

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
26 SEPTEMBER 2017 AT THE HEALTH AND CARE RESEARCH WALES
CASTLEBRIDGE 4, CARDIFF**

PRESENT

Members:

Prof Siobhan McClelland	Chair
Mr Stephen Harrhy	Chief Ambulance Services Commissioner
Mr Gary Doherty	Chief Executive, Betsi Cadwaladr UHB
Mr Steve Moore	Chief Executive, Hywel Dda UHB
Ms Judith Paget	Chief Executive Aneurin Bevan UHB
Mr Len Richards	Chief Executive, Cardiff & Vale UHB
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Mrs Allison Williams	Chief Executive, Cwm Taf UHB

In Attendance:

Ms Tracy Myhill	Chief Executive, WAST
Mr Julian Baker	Director, National Collaborative Commissioning
Mr Stuart Davies	Director of Finance, EASC & WHSSC
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Mr Robert Williams	Committee Secretary / Board Secretary Host Body
Mr Nathan Jones	Financial Management Trainee WAST
Ms Jess Hooper	Planning & Performance, WAST
Ms Ffion Ansari	Planning Department, Powys tLHB

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Part 1. PRELIMINARY MATTERS		
EASC 17/50	WELCOME AND INTRODUCTIONS Professor McClelland (Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.	

	<p>Professor McClelland welcomed Nathan Jones, Jess Hooper and Ffion Ansari who were present to observe the meeting.</p> <p>In commencing the meeting, the Chair reminded Members of the need to ensure that they all had read the Committee's papers and that contributors also take this into account when presenting items.</p> <p>Professor McClelland reminded members of the need to focus more on wider strategic issues and where appropriate, align the work of the Committee with matters that link with the Unscheduled Care Board work, this included HCPs and Community Paramedics which will be considered during the meeting and Members NOTED that there is a need to agree action going forward which was also an expectation of Dr Andrew Goodall, Director General / Chief Executive NHS Wales, as Chair of the Unscheduled Care Board.</p>	
EASC 17/51	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Ms Alexandra Howells, Abertawe Bro Morgannwg UHB; Mr Steve Ham, Velindre NHS Trust; Dr Tracey Cooper, Public Health Wales, Mr Shane Mills, National Collaborative Commissioning Unit.</p> <p>Professor McClelland expressed concern about the attendance of some Committee Members and it was NOTED that the Chair would write to these Members to impress upon them the need to attend Committee regularly and the expectation of the Cabinet Secretary for Health, Well-Being and Sport and previous criticisms raised by Wales Audit Office and Internal Audit.</p>	Chair / Committee Secretary
EASC 17/52	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests, to those already declared, although Mrs A Williams reminded members that her husband is a paramedic with WAST and that he was involved in one of the Community Paramedic pilot schemes.</p>	
EASC 17/53	<p>MINUTES OF THE MEETING HELD ON 27 JUNE 2017</p> <p>Members CONFIRMED the minutes of the meeting held on 27 June 2017, subject to amending and correcting some of the detail in the paragraph relating to the</p>	Committee Secretary

	<p>paramedic Band 6 role and the following minor typographical error:</p> <p>On page 8, CAD is an acronym for 'Computer Aided Despatch' System.</p>	
EASC 17/54	<p>ACTION LOG</p> <p>Members received the action log and NOTED that progress with some of the related matters would be considered within the substantive business meeting agenda.</p> <p>Paramedic Band 5 to 6 Role Ms T Myhill explained that the plan was to issue letters during September 2017 to affected staff. However, WAST were awaiting formal written confirmation of the outcome from Welsh Government in order to proceed.</p> <p>Mrs A Williams added that there was reference to the funding of this agreement within the recent financial allocation assessment letter, where it is intended that the NHS will have funding 'top sliced' to meet the related costs.</p> <p>Members NOTED that formal confirmation of the agreement and related funding arrangements was awaited.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log 	CEO WAST
EASC 17/55	<p>MATTERS ARISING</p> <p>There were no matters arising from the Minutes.</p>	
Part 2. PROVIDER ISSUES		
EASC 17/56	<p>WELSH AMBULANCE SERVICES NHS TRUST UPDATE</p> <p>Ms T Myhill introduced Dr Brendan Lloyd, Medical Director WAST who was in attendance to present updates on two of the three WAST related provider update agenda items.</p> <p>Community Paramedic Pilots Professor McClelland welcomed Dr Lloyd to the Joint Committee meeting. Dr Lloyd made reference to the</p>	

