



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

HELD 27 SEPTEMBER 2016

PRESENT

Members:

Professor Siobhan McClelland	Chair
Professor Adam Cairns	Chief Executive, Cardiff & Vale UHB
Mr Stephen Harray	Chief Ambulance Services Commissioner
Mrs Judith Paget	Chief Executive, Aneurin Bevan UHB
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Mr Gary Doherty	Chief Executive, Betsi Cadwaladr UHB (Via Video Conference)
Dr Tracey Cooper	Chief Executive, Public Health Wales
Mr Steve Ham	Chief Executive, Velindre NHS Trust
Ms Tracy Myhill	Chief Executive, WAST (in part)
Mrs Jill Paterson	Executive Director, Hywel Dda UHB
Mr Steve Webster	Deputy Chief Executive, Cwm Taf UHB

In Attendance:

Mr Stuart Davies	Director of Finance, EASC
Mr Julian Baker	National Director Collaborative Commissioning
Ms Jan Thomas	Deputy Chief Operating Officer, ABM UHB
Miss Gwenan Roberts	Head of Corporate Services, Cwm Taf
Mr Shane Mills	Clinical Lead Collaborative Commissioning
Mrs Anne Beegan	Wales Audit Office
Mr Andrew Doughton	Wales Audit Office
Ms Fflur Jones	Wales Audit Office

		Action
PRELIMINARY MATTERS		
EASC 16/53	WELCOME AND INTRODUCTIONS Professor McClelland, Chair welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.	

EASC 16/54	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from, Mrs Allison Williams, Mr Paul Roberts, Mr Steve Moore, Mr Ross Whitehead and Mr Robert Williams.</p>	
EASC 16/55	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to declare.</p>	
EASC 16/56	<p>WALES AUDIT OFFICE (WAO) REVIEW OF EMERGENCY AMBULANCE SERVICES COMMISSIONING ARRANGEMENTS</p> <p>Ms Anne Began presented the draft findings of the Wales Audit Officer Review of Emergency Ambulance Services Commissioning arrangements. In presenting the report, Ms Beegan gave an overview of the scope, governance, accountability, joint working, commissioning arrangements and the impact on ambulance services for patients. The methodology was explained including providing information about the meetings held with executives and chairs of organisations as well as operational input such as attending accident and emergency departments.</p> <p>It was suggested that some areas needed greater clarity such as confirmation regarding who was holding the Welsh Ambulance Services NHS Trust (WAST) to account for what aspect of their services. The source of funding and the allocation, particularly from Welsh Government, also added to the perceived confusion. Currently it is difficult for the Joint Committee to access specific resources such as capital and badged funding to take forward agreed commissioning arrangements. Other areas for additional focus included highlighting potential confusion in health boards around the role of the Chief Ambulance Services Commissioner and the role of the Director of Unscheduled Care as this is held by one individual.</p> <p>The ownership by health boards, both locally and nationally and attendance at meetings was identified as a source of concern from a governance perspective. In relation to the Sub Group structure it was felt that there was a perceived lack of purpose and clarity where potentially focus could be lost by the membership as they appeared to be unclear about the purpose.</p>	

Ownership, was described as variable across Wales within health boards and for some, the committee was not recognised in the governance of the bodies themselves. An example provided included not receiving the Ambulance Quality Indicators (AQI) formally within member organisations governance structures.

On a more positive note, the report explained that the use of the CAREMORE framework and the 5 step model provided logic and clarity to the commissioning of service. One area for development for the commissioning of services included cross border and cross county activity and the potential opportunity to discuss more broadly at the EAS Committee meetings.

The issue of consistency across Wales was a recurring theme within the report opportunities for further improvements were identified such as consistently applying the ambulance availability protocol across all hospitals in Wales and integrating the 5 step model into the Unscheduled Care Programme, although it was felt that it was too soon to say, prior to the impact of winter pressures, what the impact would be. The development and implementation of the performance measures was welcomed although they would need to continue to refine the data and align it with the whole patient journey. The development of patient experience criteria was also identified as significant.

Overall, it was suggested that the commissioning arrangements were underpinning some improvements although it was too soon to comment definitively in the absence of patient outcome and patient experience data.

