



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD 22 NOVEMBER 2016**

**PRESENT**

**Members:**

Mrs Allison Williams	Chief Executive, Cwm Taf UHB
Mr Gary Doherty	Chief Executive, Betsi Cadwaladr UHB (Via Video Conference)
Mr Stephen Harray	Chief Ambulance Services Commissioner
Dr Sharon Hopkins	'Acting' Chief Executive, Cardiff & Vale UHB
Mrs Judith Paget	Chief Executive, Aneurin Bevan UHB
Mrs Jill Paterson	Executive Director, Hywel Dda UHB
Mr Paul Roberts	Chief Executive, ABM UHB
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Mrs Clare Vaughan	Director of Workforce & OD, WAST <b>(in part)</b>

**In Attendance:**

Mr Julian Baker	Director, National Collaborative Commissioning
Ms Hannah Evans	Director of Planning & Performance, Welsh Ambulance Services Trust <b>(in part)</b>
Mr Stuart Davies	Director of Finance, WHSSC
Dr Dinendra Gill	Interim National Director, EMRTS <b>(in part)</b>
Mr Shane Mills	Clinical Lead, National Collaborative Commissioning
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Mr Robert Williams	Committee Secretary / Board Secretary Host Body

		<b>Action</b>
<b>Part 1. PRELIMINARY MATTERS</b>		
EASC 16/73	<b>WELCOME AND INTRODUCTIONS</b>	

	<p>Mrs Allison Williams, Vice Chair of the Joint Committee, explained that unfortunately Professor McClelland, Chair was unwell and had asked her to Chair the meeting in her absence.</p> <p>Mrs A Williams welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	
EASC 16/74	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from, Professor Siobhan McClelland, Chair, Dr Tracey Cooper, Public Health Wales, Mr Steve Ham, Velindre NHS Trust, Mr Steve Moore, Hywel Dda UHB and Ms Tracy Myhill, Welsh Ambulance Services Trust.</p>	
EASC 16/75	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were no additional interests, to those already declared.</p>	
EASC 16/76	<p><b>MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2016.</b></p> <p>Members <b>CONFIRMED</b> the minutes of the meeting held on 27 September 2016.</p>	<i>Committee Secretary</i>
EASC 16/77	<p><b>ACTION LOG</b></p> <p>Members <b>received</b> the action log and <b>NOTED</b> that progress with some of the related matters would be considered within the substantive business meeting agenda.</p> <p><b>EASC 16/11 &amp; 16/58 (111 Strategic Outline Case)</b></p> <p>Ms J Paget confirmed that the Strategic Outline Case (SOC) had now been approved and whilst Mr Richard Bowen was not available to attend today's meeting due to a related workshop, Ms J Paget suggested, as Senior Responsible Officer (SRO) that the SOC will need to be received by the Joint Committee, as the governance framework is being utilised, and where appropriate, also reflected within the Joint Committee's governance arrangements.</p>	

	<p>Mrs Paget confirmed that there will be a national roll out plan and that good progress is being made in Abertawe Bro Morgannwg UHB. Mrs A Williams asked that any learning and early feedback from ABM UHBs experience is shared with those who may be next to roll out the implementation. Members were encouraged to note that the new model did not appear to be impacting adversely on secondary care.</p> <p><b>EASC 16/26 &amp; 16/40 &amp; 16/59 (Demand &amp; Capacity work)</b> Members <b>NOTED</b> that the intended approach was to commence the January Joint Committee meeting with a development discussion on progress with the demand and capacity work.</p> <p><b>EASC 16/43 (Sub Groups)</b> Members <b>NOTED</b> that work associated with the Sub Group structure and membership, along with any related governance recommendations, will be developed following receipt of the Wales Audit Office report on a National Review of Emergency Ambulance Services Commissioning.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Action Log.</li> </ul>	
EASC 16/78	<p><b>MATTERS ARISING</b></p> <p><b>EASC 16/56 WAO Review of EASC Arrangements (Refers).</b> The Chief Ambulance Services Commissioner provided an update on the status of the Wales Audit Office National Review of Emergency Ambulance Services Commissioning, noting that the related 'final' report was delayed and will not now be received until the January 2017 meeting, assuming the draft report and comments on factual accuracy are provided within the related timescale. Members <b>NOTED</b> the intention to share the report when received.</p> <p><b>EASC 16/60 Evaluation of the new Clinical Response Model (Refers).</b> The Chief Ambulance Services Commissioner provided an update on the finalisation of the report relating to the independent evaluation. It was anticipated that the final report is shared with Members and considered via the Quality Assurance and Improvement Panel (QAIP) prior to consideration by the Joint Committee at</p>	<p>CASC</p> <p>CASC</p>

	<p>its January 2017 meeting.</p> <p><b>EASC 16/62 Finance Report (Refers)</b>  In relation to the reported EASC financial position, Members asked that clarity is provided in relation to the additional non recurring financial allocation made available via Welsh Government, as it was important to accurately reflect this in relation to development of the Integrated Medium Term Plan (IMTP), from a commissioning and a provider perspective. Mr S Davies explained that in recognising the overall financial envelope of £135.6m, the £8m development allocation was included within this overall total.</p> <p>Mrs C Shillabeer emphasised the importance of learning from the process and Mr S M Harrhy clarified that it was important from the outset, for the Joint Committee to provide clarity against its commissioning intentions.</p> <p>The assumption that the resource envelope for the Framework Agreement overall is £135.6m needs to be confirmed by all Member Boards through the Directors of Finance in advance of consideration by Chief Executives.</p> <p><b>EASC 16/66 Team Resource (Refers)</b>  Members <b>NOTED</b> that discussions were ongoing in relation to the EASC Team resource, a matter which Wales Audit Office will also comment on in its National Report.</p> <p><b>EASC 16/67 Clinical Risk Assurance Review (Refers)</b>  Members <b>NOTED</b> that work continued to progress with WAST on the development of arrangements for Clinical Risk Assurance and a further update will be provided at the next Joint Committee meeting.</p>	<p>CASC</p> <p>CASC</p>
<b>Part 2. PROVIDER ISSUES</b>		
EASC 16/79	<p><b>EMERGENCY MEDICAL RETRIEVAL &amp; RESPONSE SERVICE (EMRTS)</b></p> <p>The Chair welcomed Dr Dinhendra Gill, Interim National Director, EMRTS , members noting that the Committee had already received the cover report, the Commissioning Framework and the Evaluation Review Report.</p>	

