAST Relief Gap Paper & EASC: Reference Document circulated to EASC Members in August 19.) 	Julian Baker
EASC 19/84	<p>ESTABLISHMENT OF THE SOUTH, MID AND WEST WALES TRAUMA NETWORK – WELSH AMBULANCE SERVICES NHS TRUST BUSINESS CASE</p> <p>The Report to Establish the South, Mid and West Wales Trauma Network and the WAST business case was received by the Committee. In presenting the Report, Stephen Harray gave an overview of the content and development process of the WAST element of the Major Trauma Network (MTN) business case. This included the development of the options, the process of peer review and the commissioner oversight of the review and refinement of the costings.</p>	

	<p>It was recognised that the costs had fluctuated through this process due to the options and the decisions that had been made. EASC had supported the WAST business case being put forward to the South Wales MTN board.</p> <p>EASC were asked to agree to support the non-recurrent in year costs (£57k) to develop the trauma desk, IT and staff training. EASC supported funding this proposal.</p> <p>Following discussion on the funding arrangements for implementation Members RESOLVED to:</p> <ul style="list-style-type: none"> • ENDORSE the Welsh Ambulance Service NHS Trust element of the Major Trauma Programme Business Case. 	
EASC 19/85	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Forward Plan • AGREE that the Chair and the Chief Ambulance Services Commissioner review the Forward Plan for future meeting. 	<i>ALL</i>

ANY OTHER BUSINESS		
EASC 19/86	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/87	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 November 2019 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