In terms of improvements which could be made, these were identified in terms of themes which were mainly regarding that :

- the members of the EASC and with wider national work streams (such as unscheduled care) ensuring that the committee and sub groups have a clear and effective shared purpose;
- there are sufficient resources to meet the responsibilities identified;
- issues such as those affecting cross borders are discussed by the committee;

- engagement and communication for sharing and cascading is improved;
- plans are consistent with the 5 step model and align to the CAREMORE commissioning framework;
- improving outcome and experience data is captured;
- alignment with the Unscheduled Care Programme is clarified; and
- alignment of the responsibilities of the CASC, EASC and Welsh Government.

(Mrs Jill Paterson joined the meeting at 1010hrs).

The Chair invited Members to provide initial high level feedback and thanked the team from the Wales Audit Office for their work to date.

Overall, the Members felt that the report seemed to focus on areas of work, which, although in operation had not yet been completed. It was felt that there had been a lot of effort and work to get the Committee working together and significant achievements had been made which had not necessarily been captured as part of the feedback on the report. Members discussed the journey to date and the progress made as well as commenting on specific aspects such as the proportionality in supporting sub group work. Members noted that the system was felt to be in transformation and a significant shift had taken place in the progress of the Committee working together for common goals. Ms Beegan responded by providing more context to the work and explaining that this would be provided in the next iteration of the report, this could potentially be provided at the health board level, as an appendix which was welcomed.

Members **noted** that potentially the report might be shared with the Public Accounts Committee by the Auditor General For Wales.

In summary, the Chair thanked the WAO for the work to date and Members **noted** the importance of commenting on the WAO 'Draft' report, in particular in relation to the governance of EASC and the roles and membership of Sub Groups, recognising the opportunity it presented to strengthen the work of Sub Groups. Members also **agreed** to provide comments particularly regarding the journey of the Committee

All

	and the progress made, when the draft report was shared.	
EASC 16/57	<p>MINUTES OF THE MEETING HELD ON 28 JUNE 2016.</p> <p>Members CONFIRMED the minutes of the meeting held on 28 June 2016.</p>	<i>Committee Secretary</i>
EASC 16/58	<p>ACTION LOG</p> <p>Members received the action log and NOTED that progress with related matters would be considered within the substantive business meeting agenda.</p> <p>EAS 16/11 111 Strategic Outline Case Agreed to receive an update at the November meeting.</p> <p>EAS 16/47 Members noted the activities undertaken related to the recess.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<i>Judith Paget/ Richard Bowen</i>
EASC 16/59	<p>WELSH AMBULANCE SERVICES NHS TRUST UPDATE (WAST)</p> <p>Members received an oral update from the Chief Executive, Welsh Ambulance Services Trust, which outlined progress in relation to the following key areas:</p> <ul style="list-style-type: none"> • Improving performance against the 'Red1' target, although further consistency was required across Wales; • Members noted that Amber calls were an area of focus in relation to performance and improved patient experience; • Feedback had been received on the business case for clinical contact centres which was positive; • Positive workforce issues discussed included the reduction in sickness absence, good progress with staff recruitment, reduction in overtime payments and reducing the use of private providers. Members noted that a band 6 paramedic profile had been developed nationally and would be issued by March 2017; • Members noted that the demand and capacity work would be presented at the next meeting. 	

	<p>The following issues were raised and discussed at the meeting:</p> <ul style="list-style-type: none"> • Practical examples where communication had not been ideal around potential changes to services / working in partnership e.g. changes to hospital ambulance liaison officer roles. • The ongoing work to develop the use of additional vehicles to release capacity by creating 'holding areas' in some Health Boards, with links to escalation procedures which would need to be progressed on a site by site issue during times of extreme pressure. Concerns were expressed regarding the proposal and it was agreed that further work should be undertaken by Ms Myhill and Mr Harray outside of the meeting, including the need for agreed local escalation plans on each site. • Members asked for additional clarity on cash releasing efficiency profile in order that the Committee could assess the progress WAST was making against the commissioning arrangements. This would be provided at the next meeting. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided by the WAST Chief Executive and welcomed the reported progress in a number of key areas of work. 	
EASC 16/60	<p>CHAIR'S UPDATE</p> <p>Evaluation of the new Clinical Response Model Members received an update on progress with the independent evaluation of the Clinical Response Model. Members noted that there were no significant areas of concern and the Cabinet Secretary had confirmed that the pilot would be continued until the end of March 2017. A further decision would then be made following the publication of the final version of the evaluation. The aim would be to provide additional information at the November meeting following discussion at the Quality Assurance and Improvement Panel (QAIP). The evaluation would be shared with Members before the January Joint Committee meeting.</p> <p>Board Visits Members noted that a number of visits had been arranged for this year's round of Chair and CASC visits to Health Boards, with only one health board</p>	