	<p>considerable pressures being experienced by General practice and Out of Hours Services (OOHs) generally across Wales and whilst there has been a 6% increase in workload, a lot of the increased work links to work traditionally dealt with by GP practice or OOHs services. Dr Lloyd explained that WAST are able to recruit and over recruit high quality community paramedics who are trained and skilled to deal with elements of this increased activity flow.</p> <p>Members NOTED the two pilots taking place in Cwm Taf and Cardiff & Vale UHB areas, with interim evaluation referenced and discussed at the recent National Unscheduled Care Board meeting.</p> <p>Members NOTED the reported progress, which included positive and improving team working with Primary Care practitioners and the Paramedics. WAST were proposing a revised rotational staffing model in support of these schemes, whilst short term actions are being taken to directly employ paramedics the rotational model is considered a more sustainable model moving forward.</p> <p>Members NOTED the work progressed to clarify matters relating to contracts, scope of practice and indemnity for the model and how WAST take it forward. A cost breakdown which will influence benefits to WAST and Health Boards in supporting vehicle deployment and reducing impact on A&E departments' was also included and discussions with Primary Care Clusters had to date been positive.</p> <p>In summary, Dr Lloyd confirmed that the interim evaluation to date, suggested that it was a scheme that could be introduced quite rapidly if supported.</p> <p>Members discussed the report and were generally supportive of the project, but considered a number of related issues needed clarification before the Committee could support its wider roll out.</p> <p>(Mr Len Richards arrived)</p> <p>Reference was made to the frail elderly and also patients with mental health issues. Clarity was also sought on how advanced community paramedics were able to maintain their skill levels as activity within the pilots was currently low. Dr Lloyd confirmed that they continued to also support emergency red and amber calls.</p>	
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	<p>Mrs A Williams suggested that if there was scope for a varied caseload with some down time from the actual scheme, there could be GP practice specific work focused on minimising regular attenders to A&E.</p> <p>Mrs Shillabeer suggested that in relation to frail elderly and mental health patients it would be beneficial if community paramedics were independent prescribers and also whether strong links with care homes would also be helpful. Dr Lloyd explained that paramedics were currently not independent prescribers and whilst they can issue emergency drugs under Patient Group Directions, there are discussions currently ongoing with regards possible legislative change in this area in the future.</p> <p>Mr Moore in support of the pilot made reference to the data on page 9 which did not show any positive impact on reduced conveyancing rates. Mrs Paget felt that whilst intuitively wishing to support, the report raised a number of questions that would require answers.</p> <p>Mrs Paget felt it was important to be clear what the scheme is delivering and meant to deliver and that it was clear conveyancing rates were not being reduced.</p> <p>Dr Lloyd confirmed that the data on conveyancing rates needed to be better clarified and accepted it was an area for strengthening within the final report and its related evaluation, but that it was also important to recognise the need to improve patient safety and address some of the themes within clusters of HM Coroner Regulation 28 notices.</p> <p>Mrs A Williams reinforced the comments of the Chair and agreed that if the development and strengthening of the role and work of the Specialist Community Paramedic is targeted more at Primary Care / Cluster related work and priorities and less so at the Unscheduled Care system, there may be a need to signpost this development to the Primary Care Board. Mrs Paget confirmed that it does feature within the emerging model of Primary Care, but that this was not yet fully defined.</p> <p>Mr S Harrhy felt it was important to receive as an update, recognising that it was still work in development, but explained that whilst there were</p>	
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	<p>clearly benefits to the scheme, it was not impacting on conveyancing to hospital rates.</p> <p>The Chair made reference to the need to agree an approach with regards one of the key recommendations relating to evaluation of the pilot and how we work together to undertake this and make use of the reconstituted Quality Assurance and Improvement Panel (QAIP)/Planning, Development and Evaluation Group (PDEG) Sub Group.</p> <p>The Chair in summarising welcomed the helpful discussion and general support moving forward, recognising that there was more work to do to inform the evaluation of the scheme in order to help the Committee make related informed decisions.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the reported update on the pilot and to address the points raised by Members in discussion, to inform the evaluation of the pilot, which will be considered by the QAIP/PDEG sub group. <p>Health Care Professional (HCP) Activity</p> <p>The Chair made reference to the update being presented by Dr B Lloyd, WAST on the Health Care Professional Activity which was another of the key 5 areas of recent focused discussion at the Unscheduled Care Board and their related management in terms of the Clinical Desk. In introducing the item, Dr Lloyd reinforced that whilst the pilot project was important to support flow and the unscheduled care system, it was also a very important pilot to enhance and improve patient safety again within the context of a cluster of HM Coroner Regulation 28 Reports relating to hospital handover delays which impacted on the availability of emergency response vehicles.</p> <p>Dr B Lloyd highlighted key areas for focused discussion within the summary report and Members NOTED that general points were discussed in some detail at the recent QAIP/PDEG meeting. Members discussed the value of smoothing admission flow where there is direct conversation between Health Care Professionals referring patients into Unscheduled Care and hospital bed managers as often there can be peaks and group arrivals at A&E which can then add to A&E department congestion which can impact on flow. Members</p>	
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	<p>considered there may also be advantages in their alignment with the work of Advanced Community Paramedics.</p> <p>Professor McClelland emphasised the importance of aligning this with WAST as work is already taking place with Health Boards, not least to ensure any underlying behaviour issues are addressed across the care pathway. Mrs Shillabeer added that it was also important to consider what would have helped the existing teams involved in providing care, to support and maintain the patient safely in their community and it was NOTED that these considerations were taking place.</p> <p>Members discussed the challenges in moving forward the issues raised in relation to HCP calls across the system and Mr Doherty explained the challenges in the system and that many of the demands placed on it make it difficult to instigate change as the system is under so much pressure. However, Mr Doherty supported the intent to implement change linked to the learning from some of the pilots in place and Dr Lloyd suggested exploring taking forward a locally tailored model, similar to the one piloted within Cwm Taf UHB. It was also important to NOTE that Cwm Taf was one of only a few areas in Wales not to be issued with a Regulation 28 report from HM Coroner relating to Ambulance delays.</p> <p>Dr Lloyd explained that a number of additional paramedics had been recruited to support winter demands and some could be deployed to address these issues.</p> <p>Members recognised the importance of ensuring work progresses at pace, via the work of the reconstituted QAIP/PDEG, and that matters by exception only are escalated back through Joint Committee.</p> <p>Mr Harry was asked to link with Medical Directors and Chief Operating Officers based on the content of the Health Care Professionals report and the agreed way forward.</p> <p>In summarising the discussions held and considering the detailed recommendations supported by QAIP/PDEG for consideration by the Joint Committee,</p>	CASC
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	<p>service changes being considered and discussed by NHS Wales organisations, which, if supported have the potential to impact significantly on the Welsh Ambulance Services Trust.</p> <p>Ms T Myhill added that a lot of change is being considered, discussed and is at various stages of development and these include Major Trauma; Stroke services; Paediatrics, Neonates and Obstetrics (some Regional decisions already made by South Wales Programme processes) which will impact on WAST. Ms Myhill emphasised the importance of WAST and the Commissioner being engaged early in related discussions in order that commissioning and provider implications are fully considered within any service change programme.</p> <p>Professor McClelland suggested that a summary report of proposed developments is considered for discussion at either a development session or closed part of the next meeting in November 2017.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the updates received. 	
Part 3. UPDATES OF RELEVANCE TO THE COMMITTEE		
EASC 17/57	<p>CLINICAL RESPONSE MODEL DEVELOPMENT</p> <p>The Report of the Assistant Chief Ambulance Services Commissioner was received. Mr Whitehead highlighted to Members the developing work identified within the report, which would support the Committee in responding to the PACEC review. Dr B Lloyd explained that whilst it was the right thing to do, it was important for Members not to underestimate the extent of the work needed to address related recommendations.</p> <p>Members NOTED that one of the related risks is the capability of WAST to generate the data in the way proposed, as the current systems do not align to the new quality indicators.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the Report; and • ENDORSE the development of related work to support the Clinical Response Model and continue to receive regular updates. <p>(Dr B Lloyd left the meeting)</p>	Asst CASC