	<p>Dr Gill's presentation focused in summary on the key findings from the first phase of the 3 part evaluation process.</p> <p>Mr S Harrhy provided a perspective on the strength of evidence supporting the issue of inequity of service provision across Wales.</p> <p>Mr G Doherty raised concern about the issues reported on equity and the importance of it not being dismissed if the report is to inform commissioning intentions going forward. Mr G Doherty emphasised the reports terminology on inequity linked to both qualitative and quantitative information and was keen to take this forward within commissioning arrangements. Mr Doherty sought clarity as to whether we are seeking to get all the related work completed on the key messages from the report in advance of informing commissioning intentions from April 2017. Dr Gill clarified the limitation of the current coverage and some of the solutions going forward which will require discussion, including issues associated with the Caernarfon base and operational management (aligning more closely with EMRTS governance), the crew capacity, including paramedic staffing and also do we need a more hybrid model between bases covering the north of Wales. Members discussed other issues of inequity, which cover many services.</p> <p>Mrs C Shillabeer sought clarity on outcomes data and implications within Powys, where road traffic accidents (RTAs) and access to secondary care are a real feature for the LHB and Dr Gill made reference to variable uptake on TARN and ICNARC outcomes data across Wales.</p> <p>Mrs J Paget emphasised that value for money needs to align with the outcomes and associated costs that will ultimately inform commissioning intentions going forward.</p>	
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	<p>Following a detailed discussion on Dr Gill's presentation members <b>NOTED</b> that EMRTS was not initially set up as a commissioned emergency service and it was important to emphasise the differentiation between the commissioning perspective and the independent evaluation report which was not commissioner focused. Members <b>AGREED</b> that there was a need going forward for a clear specification that informs commissioning intentions, which also needs to take into account resource demand, delivery and benefits realisation which also includes implications on other providers e.g. WAST, as it should be releasing resource.</p> <p>Members <b>NOTED</b> that there were some important questions to be considered, including; should this be a 24 hour service; should coverage, particularly in North Wales be strengthened and expanded. Members <b>AGREED</b> the need for a commissioning specification which informs the expected service standard and agreed performance measures and its linkages to other provider services.</p> <p>Members <b>NOTED</b> potential considerations of service redesign, including Major Trauma Centre for South Wales and the need to factor such changes into any service specification.</p> <p>Mr P Roberts thanked Dr D Gill and his team on his leadership and related work in establishing EMRTS within NHS Wales. Members <b>NOTED</b> that Dr Gill planned to step down as the Interim National Director, EMRTS at the end of March and endorsed the thanks conveyed by Mr Roberts.</p> <p>Mr S Harrhy made reference to the developing commissioning framework, a draft for which was attached to the meeting papers. Members <b>NOTED</b> the use of the Collaborative Commissioning Framework and the further related work being taken forward through the Delivery &amp; Assurance Group, which would result in a more developed framework coming forward to January meeting of EASC. Members <b>NOTED</b> that reasonable progress had been made to date. In terms of North Wales some specific task focused working group had been established and which equity featured prominently in its work.</p>	
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	<p>Members considered it would be important to capture the related commissioning questions posed in consideration and discussion following Dr Gill's presentation and Mr S Harrhy agreed to do so and issue to members.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update presented and discussed the progress made with the EMRTS Commissioning framework agreement, which will be developed further for the EASC meeting in January.</li> </ul> <p><i>(Dr D Gill left the meeting)</i></p>	CASC
EASC 16/80	<p><b>WELSH AMBULANCE SERVICES NHS TRUST UPDATE (WAST)</b></p> <p>Members <b>received</b> an oral update from the Director of Planning and Director of Workforce &amp; OD, Welsh Ambulance Services Trust, which outlined progress in relation to the following key areas:</p> <p><b>Refreshed IMTP 2017-2020</b> Ms H Evans, Director of Planning, provided an oral update on progress with the development of the refreshed 2017-20 IMTP.</p> <p>Members <b>NOTED</b> the close working with the CASC, Health Boards and Welsh Government, on winter planning and preparedness and members noted that a further related meeting was scheduled to take place next week.</p> <p>Members <b>NOTED</b> that the Demand &amp; Capacity work has been a key driver to the IMTP work and this would be shared with the CASC in advance of the January 2017 meeting of the Committee.</p> <p>Ms H Evans made reference to current performance, which was challenging, having deteriorated recently, particularly in relation to the Amber category of patients. Members were informed that 6 Serious Adverse Incidents had recently been reported to Welsh Government over the last 10 days, all of which are currently being reviewed and the outcomes from which will need to feedback into the Clinical Risk Assurance work.</p>	<p>WAST</p> <p>WAST</p>