	<p>outstanding. Professor McClelland explained that discussions with Board's would focus on the AQIs and performance nationally and by Health Board area and more broadly around the commissioning work of the Joint Committee.</p> <p>Members noted that although attendance was improving at the Joint Committee, further discussion was required on the attendance at the Sub Group meetings. In addition, discussion took place around the sustainability of the Emergency Ambulance Services (EAS) Team and Members noted that no one worked full time for EASC.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's update. 	
EASC 16/61	<p>NATIONAL COLLABORATIVE COMMISSIONING UPDATE</p> <p>Mr Julian Baker provided an update of progress to date and explained the schedule going forward. Members noted that WAST and the EAS Team were working to further develop the AQIs by developing performance measures for patients and staff. The detail would be developed and monitored through QAIP and the membership of the other Sub Groups would be refreshed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update. 	
EASC 16/62	<p>FINANCE REPORT</p> <p>Mr Stuart Davies provided an overview of the first finance report for EASC following the de-uncoupling from WHSSC. The main issue highlighted was to regularise the additional funding for emergency ambulance services to WAST from EASC. Going forward the aim would be to evaluate the information returned from WAST to inform clear commissioning intentions for next year.</p> <p>Members noted the opportunity to use the decoupled budget to adequately support the functions of the Committee and the Committee would need to be updated as appropriate.</p>	

	<p>Members noted that £135.6m had been agreed for Emergency Ambulance Services in 2016/17. Members confirmed that further detail was required from WAST in respect of a number of key areas.</p> <p>The development resource of £8m was included in the agreed total resource allocation. Members reiterated that approval of individual WAST schemes must be made through the agreed collaborative commissioning processes.</p> <p>Members noted that additional capacity funding of £0.8m has yet to be considered or approved by EASC. A business case should be submitted to the next QAIP meeting.</p> <p>The £135.6m allocation includes inflation and cost pressure funding totalling £5m. Details on the actual provision requirement will be provided by WAST to ensure EASC is providing fair and equitable funding to WAST commensurate with how Health Board providers have been funded.</p> <p>Details of the delivery by WAST of their cost reduction programme of £6.2m is also to be submitted by WAST. A report detailing the current position would be presented to a special meeting of the QAIP before the next EASC meeting and progress would then be reported at the November meeting.</p> <p>Members wished it to be made clear to WAST that EASC would not be providing any additional financial support above the planned resource envelope of £135.6m. The CASC would write to the Chief Executive of WAST confirming all of the above.</p> <p>The CASC agreed to seek confirmation from Welsh Government regarding any funding shortfalls.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update. 	CASC
EASC 16/63	<p>EASC GOVERNANCE UPDATE</p> <p>Miss G Roberts presented the Governance update and Members noted that additional work would be required in order to align the distinct EASC Governance Framework with the feedback received from the Wales Audit Office draft report.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided and receive an updated EASC Governance Framework at the next meeting. 	<i>Board Secretary</i>
EASC 16/64	<p>UPDATED RISK REGISTER</p> <p>Miss G Roberts, presented the updated Joint Committee Risk Register.</p> <p>Members noted the approach to risk and link to the work of the Wales Audit Office. Members received the two new risks added since the June meeting namely: non emergency patient transport service and emergency medical retrieval and transport service.</p> <p>Members requested that the risk relating to finance and resourcing be reviewed in line with the discussion at the meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report; review further the risk associated with finance and • ENDORSE the updated risk register. 	
EASC 16/65	<p>JOINT COMMITTEE FORWARD PLAN</p> <p>The Chair presented the forward plan to help inform and plan the work of the Joint Committee going forward.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Forward Plan and the suggested amendments. 	CASC
EASC 16/66	<p>UPDATE FROM THE CHIEF AMBULANCE SERVICES COMMISSIONER</p> <p>Members received Mr S M Harray's report, which focused on a number of key areas including:</p> <ul style="list-style-type: none"> • Development around patient experience and improved clinical outcomes - Members noted that the work with the Picker Institute was progressing with further emphasis on stakeholder engagement and the development of a communications strategy. Members agreed to sign off the Memorandum of Understanding and Single Tender Action. This work 	CASC