EASC 17/58	<p>CHAIR'S REPORT</p> <p>The Chair made reference to a number of the agenda items at the meeting which were also connected with the Wales Audit Office National Report and the Joint Committee's management response.</p> <p>Professor McClelland updated Members on discussions held with the Dr Andrew Goodall, Director General/ Chief Executive NHS Wales where clarity of accountability and responsibility including the alignments between EASC's work and the broader Unscheduled Care System was provided.</p> <p>Professor McClelland reported on discussions at the recent All Wales Chairs' meeting and specifically on the improving Ambulance response times performance which was positively received.</p> <p>(Mr Steve Moore left the meeting)</p>	
EASC 17/59	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>Mr Harrhy, Chief Ambulance Services Commissioner (CASC), presented an update on matters contained within his written report, which included;</p> <ul style="list-style-type: none"> • Final Management Response to the Wales Audit Officer Report • Integrated Medium Term Plan and related funding update • WAST Strategic Plan and EASC Commissioning intentions • EASC workshop actions (June 2017) • Cross border flow • Clinical Risk Assurance Review update <p>Mr S Harrhy confirmed that a strengthened management response with regards to the WAO Report was provided for Members to consider and approve, which reflected the discussions held in the June 2017 workshop. Members discussed the revised Sub Group arrangements for EASC and raised concern about the size of the proposed PDEG. In response, the Chair emphasised the importance of ensuring the right level of membership is nominated by Health Boards and made reference to one of the recent QAIP /PDEG meetings where there were no Health Board representatives in attendance. It was NOTED that the proposed sub group structure was a response to discussions at the workshop. Mr S Harrhy AGREED to write out to Health</p>	CASC