<p>Mrs A Williams referenced the Demand &amp; Capacity work, which will be a key factor going forward in the refresh of the IMTP and its important to ensure alignment with Health Board Demand &amp; Capacity (D&amp;C) work.</p> <p>Mrs A Williams also asked that the presentation of this work references the contributions of any specific innovative schemes which, if providing some yield, should be factored into any potential D&amp;C gaps.</p> <p>Mrs Shillabeer emphasised the type and not just volume of demand is important to understand some of the related reasons that inform deployment of resource and conveyancing of patients. Members <b>NOTED</b> that the data available to the service now provides more granularity than ever before. Members <b>NOTED</b> that it was also important to recognise the acuity of those presenting to hospital, which is resulting in a different demand on secondary care services.</p> <p><b>National development of a band 6 paramedic profile</b></p> <p>Mrs A Williams, reaffirmed her previously declared interest, in that her husband is a paramedic and working in WAST.</p> <p>Further to discussions on this development at the September meeting of the Joint Committee, Mrs C Vaughan provided a detailed update on the context and current status of developing negotiations and their potential implications on WAST in NHS Wales.</p> <p>Members agreed to note the context to this development, and the pace of negotiations and change in England and the package of measures being negotiated.</p> <p>In acknowledging the publication of a national Band 6 paramedic role profile, Members <b>NOTED</b> its potential impact on the expectations of the paramedic workforce in Wales.</p> <p>Members <b>NOTED</b> the context and drivers to the introduction of a Band 6 role and Members were reassured to hear that WAST recognises the need to take time to understand what this means in the context of existing job descriptions, clinical skills and practice within Wales, to better understand how this</p>
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<p>development supports the triple aims of improved patient outcomes, improved value for money and improved patient experience for NHS Wales.</p> <p>Members <b>NOTED</b> that WAST Directors have been representing Wales strongly in national discussions, noting that NHS Wales operates in a different political and operational context, and that there was a need to work collaboratively between the service, commissioners and Welsh Government to develop an implementation plan (including mechanics for local negotiation) and a timetable that may mean moving towards a Band 6 paramedic role may take a little longer in Wales.</p> <p>Members acknowledged potential risks to staff recruitment, retention and morale as a result of any delay in moving to implementing a Band 6 role in Wales, and also in negotiating a potentially different deal to that in England. Members <b>NOTED</b> the active engagement with staff side locally and internal arrangements to communicate progress with WAST staff.</p> <p>Members <b>NOTED</b> that there will be financial implications and that these have yet to be fully quantified in the context of the overall financial plan for 2017/18 and pose a potential risk to this year's financial plan, if Wales follows NHS England's approach (who have agreed to backdate implementation to the 31 December 2016). Members <b>NOTED</b> the challenge and its potential impact, with limitations of the service to fully mitigate and manage all related risks. Mrs C Vaughan confirmed that colleagues at Welsh Government were fully informed and aware of the related issues.</p> <p>Mrs Shillabeer expressed concern about any approach to move away from A4C arrangements in NHS Wales or the development of an automatic escalator, which is not done for any other professional group under A4C.</p> <p>Members were encouraged to note that, as part of its implementation planning, WAST intends to use the output from the capacity and demand project analysis and career pathway development to inform requirements of skill mix and numbers of Band 6 roles, including developments such as the community paramedic role.</p>
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	<p>Members <b>NOTED</b> that opportunities presented by the development of the Band 6 Paramedic role and the focus of EASC as commissioners, to exploit the strengths of the Welsh system, including the new clinical response model and Ambulance Quality Indicator (AQI) data, to ensure we maximise this opportunity as a means to improve the key metrics of hear and treat, see and treat and non-conveyance. If implemented appropriately, this development has clear potential to help deliver future improvements in the unscheduled care system and also provide an enhanced role for paramedics across the care pathway.</p> <p>Members <b>NOTED</b> that the demand and capacity work, which was due to be updated at this meeting, would now feature prominently at the next Joint Committee meeting, which Members <b>AGREED</b> would commence in development with a discussion on this work.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update provided by Ms H Evans, Director of Planning and Mrs Clare Vaughan, Director of Workforce &amp; OD.</li> </ul> <p><i>(Mrs C Vaughan and Ms H Evans left the meeting)</i></p>	
<b>Part 3. UPDATES OF RELEVANCE TO THE COMMITTEE</b>		
EASC 16/81	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</b></p> <p><b>Progress with Board Visits</b></p> <ul style="list-style-type: none"> <li>• Mr S Harrhy confirmed that he and the Chair had either visited or had visits planned for all Health Boards.</li> </ul> <p><b>Development session – January meeting 09:30 start</b></p> <ul style="list-style-type: none"> <li>• Mr S M Harrhy confirmed arrangements for a focused discussion of around 30 minutes that will inform the direction of the Demand and Capacity work.</li> </ul> <p><b>Independent Evaluation of the Clinical Response Model – Interim Report update</b></p> <ul style="list-style-type: none"> <li>• Members <b>NOTED</b> 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</li> </ul>	

	<p>approved by the Joint Committee at the January 2017 meeting, for onward submission to the Cabinet Secretary for his decision.</p> <p><b>Integrated Medium Term Plan</b></p> <ul style="list-style-type: none"> <li>Members <b>NOTED</b> 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 <b>NOTED</b> the role of EASC in WAST's IMTP and also the requirement for EASC to submit. In response to a query from Dr S Hopkins, Mr Harrhy explained the EASC plan is in effect its Integrated Commissioning Plan.</li> <li>Members <b>NOTED</b> the agreement in WHSS Joint Committee earlier that a core set of agreed common assumptions would be fed through to Providers and it was suggested that EASC adopt a similar approach.</li> </ul> <p><b>Directory of Services</b></p> <ul style="list-style-type: none"> <li>Members <b>NOTED</b> 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.</li> </ul> <p><b>Hear and Treat</b></p> <ul style="list-style-type: none"> <li>Members <b>NOTED</b> 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.</li> </ul> <p>Members <b>NOTED</b> 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 <b>AGREED</b> to clarify the arrangements with WAST.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the Commissioner's update report.</li> </ul>	<p>CASC</p> <p>WAST/CASC</p> <p>CASC</p>
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EASC 16/82	<p><b>AMBULANCE QUALITY INDICATORS</b></p> <p>Members <b>RECEIVED</b> and <b>NOTED</b> the latest quarterly publication of the Ambulance Quality Indicators (AQI's), for the period 1 July 2016 to 30 September 2016, published on 26 October 2016.</p> <p>Members <b>NOTED</b> the quarter 2 publication and discussed some of the related findings. Issues associated with Amber performance remained an area of further focus, although it was important to note that overall amber performance had improved, but that the last week had not been good with the service coming under significant pressure. Members <b>NOTED</b> that Hywel Dda is improving in terms of its category red response.</p> <p>Mrs A Williams sought clarity on re-contact rates and the effectiveness of hear &amp; treat on conveyancing rates. Mr S Harrhy explained that the level of crews dispatched has not reduced significantly to date and there was further work needed in this area of WAST's work, which WAST were aware of. Members suggested that hear and treat needs to be very different to clinical triage if EASC is being asked to invest in this as a service development.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the recently published quarterly AQIs.</li> </ul>	
<b>Part 4. GOVERNANCE &amp; ASSURANCE</b>		
EASC 16/83	<p><b>CLINICAL RISK ASSURANCE REVIEW UPDATE</b></p> <p>Mr S Mills provided an update on the review undertaken by him and the Assistant CASC of 200 of the 100,000 backlog forms relating to clinical audit / clinical risk data. On completion of the review work, the plan is to consider additional temporary resource to assist the process.</p> <p>Mr S Harrhy expressed concern about the related risk that needed to be assessed and captured in relation to this issue and Members also <b>NOTED</b> that it was important that Mr Mills and Mr Whitehead do not end up doing the work that should be a routine feature of WAST's work.</p>	