	<p>would be progressed through the QAIP and would be reported back to the Joint Committee.</p> <ul style="list-style-type: none"> Operational matters - Members discussed the information provided by WAST to Chief Operating Officers weekly and discussed the need to have additional information on what was planned and what was actually delivered. Members felt it was a good opportunity to use the 5 step model and develop clearer guidelines about commissioning and utilisation. Wales Audit Office Draft Report – an opportunity to improve the clarity around the purpose of the Sub Groups. It was felt this could provide an opportunity to merge some groups. It would also provide an opportunity to develop a clear plan for actions between EASC and WAST. EASC Team Resource – Discussion took place around getting the balance right in terms of the support to the Committee. This included making the best use of resources following the decoupling from WHSSC and it was agreed that this would be discussed in more detail at the next meeting. Members felt it was important for the Committee to be clear about its expectations and meeting the terms of reference. <p>Members also had a short discussion around the links between the CASC and the Unscheduled Care Programme with the aim to identify opportunities and provide consistent opportunities to share good practice across Wales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the Commissioner’s update report. 	<p><i>All</i></p> <p>CASC</p>
<p>EASC 16/67</p>	<p>CLINICAL RISK ASSURANCE REVIEW (CRAR)</p> <p>Mr S Mills presented the update on the Clinical Risk Assurance review. Members noted the ongoing work with WAST including holding several meetings and the timescale for the work remained on track. A full risk improvement plan would be developed working with WAST to reflect the clinical risks identified across the whole system. The approach would provide mechanisms to bring issues to the Sub Group structure and it would provide an opportunity to discuss issues for WAST and other organisations in terms of quality and patient safety.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update • Receive a fuller update at the end of the Review at the January meeting. <p><i>(Ms T Myhill left the meeting 11:50hrs).</i></p>	
EASC 16/68	<p>NON EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)</p> <p>Mr Julian Baker, National Director for Collaborative Commissioning gave a presentation on non emergency patient transport services (NEPTS) by way of an update for Committee Members using CAREMORE as the structured approach. Members noted the aim to develop an assurance framework using a plurality model which over time would lead to a potential mix of self supply and partner delivered service.</p> <p>Members noted the governance structure for EASC which was aiming to streamline the Sub Groups and specifically for NEPTS, Members were asked to provide the name and title of the organisation's representative. The presentation clarified using the CAREMORE approach the development of the schedules required based on the ministerial statement. Members noted that a great deal of information was available for NEPTS although the current costs and spend had not yet been confirmed.</p> <p>Members noted the EASC NEPTS update which provided each organisations baseline assessment response based on current operating models. The risk register was also discussed and Members felt that the risks identified were more of an operational nature than in relation to the risks of developing the assurance framework and commissioning approach. The framework was described as a flow model for patient's planned attendance and in essence would use the framework for local service specification within a national approach. The data provided by all organisations would be essential to agree what would be included and what would be excluded going forward.</p> <p>Concerns were raised regarding the timescale for delivery by organisations as this would be a locally delivered service. For some organisations the baseline assessment had not been completed and returned and</p>	

	<p>for others the quality of the information provided was variable. The importance of the lead for each organisation was stressed if the timescales would be achieved. It was agreed that each organisation would need to undertake a local risk assessment to ensure the timescales would be met. In addition, the CASC raised specific concerns about the actions for WAST and their ability to delivery to the timescales. The CASC agreed to raise the specific concerns with WAST directly.</p> <p>Due to the concerns regarding the risks identified Members agreed to the CASC contacting organisations directly for assistance. The specific risks would be added to the risk register and a further update would be provided at the next meeting.</p> <p><i>(Steve Ham left the meeting 12:00).</i></p>	<p>All</p> <p>CASC</p> <p>CASC</p>
EASC 16/69	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSPORT SERVICE (EMRTS)</p> <p>Mr S Harray presented the commissioning update report on Emergency Medical Retrieval and Transport Service.</p> <p>Members noted that the role for the National Director had been advertised and an update on the progress with recruitment would be provided at the next meeting. Members received the Terms of Reference for the EMRTS Delivery and Assurance Group and noted the information contained within the Annual Report.</p> <p>Members were aware that work was underway to develop a collaborative commissioning framework for the EMRTS service by the 1st April 2017. Members noted that the Welsh Government commissioned evaluation report would be circulated, although it did not examine 'value for money' (which was felt to be an important component of an evaluation) and it was noted that it would be the subject of a Gateway Review which may provide an opportunity to address the value for money issue. The issues around the cover and consistency across Wales had been evaluated as well as the identifying the critical flying times and isochromes.</p>	<p>CASC</p>