	<p>Boards with the proposed arrangements and to formally seek nominations.</p> <p>In relation to Appendix 5 and the supporting diagram explaining linkages between the work of the Committee and the Unscheduled Care System Members emphasised the importance of ensuring we reinforce connections.</p> <p>In relation to the IMTP and related funding issues, Members NOTED that there were still some difficulties in relation to the IMTP resourcing. Mrs J Paget summarised discussions at the All Wales CEOs meeting and whilst Mr S HARRY had presented a revised proposal there remained difficulties in reconciling the additional resource requirements against those currently committed. Mrs Paget confirmed the £40k relating to accommodation was agreed.</p> <p>Professor McClelland expressed her ongoing significant concern about the lack of sufficient commissioning resource available to the Chief Ambulance Services Commissioner and the EASC Senior Team to support the expanding commissioning function. The Chair had also raised this concern at the recent all Wales NHS Chairs meeting and asked that the matter is considered further to achieve a more satisfactory solution to the one proposed.</p> <p>Members NOTED the EASC Strategic commissioning intentions and their alignment with some of the findings from the WAO report.</p> <p>Members discussed and NOTED that some of the outstanding actions, including the CASC job description and the revised Memorandum of Understanding, were work in progress and on schedule to be completed within the next few weeks.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the report; • ENDORSE the 'final draft' management response to the WAO report; and • APPROVE the establishment of the related sub-groups. 	
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EASC 17/60	<p>NON EMERGENCY PATIENT TRANSPORT (NEPTS)</p> <p>The Report of the Director, National Collaborative Commissioning Unit was received. Mr Baker reminded Members of the plurality model and the associated issues raised within the recent Internal Audit baseline review report, which identified a number of associated risks.</p> <p>Mr Baker made reference to the recent NEPTS Delivery Assurance Group meeting which was well attended and where discussions focused on some of the detail referenced within the report and the related complex wiring diagrams. Members NOTED the £24.9m resource identified to date although there were issues about the completeness and accuracy of data provided.</p> <p>Members NOTED the potential to develop an assurance framework that the Chair and CASC could sign off on behalf of the Joint Committee, but that this was subject to related work being completed.</p> <p>Mrs A Williams recognised the complexity and felt some of the associated work, if progressed positively, could lend itself well to a 'spend to save' initiative. She also asked that any positioning by providers is notified to Health Board Chief Executives in order for them to address.</p> <p>Mr J Baker reinforced the importance of ensuring the correct membership from Health Boards on the working group in order that related work can be progressed, as if not, it would need to keep coming back to Joint Committee.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the Report • AGREE the principles to support successful delivery of the Assurance Framework and enactment of the plurality model. • AGREE for the continuation of the NEPTS DAG with regular reporting to EASC. • AGREE for the NEPTS quality & assurance Framework to be signed by the Chair of EASC and the CASC on behalf of EASC and by the WAST Chair and CEO to become operational from 1 November 2017. 	<p><i>Chair</i></p>
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EASC 17/61	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) COMMISSIONING UPDATE</p> <p>The Report of the Chief Ambulance Services Commissioner was received. Mr Harrhy presented some of the key issues raised within the report and wished to put on record the thanks of the Joint Committee to Dr John Glenn and the EMRTS team and the support from Betsi Cadwaladr UHB to address the recent developments in North Wales of the Caernarfon base, which was recently opened by the Cabinet Secretary.</p> <p>Mr S Harrhy made reference to the recent EMRTS internal audit and assurance report which was attached for Members and the related management response.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the Report; and • MONITOR delivery of the Management Response to the EMRTS Internal Audit Review Report. 	
Part 4. GOVERNANCE & ASSURANCE		
EASC 17/62	<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"> • NEPTS Commissioning and Delivery Assurance Group. • Quality Assurance and Improvement Panel (QAIP), minutes from the meeting held on 11 May 2017 and Chair's Summary from the meeting held on 14 September 2017. • EMRTS Delivery Assurance Group, Chair's Summary and confirmed Action Notes from the meeting held on 5 June 2017. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Sub Group summary updates and Minutes received. 	
EASC 17/63	<p>EASC GOVERNANCE UPDATE</p> <p>Mr R Williams presented the EASC Governance update, the key elements of which linked to the earlier discussion by Members on approving the management</p>	