	<p>Mr S Harrhy was asked to seek confirmation from the WAST Chief Executive of the planned timescale they are working to in order to address the backlog and complete this work. Mr Whitehead clarified that the backlog related to validation of the penned data to export to a digital record.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update.</li> </ul>	<p align="right"><i>CASC/ WAST CEO</i></p>
EASC 16/84	<p><b>CHAIRS UPDATES FROM EASC SUB GROUPS</b></p> <p>Members <b>NOTED</b> the updates provided by the Chairs of the sub groups established by the Joint Committee, these being:</p> <ul style="list-style-type: none"> <li>• The Quality Assurance &amp; Improvement Panel (QAIP).</li> <li>• The Collaborative Performance Delivery Group.</li> <li>• The NEPTS Commissioning &amp; Delivery Assurance Group</li> </ul> <p>Members <b>NOTED</b> the work required on receipt of the WAO Review Report in order to review the groups, their membership and related reporting arrangements.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the summary updates received.</li> </ul>	<p align="right"><i>CASC</i></p>
EASC 16/85	<p><b>NATIONAL COLLABORATIVE COMMISSIONING QUALITY &amp; DELIVERY FRAMEWORK AGREEMENT – 6 MONTHLY REVIEW</b></p> <p>Mr J Baker provided an update of progress to date and explained the schedule going forward and confirmed that there is a refresh of the documentation process included in the papers.</p> <p>To compliment the report, Mr Baker tabled an updated EASC 2017 summarised commissioning intentions for 2017/18. Members <b>NOTED</b> that the approach is being shared with WAST; Directors of Planning and Welsh Government over the next 2 weeks to better inform this work going forward. An electronic set would also be circulated to Members not present or on Video Conference.</p>	<p align="right"><i>Mr J Baker</i></p>

	<p>Mr J Baker made reference to and explained the commissioning intentions and the level of detail the Joint Committee, as Commissioners would wish to see going forward and how these will further develop the IMTP assumptions for EASC, WAST and Health Boards.</p> <p>Members <b>NOTED</b> that this was work in progress and evidence of how the framework is being developed to inform commissioning intentions. Members discussed the extent of the data set and how it was being received by WAST and Mr S Harrhy explained that in terms of the maturity of this work, its considered a reasonable expectation from a commissioner perspective, with the emphasis of relationship with the provider being collaborative. Mr Whitehead added that the framework is the menu of indicators that can be provided to a variety of stakeholders.</p> <p>Mr S Davies clarified that the resource envelope informing the Framework Agreement overall is £135.6m, Mrs A Williams explained that this assumption must be formally confirmed with Member Boards. Members <b>NOTED</b> that there was an expectation from WAST that their internal efficiencies e.g. workforce shift from Agency / overtime premium costs would occur. Mr S Harrhy confirmed that a more detailed update would be considered in December and Members emphasised the importance of closing the governance line on this matter in order that discussions can move away from finance. Members considered that it would be helpful if the financial matters can be concluded and agreed via Directors of Finance, in advance of consideration by Chief Executives. Members also <b>AGREED</b> that Mrs A Williams as Vice Chair of EASC can liaise directly with the CASC to inform all Wales CEOs of progress.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update.</li> </ul>	<p>ALL</p> <p>Mrs A Williams / CASC</p>
EASC 16/86	<p><b>EASC/WHSSC DE-COUPPLING UPDATE</b></p> <p>Mr R Williams, Committee Secretary / Host Body Board Secretary provided an update on matters progressed that related to the de-coupling of EASC from WHSSC.</p>	

## AGENDA ITEM 1.4

	<p>In presenting the report Mr R Williams, made reference to the further progress needed, some of which will be informed following receipt of the WAO National Report and recommendations relating to the Joint Committee's Sub Group arrangements.</p> <p>Members <b>NOTED</b> the matters progressed and further actions, including some discussed during the meeting relating to 111 and Non Emergency Patient Transport Services (NEPTS) that needed to be reflected, along with any recommendations' on sub groups made by the Wales Audit Office. In reviewing the 3 appendices documents attached to the covering report, Members recognised the extent of the related work progressed.</p> <p>In relation to Standing Financial Instructions and the related Scheme of Delegation, Members considered the most appropriate way forward and <b>AGREED</b> that the SFIs of the host body be adopted.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update provided relating to the EASC / WHSSC de-coupling;</li> <li>• <b>ENDORSE</b> the further actions needed to fully conclude this work.</li> </ul>	<p><i>Board Secretary</i></p> <p><i>ALL</i></p>
EASC 16/87	<p><b>FINANCE REPORT</b></p> <p>Mr S Davies presented the Month 7 EASC Finance Report and made reference to discussions earlier in the meeting relating to financial matters.</p> <p>Mrs A Williams asked that the CASC write out to Directors of Finance (copy to CEOs) asking for confirmation of actions to address the outstanding cash management issues. Members <b>NOTED</b> that there was no anticipation of any under spend against the overall resource envelope of £135.6m and that EASC continues to assume the WAST break even position. Mr S Harrhy agreed to seek confirmation from Welsh Government regarding any funding shortfalls.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Month 7 finance report update.</li> </ul>	<p><i>CASC</i></p> <p><i>CASC</i></p>

EASC 16/88	<p><b>UPDATED RISK REGISTER</b></p> <p>Mr R Williams, Committee Secretary / Host Body Board Secretary presented the updated Joint Committee Risk Register.</p> <p>Members <b>NOTED</b> that the only adjustment to the risk register was an increased risk rating associated with the resource envelope, which was discussed in some detail at the last Joint Committee meeting. The risk rating following review had been re-assessed to 9 from 6.</p> <p>Following discussion, Members asked that the next review consider the following matters:</p> <ul style="list-style-type: none"> <li>• Add a new risk to the risk register on staffing, which aligns to potential financial and operational service risks as national discussions on Band 6 role progress;</li> <li>• Non Emergency Patient Transport Services and matters relating to the plurality model and associated issues.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report; and</li> <li>• <b>ENDORSE</b> the updated risk register.</li> </ul>	
EASC 16/89	<p><b>JOINT COMMITTEE FORWARD PLAN</b></p> <p>The Committee Secretary / Host Body Board Secretary presented the forward plan and identified some of the changes agreed in advance of the meeting and those matters raised during the meeting. This included a delay in the Demand &amp; Capacity work reporting until January 2017; receipt of the WAO National Review on EASC Report to January 2017; progress with IMTP refresh for WAST and EASC to January 2017 and receipt of the Independent Evaluation of the Clinical Response Model for January 2017.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Forward Plan and the suggested amendments.</li> </ul>	CASC



<b>OTHER MATTERS</b>		
EASC 16/90	<b>ANY OTHER BUSINESS</b>  Mrs A Williams, Vice Chair, asked those who were not Members of the Committee to withdraw, in order to proceed with an In Committee item.	
EASC 16/91	<b>DATE AND TIME OF NEXT MEETING</b>  The date of the next Joint Committee meeting was scheduled for 09:30am on 17 January 2017, venue to be confirmed.	<i>Committee Secretary</i>

Signed ..... (Chair)

Date .....