	<p>Members noted the great work of the Wales Air Ambulance charity and that the aircraft were being upgraded to have capacity to deal with different and larger incidents although the issue around the availability of larger helipads would be an issue. It was felt working more closely with the charity might assist in other service provision for the whole of Wales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • AGREE to receive a more detailed report at the next meeting. 	CASC
EASC 16/70	<p>CHAIRS UPDATES FROM EASC SUB GROUPS</p> <p>Members NOTED the updates provided by the Chairs of the sub groups established by the Joint Committee, these being:</p> <ul style="list-style-type: none"> • The Quality Assurance & Improvement Panel (QAIP). Ms Judith Paget raised the issue of the hospital ambulance liaison officers and the proposal to change the arrangements which was raised at the recent QAIP meeting which health boards were not aware of. Mr S Harray agreed to discuss outside of the meeting. • The Collaborative Performance Delivery Group. • The Collaborative Commissioning Delivery Group <p>Members RESOLVED to NOTE the summary updates received.</p>	CASC
OTHER MATTERS		
EASC 16/71	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

EASC 16/72	DATE AND TIME OF NEXT MEETING The date of the next Joint Committee meeting was scheduled for 1:30pm on 22 November 2016, NHS Confederation Offices, Cardiff.	<i>Committee Secretary</i>
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Signed (Chair)

Date



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Mrs Allison Williams (Vice Chair)
Lead Executive Director	Chief Executive
Author and contact details.	Robert.Williams@wales.nhs.uk
Date of last meeting	22 November 2016

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided below: [EASC Joint Committee Meeting Papers - 22 November 2016](#)

Mrs A Williams, Joint Committee Vice Chair, chaired the meeting in the absence of Professor McClelland.

PROVIDER REPORTS

Emergency Medical Response & Retrieval Service

The Joint Committee welcomed Dr Dihendra Gill, Interim National Director, EMRTS who provided a detailed update on the EMRTS service and specifically some of the key performance outcomes reflected within the Annual Report. Members also discussed the development of a Commissioning Framework agreement to direct the work of EMRTS going forward.

Members recognised and thanked Dr Gill for his leadership and work associated with the establishment and development of EMRTS over the last few years. Members **noted** that the evaluation report, which informed the Annual Report had not been commissioned from a commissioner perspective but some of its findings were useful to inform the commissioning direction going forward. The draft framework would be developed further with the related Delivery & Assurance Group and be brought back to Committee in the New Year to inform commissioning intentions.

Welsh Ambulance Services Trust

Members **received** an oral update from the Director of Workforce & OD, Welsh Ambulance Services Trust, which outlined progress in relation to the following key areas:

- A detailed update on the development and progress of UK national negotiations relating to the band 6 paramedic role (and related role profile), which was being taken forward in England and would at some point impact on NHS Wales (WAST). The full implications of these developments will need to be fully assessed and quantified and considered in more detail by all interested parties.
- Improving performance against the 'Red1' target, although more consistency was required across Wales. Members **noted** that in relation to Amber calls, whilst performance had improved overall, there remained concern and an area of focussed work in the coming weeks, aligned with monitoring of handover

delays and vehicle release.

Issues raised and discussed at the meeting included:

- The WAST position in relation to progress with National UK talks on Paramedic Band 6 role
- Refresh of the IMTP and the importance of demand and capacity modelling, which will report in more detail in a development session in January 2017.

Members **noted** the update provided by the Director of Workforce & OD, WAST and the Director of Planning WAST.

EASC Sub Group Chair reports

Members **received** summary reports from the Chairs of the following 3 sub groups reporting into EASC:

- NEPTS Commissioning and Delivery Assurance Group
- Collaborative Performance Delivery Group
- Quality Improvement & Assurance Panel (QAIP)

National Collaborative Commissioning Quality & Delivery Framework – 6 monthly update

Mr Julian Baker provided an update on related progress and tabled some supportive documentation that will help to inform commissioning intentions going forward into 2017/18 and also inform the refresh of related IMTPs for 2017. Members **noted** that related information was being shared with WAST, Welsh Government and Health Board Directors of Planning.