	<p>response to the WAO National Review into Emergency Ambulance Commissioning.</p> <p>Members having AGREED the actions linked to the WAO Management response, endorsed the work to fully de-couple the EASC Governance arrangements, by approving the Standing Orders, the only outstanding matter being the establishment of the new EASC Sub Groups. There remains action to complete the review of the MoU between Welsh Government, WAST and EASC and the CASC.</p> <p>Members asked that the Committee Secretary ensure Board Secretaries of Member bodies are updated, in order for the recommended Standing Orders for EASC to be presented and adopted by Member Health Boards.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided. • APPROVE the actions to conclude the de-coupled governance processes • APPROVE the MoU between Member Health Boards; Standing Orders and the Hosting Agreement. 	<p>CASC</p> <p><i>Committee Secretary</i></p>
EASC 17/64	<p>AMBULANCE QUALITY INDICATORS (Quarter 2)</p> <p>The Report of the Chief Ambulance Services Commissioner was received.</p> <p>Mr Harrhy presented some of the key issues raised within the report and provided an overview of the highlights over the last quarter. Members NOTED the importance of ensuring Health Boards were sighted on the AQIs and were using them within their performance monitoring arrangements.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the Report. 	
EASC 17/65	<p>UPDATED RISK REGISTER</p> <p>Mr R Williams Board Secretary Host Body / Committee Secretariat, presented the updated Joint Committee Risk Register.</p> <p>Members NOTED the adjustments made to the risk register and welcomed the revised format in presentation of the report.</p>	