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

## **EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING**

### **'CONFIRMED' MINUTES OF THE MEETING HELD 22 NOVEMBER 2016**

#### **PRESENT**

##### **Members:**

Mrs Allison Williams  
Mr Gary Doherty

Mr Stephen HARRY

Dr Sharon Hopkins

Mrs Judith Paget  
Mrs Jill Paterson  
Mr Paul Roberts  
Mrs Carol Shillabeer  
Mrs Clare Vaughan

Chief Executive, Cwm Taf UHB  
Chief Executive, Betsi Cadwaladr UHB (Via  
Video Conference)  
Chief Ambulance Services  
Commissioner  
'Acting' Chief Executive, Cardiff & Vale  
UHB  
Chief Executive, Aneurin Bevan UHB  
Executive Director, Hywel Dda UHB  
Chief Executive, ABM UHB  
Chief Executive, Powys tLHB  
Director of Workforce & OD, WAST **(in  
part)**

##### **In Attendance:**

Mr Julian Baker

Ms Hannah Evans

Mr Stuart Davies  
Dr Dinendra Gill

Mr Shane Mills

Mr Ross Whitehead

Mr Robert Williams

Director, National Collaborative  
Commissioning  
Director of Planning & Performance,  
Welsh Ambulance Services Trust **(in  
part)**  
Director of Finance, WHSSC  
Interim National Director, EMRTS **(in  
part)**  
Clinical Lead, National Collaborative  
Commissioning  
Assistant Chief Ambulance Services  
Commissioner  
Committee Secretary / Board Secretary Host  
Body

		<b>Action</b>
<b>Part 1. PRELIMINARY MATTERS</b>		
EASC 16/73	<b>WELCOME AND INTRODUCTIONS</b>	

	<p>Mrs Allison Williams, Vice Chair of the Joint Committee, explained that unfortunately Professor McClelland, Chair was unwell and had asked her to Chair the meeting in her absence.</p> <p>Mrs A Williams welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	
EASC 16/74	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from, Professor Siobhan McClelland, Chair, Dr Tracey Cooper, Public Health Wales, Mr Steve Ham, Velindre NHS Trust, Mr Steve Moore, Hywel Dda UHB and Ms Tracy Myhill, Welsh Ambulance Services Trust.</p>	
EASC 16/75	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were no additional interests, to those already declared.</p>	
EASC 16/76	<p><b>MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2016.</b></p> <p>Members <b>CONFIRMED</b> the minutes of the meeting held on 27 September 2016.</p>	<i>Committee Secretary</i>
EASC 16/77	<p><b>ACTION LOG</b></p> <p>Members <b>received</b> the action log and <b>NOTED</b> that progress with some of the related matters would be considered within the substantive business meeting agenda.</p> <p><b>EASC 16/11 &amp; 16/58 (111 Strategic Outline Case)</b></p> <p>Ms J Paget confirmed that the Strategic Outline Case (SOC) had now been approved and whilst Mr Richard Bowen was not available to attend today's meeting due to a related workshop, Ms J Paget suggested, as Senior Responsible Officer (SRO) that the SOC will need to be received by the Joint Committee, as the governance framework is being utilised, and where appropriate, also reflected within the Joint Committee's governance arrangements.</p>	

	<p>Ms Paget confirmed that there will be a national roll out plan and that good progress is being made in Abertawe Bro Morgannwg UHB. Mrs A Williams asked that any learning and early feedback from ABM UHBs experience is shared with those who may be next to roll out the implementation. Members were encouraged to note that the new model did not appear to be impacting adversely on secondary care.</p> <p><b>EASC 16/26 &amp; 16/40 &amp; 16/59 (Demand &amp; Capacity work)</b></p> <p>Members <b>NOTED</b> that the intended approach was to commence the January Joint Committee meeting with a development discussion on progress with the demand and capacity work.</p> <p><b>EASC 16/43 (Sub Groups)</b></p> <p>Members <b>NOTED</b> that work associated with the Sub Group structure and membership, along with any related governance recommendations, will be developed following receipt of the Wales Audit Office report on a National Review of Emergency Ambulance Services Commissioning.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Action Log.</li> </ul>	
EASC 16/78	<p><b>MATTERS ARISING</b></p> <p><b>EASC 16/56 WAO Review of EASC Arrangements (Refers).</b></p> <p>The Chief Ambulance Services Commissioner provided an update on the status of the Wales Audit Office National Review of Emergency Ambulance Services Commissioning, noting that the related 'final' report was delayed and will not now be received until the January 2017 meeting, assuming the draft report and comments on factual accuracy are provided within the related timescale. Members <b>NOTED</b> the intention to share the report when received.</p> <p><b>EASC 16/60 Evaluation of the new Clinical Response Model (Refers).</b></p> <p>The Chief Ambulance Services Commissioner provided an update on the finalisation of the report relating to the independent evaluation. It was anticipated that the final report is shared with Members and considered via the Quality Assurance and Improvement Panel (QAIP) prior to consideration by the Joint Committee at</p>	<p>CASC</p> <p>CASC</p>

	<p>its January 2017 meeting.</p> <p><b>EASC 16/62 Finance Report (Refers)</b>  In relation to the reported EASC financial position, Members asked that clarity is provided in relation to the additional non recurring financial allocation made available via Welsh Government, as it was important to accurately reflect this in relation to development of the Integrated Medium Term Plan (IMTP), from a commissioning and a provider perspective. Mr S Davies explained that in recognising the overall financial envelope of £135.6m, the £8m development allocation was included within this overall total.</p> <p>Mrs C Shillabeer emphasised the importance of learning from the process and Mr S M Harrhy clarified that it was important from the outset, for the Joint Committee to provide clarity against its commissioning intentions.</p> <p>The assumption that the resource envelope for the Framework Agreement overall is £135.6m needs to be confirmed by all Member Boards through the Directors of Finance in advance of consideration by Chief Executives.</p> <p><b>EASC 16/66 Team Resource (Refers)</b>  Members <b>NOTED</b> that discussions were ongoing in relation to the EASC Team resource, a matter which Wales Audit Office will also comment on in its National Report.</p> <p><b>EASC 16/67 Clinical Risk Assurance Review (Refers)</b>  Members <b>NOTED</b> that work continued to progress with WAST on the development of arrangements for Clinical Risk Assurance and a further update will be provided at the next Joint Committee meeting.</p>	<p>CASC</p> <p>CASC</p>
<b>Part 2. PROVIDER ISSUES</b>		
EASC 16/79	<p><b>EMERGENCY MEDICAL RETRIEVAL &amp; RESPONSE SERVICE (EMRTS)</b></p> <p>The Chair welcomed Dr Dinhendra Gill, Interim National Director, EMRTS, members noting that the Committee had already received the cover report, the Commissioning Framework and the Evaluation Review Report.</p>	