Finance Report

Mr Stuart Davies provided an overview of the month 7 finance report for EASC. The main issues highlighted related to the need for absolute clarity on the funding resource available to EASC (£135.6m) to commission emergency ambulance services. Going forward the aim would be to evaluate the information returned from WAST to provide clear commissioning intentions for next year.

Chief Ambulance Services Commissioner (CASC) update

Mr Stephen Harray provided an update to Committee on progress with the following:

Development session – January meeting 09:30 start

It was confirmed that a focused discussion of around 30 minutes at the next meeting will inform the direction of the Demand and capacity work.

Independent Evaluation of the Clinical Response Model – Interim Report update

Members **NOTED** that the planned discussion of the report will now take place at the QAIP meeting on 8 December 2016, following which, the report will need to be considered and approved by the Joint Committee at the January 2017 meeting, for onward submission to the Cabinet Secretary for his decision.

Integrated Medium Term Plan

Members **NOTED** that a draft plan will need to be considered by the January 2017 Joint Committee meeting, in advance of its submission to Welsh Government in March

2017. Members **NOTED** the role of EASC in WAST's IMTP and also the requirement for EASC to submit.

Directory of Services

Members **NOTED** that to date, responses received, confirm broadly that they are currently being updated by Health Board and that some of this work was also informing preparation in relation to the roll out of the 111 programme.

Hear and Treat

Members **NOTED** that this is working well and some non recurrent financial support had been provided by Welsh Government, which will impact on any recurring financial implications.

Members **NOTED** the intention of WAST to temporarily deploy staff to support this work for 3 months, but expressed concern this may have on crew capacity and deployment in the winter months. The CASC **AGREED** to clarify the arrangements with WAST.

Board Visits

Members **NOTED** that the Chair and Chief Ambulance Services Commissioner (CASC) had undertaken a number of visits since the last Joint Committee meeting, with discussions focusing on the AQIs and performance nationally and by Health Board area and more broadly around the commissioning work of the Joint Committee.

WAO National Review Report on Emergency Ambulance Commissioning

Members **NOTED** that the final draft of the WAO report had not yet been received and would be circulated to Members once received.

Clinical Risk Assurance Review Update

Members **NOTED** that progress was being made and a full risk improvement plan was being developed with WAST, which highlighted clinical risks across the system. It was agreed that a fuller update would be provided at either the January or March meeting, noting that the ongoing work would be discussed at the Sub Group meetings.

Emergency Ambulance Services Committee Governance arrangements

Members **received** an update on the EASC governance arrangements and associated work on decoupling from WHSSC. Members **NOTED** that additional work would be developed in line with the emerging information from the Wales Audit Office Report.

Joint Committee Risk Register

The Committee **received**, reviewed and **endorsed** the Joint Committee Risk Register. Members **noted** that whilst many of the risks had not changed in their rating since the last meeting, one risk finance had moved from green to amber and members also discussed the recent unscheduled care pressures which were impacting on WAST performance to deliver the Collaborative Commissioning Framework Agreement.

Forward Work Programme

The Committee **received**, reviewed and updated the Committee Forward Work Programme.

Key risks and issues/matters of concern and any mitigating actions				
<ul style="list-style-type: none"> The Committee noted matters considered within the Risk Register and emphasised the requirement for Members to Note and consider shared ownership of related risks. 				
Matters requiring Board level consideration and/or approval				
<ul style="list-style-type: none"> It is important that generally Boards are aware at Board level and as appropriate, Sub Committee level, of matters relating to the work of the Emergency Ambulance Services Committee and their place within the broader unscheduled care system. 				
Forward Work Programme				
<ul style="list-style-type: none"> At its November 2016 meeting, in addition to the routine items that feature at every meeting of the Joint Committee, the following agenda items are planned: <ul style="list-style-type: none"> Update on rostering and recruitment plan Independent Evaluation of Clinical Model 'Final' Report Demand and Capacity work (development discussion) Sub Group Update on role, function and membership as well as the progress on the work with WAST on the Clinical Governance Plan 'Draft' Wales Audit Office Final Report 				
Committee minutes submitted (insert ✓)	Yes	✓	No	
Date of next meeting	17 January 2017			