	<p>Mr R Williams explained that there were some areas for strengthening the mitigating actions, where there were shared risks. Ms T Myhill in relation to WAST agreed to arrange for comments to be submitted.</p> <p>Mrs A Williams suggested that any risks associated with proposed Major Trauma changes for EMRTS are also considered.</p> <p>Following discussion, Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the contents of the report; and • ENDORSE the updated risk register. 	
EASC 17/66	<p>FINANCE REPORT</p> <p>Mr S Davies presented an update on the Month 5 EASC Finance position.</p> <p>Members NOTED that there was no significant under or over spends to report and that the reported position was balanced. Members NOTED that 'hear and treat' whilst supported was not within the allocation and correspondence had taken place with Dr Goodall, although a response had not been received and the CASC was asked to pursue this.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Month 5 finance update. 	<p><i>WHSSC / EASC Director of Finance</i></p>
EASC 17/67	<p>FORWARD PLAN</p> <p>Members received and NOTED the forward plan.</p>	<p><i>Chair / CASC / Committee Secretary</i></p>
OTHER MATTERS		
EASC 17/68	<p>DATE AND TIME OF NEXT MEETING</p> <p>The time and date of the next Joint Committee meeting was scheduled to commence at 09:30am on Tuesday 28 November 2017, at Health and Care Research Wales Castlebridge 4, Cowbridge Road East, Cardiff.</p>	<p><i>Committee Secretary</i></p>

Signed (Chair)

Date



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Professor Siobhan McClelland
Lead Executive Directors	Health Board / Trust Chief Executives
Author and contact details.	Robert.Williams@wales.nhs.uk
Date of last meeting	28 November 2017

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 via the following link: [EASC Joint Committee Meeting Agenda & Papers 28 November 2017](#)

COMMITTEE MEMBER ATTENDANCE

The Chair expressed her concerns regarding Chief Executive attendance as required by the standing orders of the Joint Committee. She confirmed that she had written to some Members regarding their attendance and by exception, if absence was unavoidable, sending Executive Directors as their representative. The Chair expressed her ongoing concern which was discussed in detail with those present. It was **NOTED** that Cardiff & Vale UHB were not represented at the meeting and that the meeting was not quorate in part, due to insufficient Chief Executive Officers being present.

TERMS OF REFERENCE FOR JOINT COMMITTEE SUB GROUPS

Members reviewed discussed and **APPROVED** the proposed Terms of Reference for the following two new Sub Groups, agreed following discussion in relation to the Wales Audit Office Report and Recommendations;

- The Planning, Delivery and Evaluation Group
- The Joint Management Assurance Group

Members discussed the importance of ensuring the right level of representative attended meetings on behalf of Health Boards / Trusts, which would also help to mitigate matters being overly escalated to Joint Committee and allow the Sub Groups to discharge their delegated authority.

The Chair expressed her concern that despite direct communication from her, nominations for the sub groups had yet to be received from some Health Boards and had been provided late by others. As a consequence the first meetings of both the PDEG and JMAG were poorly attended. The Chair requested that nominations were sent as a matter of urgency.

CHAIR'S UPDATE

The Chair confirmed that her appraisal with the Cabinet Secretary for Health, Well-Being and Sport, had been postponed and was being rearranged.

Members **NOTED** a scheduled meeting with the Cabinet Secretary and the All Wales Chairs for December 2017.

CHIEF AMBULANCE SERVICES COMMISSIONER (CASC) UPDATE

Mr Stephen Harrhy, CASC, provided an update to the Joint Committee on progress with the following key matters:

- **Healthcare Professional Calls**

Members **received** an update from the CASC on discussions that had taken place with Chief Operating Officers, which focused on closer working between Welsh Ambulance Services Trust (WAST) staff and hospital Bed Managers, to better coordinate patient flow. The meeting also discussed options around Direct access and capturing related data. Further discussions were scheduled to take place with All Wales Medical Directors and the All Wales Directors of Planning and that the CASC would also be meeting with the All Wales Primary Care leads in order to progress related work.

- **Hear and Treat**

Members **NOTED** that Welsh Government had indicated their intention to fund arrangements for Hear & Treat. The CASC agreed to send a letter of confirmation outlining the funding arrangements to Members.

EASC COMMISSIONING INTENTIONS AND ALIGNMENT WITH IMTPs

Members **received** and **NOTED** the report regarding this matter and discussed in some detail areas for improvement. In **APPROVING** the document, Members discussed the importance of ensuring more of a shift left in the patient pathway, with increased focus and activity on steps 1 and 2 (activity prior to deployment to Hospital) and the importance that this is more appropriately reflected within commissioning intentions but also organisations **IMTPs**. There was agreement to also discuss this further within a development session of the Committee. The CASC **AGREED** to write out to Directors of Planning confirming the agreed arrangements.