	<p>Dr Gill's presentation focused in summary on the key findings from the first phase of the 3 part evaluation process.</p> <p>Mr S Harrhy provided a perspective on the strength of evidence supporting the issue of inequity of service provision across Wales.</p> <p>Mr G Doherty raised concern about the issues reported on equity and the importance of it not being dismissed if the report is to inform commissioning intentions going forward. Mr G Doherty emphasised the reports terminology on inequity linked to both qualitative and quantitative information and was keen to take this forward within commissioning arrangements. Mr Doherty sought clarity as to whether we are seeking to get all the related work completed on the key messages from the report in advance of informing commissioning intentions from April 2017. Dr Gill clarified the limitation of the current coverage and some of the solutions going forward which will require discussion, including issues associated with the Caernarfon base and operational management (aligning more closely with EMRTS governance), the crew capacity, including paramedic staffing and also do we need a more hybrid model between bases covering the north of Wales. Members discussed other issues of inequity, which cover many services.</p> <p>Mrs C Shillabeer sought clarity on outcomes data and implications within Powys, where road traffic accidents (RTAs) and access to secondary care are a real feature for the LHB and Dr Gill made reference to variable uptake on TARN and ICNARC outcomes data across Wales.</p> <p>Mrs J Paget emphasised that value for money needs to align with the outcomes and associated costs that will ultimately inform commissioning intentions going forward.</p>	
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Following a detailed discussion on Dr Gill's presentation members **NOTED** that EMRTS was not initially set up as a commissioned emergency service and it was important to emphasise the differentiation between the commissioning perspective and the independent evaluation report which was not commissioner focused. Members **AGREED** that there was a need going forward for a clear specification that informs commissioning intentions, which also needs to take into account resource demand, delivery and benefits realisation which also includes implications on other providers e.g. WAST, as it should be releasing resource.

Members **NOTED** that there were some important questions to be considered, including; should this be a 24 hour service; should coverage, particularly in North Wales be strengthened and expanded. Members **AGREED** the need for a commissioning specification which informs the expected service standard and agreed performance measures and its linkages to other provider services.

Members **NOTED** potential considerations of service redesign, including Major Trauma Centre for South Wales and the need to factor such changes into any service specification.

Mr P Roberts thanked Dr D Gill and his team on his leadership and related work in establishing EMRTS within NHS Wales. Members **NOTED** that Dr Gill planned to step down as the Interim National Director, EMRTS at the end of March and endorsed the thanks conveyed by Mr Roberts.

Mr S Harrhy made reference to the developing commissioning framework, a draft for which was attached to the meeting papers. Members **NOTED** the use of the Collaborative Commissioning Framework and the further related work being taken forward through the Delivery & Assurance Group, which would result in a more developed framework coming forward to January meeting of EASC. Members **NOTED** that reasonable progress had been made to date. In terms of North Wales some specific task focused working group had been established and which equity featured prominently in its work.

	<p>Members considered it would be important to capture the related commissioning questions posed in consideration and discussion following Dr Gill's presentation and Mr S Harrhy agreed to do so and issue to members.</p> <p>The Committee <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update presented and discussed the progress made with the EMRTS Commissioning framework agreement, which will be developed further for the EASC meeting in January.</li> </ul> <p><i>(Dr D Gill left the meeting)</i></p>	CASC
EASC 16/80	<p><b>WELSH AMBULANCE SERVICES NHS TRUST UPDATE (WAST)</b></p> <p>Members <b>received</b> an oral update from the Director of Planning and Director of Workforce &amp; OD, Welsh Ambulance Services Trust, which outlined progress in relation to the following key areas:</p> <p><b>Refreshed IMTP 2017-2020</b> Ms H Evans, Director of Planning, provided an oral update on progress with the development of the refreshed 2017-20 IMTP.</p> <p>Members <b>NOTED</b> the close working with the CASC, Health Boards and Welsh Government, on winter planning and preparedness and members noted that a further related meeting was scheduled to take place next week.</p> <p>Members <b>NOTED</b> that the Demand &amp; Capacity work has been a key driver to the IMTP work and this would be shared with the CASC in advance of the January 2017 meeting of the Committee.</p> <p>Ms H Evans made reference to current performance, which was challenging, having deteriorated recently, particularly in relation to the Amber category of patients. Members were informed that 6 Serious Adverse Incidents had recently been reported to Welsh Government over the last 10 days, all of which are currently being reviewed and the outcomes from which will need to feedback into the Clinical Risk Assurance work.</p>	<p>WAST</p> <p>WAST</p>



	<p>Mrs A Williams referenced the Demand &amp; Capacity work, which will be a key factor going forward in the refresh of the IMTP and its important to ensure alignment with Health Board Demand &amp; Capacity (D&amp;C) work.</p> <p>Mrs A Williams also asked that the presentation of this work references the contributions of any specific innovative schemes which, if providing some yield, should be factored into any potential D&amp;C gaps.</p> <p>Mrs Shillabeer emphasised the type and not just volume of demand is important to understand some of the related reasons that inform deployment of resource and conveyancing of patients. Members <b>NOTED</b> that the data available to the service now provides more granularity than ever before. Members <b>NOTED</b> that it was also important to recognise the acuity of those presenting to hospital, which is resulting in a different demand on secondary care services.</p> <p><b>National development of a band 6 paramedic profile</b></p> <p>Mrs A Williams, reaffirmed her previously declared interest, in that her husband is a paramedic and working in WAST.</p> <p>Further to discussions on this development at the September meeting of the Joint Committee, Mrs C Vaughan provided a detailed update on the context and current status of developing negotiations and their potential implications on WAST in NHS Wales.</p> <p>Members agreed to note the context to this development, and the pace of negotiations and change in England and the package of measures being negotiated.</p> <p>In acknowledging the publication of a national Band 6 paramedic role profile, Members <b>NOTED</b> its potential impact on the expectations of the paramedic workforce in Wales.</p> <p>Members <b>NOTED</b> the context and drivers to the introduction of a Band 6 role and Members were reassured to hear that WAST recognises the need to take time to understand what this means in the context of existing job descriptions, clinical skills and practice within Wales, to better understand how this</p>	
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	<p>development supports the triple aims of improved patient outcomes, improved value for money and improved patient experience for NHS Wales.</p> <p>Members <b>NOTED</b> that WAST Directors have been representing Wales strongly in national discussions, noting that NHS Wales operates in a different political and operational context, and that there was a need to work collaboratively between the service, commissioners and Welsh Government to develop an implementation plan (including mechanics for local negotiation) and a timetable that may mean moving towards a Band 6 paramedic role may take a little longer in Wales.</p> <p>Members acknowledged potential risks to staff recruitment, retention and morale as a result of any delay in moving to implementing a Band 6 role in Wales, and also in negotiating a potentially different deal to that in England. Members <b>NOTED</b> the active engagement with staff side locally and internal arrangements to communicate progress with WAST staff.</p> <p>Members <b>NOTED</b> that there will be financial implications and that these have yet to be fully quantified in the context of the overall financial plan for 2017/18 and pose a potential risk to this year's financial plan, if Wales follows NHS England's approach (who have agreed to backdate implementation to the 31 December 2016). Members <b>NOTED</b> the challenge and its potential impact, with limitations of the service to fully mitigate and manage all related risks. Mrs C Vaughan confirmed that colleagues at Welsh Government were fully informed and aware of the related issues.</p> <p>Mrs Shillabeer expressed concern about any approach to move away from A4C arrangements in NHS Wales or the development of an automatic escalator, which is not done for any other professional group under A4C.</p> <p>Members were encouraged to note that, as part of its implementation planning, WAST intends to use the output from the capacity and demand project analysis and career pathway development to inform requirements of skill mix and numbers of Band 6 roles, including developments such as the community paramedic role.</p>	
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	<p>Members <b>NOTED</b> that opportunities presented by the development of the Band 6 Paramedic role and the focus of EASC as commissioners, to exploit the strengths of the Welsh system, including the new clinical response model and Ambulance Quality Indicator (AQI) data, to ensure we maximise this opportunity as a means to improve the key metrics of hear and treat, see and treat and non-conveyance. If implemented appropriately, this development has clear potential to help deliver future improvements in the unscheduled care system and also provide an enhanced role for paramedics across the care pathway.</p> <p>Members <b>NOTED</b> that the demand and capacity work, which was due to be updated at this meeting, would now feature prominently at the next Joint Committee meeting, which Members <b>AGREED</b> would commence in development with a discussion on this work.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update provided by Ms H Evans, Director of Planning and Mrs Clare Vaughan, Director of Workforce &amp; OD.</li> </ul> <p><i>(Mrs C Vaughan and Ms H Evans left the meeting)</i></p>	
<b>Part 3. UPDATES OF RELEVANCE TO THE COMMITTEE</b>		
EASC 16/81	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</b></p> <p><b>Progress with Board Visits</b></p> <ul style="list-style-type: none"> <li>• Mr S Harrhy confirmed that he and the Chair had either visited or had visits planned for all Health Boards.</li> </ul> <p><b>Development session – January meeting 09:30 start</b></p> <ul style="list-style-type: none"> <li>• Mr S M Harrhy confirmed arrangements for a focused discussion of around 30 minutes that will inform the direction of the Demand and Capacity work.</li> </ul> <p><b>Independent Evaluation of the Clinical Response Model – Interim Report update</b></p> <ul style="list-style-type: none"> <li>• Members <b>NOTED</b> 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</li> </ul>	

	<p>approved by the Joint Committee at the January 2017 meeting, for onward submission to the Cabinet Secretary for his decision.</p>	CASC
	<p><b>Integrated Medium Term Plan</b></p> <ul style="list-style-type: none"> <li>Members <b>NOTED</b> 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 <b>NOTED</b> the role of EASC in WAST's IMTP and also the requirement for EASC to submit. In response to a query from Dr S Hopkins, Mr Harrhy explained the EASC plan is in effect its Integrated Commissioning Plan.</li> <li>Members <b>NOTED</b> the agreement in WHSS Joint Committee earlier that a core set of agreed common assumptions would be fed through to Providers and it was suggested that EASC adopt a similar approach.</li> </ul> <p><b>Directory of Services</b></p> <ul style="list-style-type: none"> <li>Members <b>NOTED</b> 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.</li> </ul> <p><b>Hear and Treat</b></p> <ul style="list-style-type: none"> <li>Members <b>NOTED</b> 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.</li> </ul> <p>Members <b>NOTED</b> 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 <b>AGREED</b> to clarify the arrangements with WAST.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the Commissioner's update report.</li> </ul>	WAST/CASC
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EASC 16/82	<p><b>AMBULANCE QUALITY INDICATORS</b></p> <p>Members <b>RECEIVED</b> and <b>NOTED</b> the latest quarterly publication of the Ambulance Quality Indicators (AQI's), for the period 1 July 2016 to 30 September 2016, published on 26 October 2016.</p> <p>Members <b>NOTED</b> the quarter 2 publication and discussed some of the related findings. Issues associated with Amber performance remained an area of further focus, although it was important to note that overall amber performance had improved, but that the last week had not been good with the service coming under significant pressure. Members <b>NOTED</b> that Hywel Dda is improving in terms of its category red response.</p> <p>Mrs A Williams sought clarity on re-contact rates and the effectiveness of hear &amp; treat on conveyancing rates. Mr S Harrhy explained that the level of crews dispatched has not reduced significantly to date and there was further work needed in this area of WAST's work, which WAST were aware of. Members suggested that hear and treat needs to be very different to clinical triage if EASC is being asked to invest in this as a service development.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the recently published quarterly AQIs.</li> </ul>	
<b>Part 4. GOVERNANCE &amp; ASSURANCE</b>		
EASC 16/83	<p><b>CLINICAL RISK ASSURANCE REVIEW UPDATE</b></p> <p>Mr S Mills provided an update on the review undertaken by him and the Assistant CASC of 200 of the 100,000 backlog forms relating to clinical audit / clinical risk data. On completion of the review work, the plan is to consider additional temporary resource to assist the process.</p> <p>Mr S Harrhy expressed concern about the related risk that needed to be assessed and captured in relation to this issue and Members also <b>NOTED</b> that it was important that Mr Mills and Mr Whitehead do not end up doing the work that should be a routine feature of WAST's work.</p>	