Non Emergency Transport Services (NEPTS) Update

Members **received** and **NOTED** an update on NEPTS and the extensive engagement and discussions that had taken place enabling the Assurance Framework to go live in a shadow form from 1st November 2017. Work would continue between Health Boards and WAST on enacting the plurality model, and there is an expectation of at least one Health Board transferring their outsourced arrangements to WAST by 31st March 2018, Members **NOTED** that this is likely to be Cardiff & Vale UHB. .

EMRTS UPDATE

Members **received** and **NOTED** the EMRTS update report and **NOTED** the related connections to the consultation exercise taking place on Major Trauma services in South Wales.

WAST RECRUITMENT and RESOURCING Update

Members **received** and **NOTED** an update from WAST following recent media interest in related WAST staffing issue, following which the Chair had requested an update to Joint Committee, as the matters reported had not been raised by exception to the Committee. Members received assurance from WAST that a successful summer recruitment drive had allowed them to recruit more staff than originally planned, but that this would help improve efficiency in staffing management, with a reduction in overtime and external private provider support.

IMPLEMENTATION AND BENEFITS REALISATION OF BAND 6 PARAMEDICS IN WALES

Members **received** an update on the progress being made in partnership with Staff representatives to deliver and implement the All Wales agreement. The Committee emphasised the importance of ensuring that anticipated benefits were fully captured and realised, including some of the more immediate benefits that could be realised even in year 1 and it was important to ensure if possible that these are grasped.

COMPUTER AIDED DISPATCH SYSTEM

Members received an update on progress with implementation of the new Computer Aided Dispatch System (CADS). Members, whilst noting that there would be some impact on performance, the full extent needing to be quantified, congratulated WAST staff for successfully implementing such a significant project.

GOVERNANCE & ASSURANCE

Members received sub group Chair reports and related minutes, including;

- Non Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group
- Quality Assurance & Improvement Panel Action Notes
- EMRTS Delivery Assurance Group Chair's Summary
- Planning, Development and Assurance Group Chair's Summary.

WALES AUDIT OFFICE REPORT AND MANAGEMENT RESPONSE

Members **received** and discussed progress against the Management Action Plan and **NOTED** actions outstanding. Members **NOTED** that the Memorandum of Understanding between CASC, EASC, WAST and Welsh Government would need to be progressed and it was felt that conclusion of this item would inform the presentation of the complete set of related revised documentation for adoption by Member Health Boards before the end of the current financial year. The Committee Secretary will liaise with Board Secretaries in order for the revisions to be adopted by respective Health Boards.

AMBULANCE QUALITY INDICATORS

The Committee **received** the latest AQIs and discussed their use within respective Health Boards and the need to progress further work as agreed with the Cabinet Secretary on patient related experience and outcomes.

FINANCE REPORT

Mr S Davies presented the Month 7 EASC Finance report.

JOINT COMMITTEE RISK REGISTER

The Committee **received**, reviewed and **endorsed** the updated Joint Committee Risk Register **NOTING** the risks associated with Major Trauma and implications on EMRTS is assessed and added.

FORWARD WORK PROGRAMME

The Committee **received** and **noted** the Committee Forward Work Programme, which would be updated further following discussions at the meeting.

Key risks and issues/matters of concern and any mitigating actions

- The Committee **NOTED** matters considered within the Risk Register and suggested some related further work with WAST on mitigations.

Matters requiring Board level consideration and/or approval

- It is important that generally Boards are aware at Board level and as appropriate, Committee level, of matters relating to the work of the Emergency Ambulance Services Committee and their place within the broader unscheduled care system.
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Forward Work Programme

- At its January 2018 meeting, in addition to the routine items that feature at every meeting of the Joint Committee, the following agenda items are planned:
 - Service Change (Development discussion)
 - Emergency Ambulance Performance and Winter Planning

Committee minutes submitted (insert ✓)	Yes	✓	No	
Date of next meeting	29 January 2018			