	<p>Mr S Harrhy was asked to seek confirmation from the WAST Chief Executive of the planned timescale they are working to in order to address the backlog and complete this work. Mr Whitehead clarified that the backlog related to validation of the penned data to export to a digital record.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update.</li> </ul>	<p><i>CASC/ WAST CEO</i></p>
EASC 16/84	<p><b>CHAIRS UPDATES FROM EASC SUB GROUPS</b></p> <p>Members <b>NOTED</b> the updates provided by the Chairs of the sub groups established by the Joint Committee, these being:</p> <ul style="list-style-type: none"> <li>• The Quality Assurance &amp; Improvement Panel (QAIP).</li> <li>• The Collaborative Performance Delivery Group.</li> <li>• The NEPTS Commissioning &amp; Delivery Assurance Group</li> </ul> <p>Members <b>NOTED</b> the work required on receipt of the WAO Review Report in order to review the groups, their membership and related reporting arrangements.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the summary updates received.</li> </ul>	<p><i>CASC</i></p>
EASC 16/85	<p><b>NATIONAL COLLABORATIVE COMMISSIONING QUALITY &amp; DELIVERY FRAMEWORK AGREEMENT – 6 MONTHLY REVIEW</b></p> <p>Mr J Baker provided an update of progress to date and explained the schedule going forward and confirmed that there is a refresh of the documentation process included in the papers.</p> <p>To compliment the report, Mr Baker tabled an updated EASC 2017 summarised commissioning intentions for 2017/18. Members <b>NOTED</b> that the approach is being shared with WAST; Directors of Planning and Welsh Government over the next 2 weeks to better inform this work going forward. An electronic set would also be circulated to Members not present or on Video Conference.</p>	<p><i>Mr J Baker</i></p>

	<p>Mr J Baker made reference to and explained the commissioning intentions and the level of detail the Joint Committee, as Commissioners would wish to see going forward and how these will further develop the IMTP assumptions for EASC, WAST and Health Boards.</p> <p>Members <b>NOTED</b> that this was work in progress and evidence of how the framework is being developed to inform commissioning intentions. Members discussed the extent of the data set and how it was being received by WAST and Mr S Harrhy explained that in terms of the maturity of this work, its considered a reasonable expectation from a commissioner perspective, with the emphasis of relationship with the provider being collaborative. Mr Whitehead added that the framework is the menu of indicators that can be provided to a variety of stakeholders.</p> <p>Mr S Davies clarified that the resource envelope informing the Framework Agreement overall is £135.6m, Mrs A Williams explained that this assumption must be formally confirmed with Member Boards. Members <b>NOTED</b> that there was an expectation from WAST that their internal efficiencies e.g. workforce shift from Agency / overtime premium costs would occur. Mr S Harrhy confirmed that a more detailed update would be considered in December and Members emphasised the importance of closing the governance line on this matter in order that discussions can move away from finance. Members considered that it would be helpful if the financial matters can be concluded and agreed via Directors of Finance, in advance of consideration by Chief Executives. Members also <b>AGREED</b> that Mrs A Williams as Vice Chair of EASC can liaise directly with the CASC to inform all Wales CEOs of progress.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update.</li> </ul>	<p>ALL</p> <p>Mrs A Williams / CASC</p>
EASC 16/86	<p><b>EASC/WHSSC DE-COUPPLING UPDATE</b></p> <p>Mr R Williams, Committee Secretary / Host Body Board Secretary provided an update on matters progressed that related to the de-coupling of EASC from WHSSC.</p>	

	<p>In presenting the report Mr R Williams, made reference to the further progress needed, some of which will be informed following receipt of the WAO National Report and recommendations relating to the Joint Committee's Sub Group arrangements.</p> <p>Members <b>NOTED</b> the matters progressed and further actions, including some discussed during the meeting relating to 111 and Non Emergency Patient Transport Services (NEPTS) that needed to be reflected, along with any recommendations' on sub groups made by the Wales Audit Office. In reviewing the 3 appendices documents attached to the covering report, Members recognised the extent of the related work progressed.</p> <p>In relation to Standing Financial Instructions and the related Scheme of Delegation, Members considered the most appropriate way forward and <b>AGREED</b> that the SFIs of the host body be adopted.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update provided relating to the EASC / WHSSC de-coupling;</li> <li>• <b>ENDORSE</b> the further actions needed to fully conclude this work.</li> </ul>	<p><i>Board Secretary</i></p> <p><i>ALL</i></p>
EASC 16/87	<p><b>FINANCE REPORT</b></p> <p>Mr S Davies presented the Month 7 EASC Finance Report and made reference to discussions earlier in the meeting relating to financial matters.</p> <p>Mrs A Williams asked that the CASC write out to Directors of Finance (copy to CEOs) asking for confirmation of actions to address the outstanding cash management issues. Members <b>NOTED</b> that there was no anticipation of any under spend against the overall resource envelope of £135.6m and that EASC continues to assume the WAST break even position. Mr S Harry agreed to seek confirmation from Welsh Government regarding any funding shortfalls.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Month 7 finance report update.</li> </ul>	<p><i>CASC</i></p> <p><i>CASC</i></p>



EASC 16/88	<p><b>UPDATED RISK REGISTER</b></p> <p>Mr R Williams, Committee Secretary / Host Body Board Secretary presented the updated Joint Committee Risk Register.</p> <p>Members <b>NOTED</b> that the only adjustment to the risk register was an increased risk rating associated with the resource envelope, which was discussed in some detail at the last Joint Committee meeting. The risk rating following review had been re-assessed to 9 from 6.</p> <p>Following discussion, Members asked that the next review consider the following matters:</p> <ul style="list-style-type: none"> <li>• Add a new risk to the risk register on staffing, which aligns to potential financial and operational service risks as national discussions on Band 6 role progress;</li> <li>• Non Emergency Patient Transport Services and matters relating to the plurality model and associated issues.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report; and</li> <li>• <b>ENDORSE</b> the updated risk register.</li> </ul>	
EASC 16/89	<p><b>JOINT COMMITTEE FORWARD PLAN</b></p> <p>The Committee Secretary / Host Body Board Secretary presented the forward plan and identified some of the changes agreed in advance of the meeting and those matters raised during the meeting. This included a delay in the Demand &amp; Capacity work reporting until January 2017; receipt of the WAO National Review on EASC Report to January 2017; progress with IMTP refresh for WAST and EASC to January 2017 and receipt of the Independent Evaluation of the Clinical Response Model for January 2017.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Forward Plan and the suggested amendments.</li> </ul>	CASC

<b>OTHER MATTERS</b>		
EASC 16/90	<b>ANY OTHER BUSINESS</b>  Mrs A Williams, Vice Chair, asked those who were not Members of the Committee to withdraw, in order to proceed with an In Committee item.	
EASC 16/91	<b>DATE AND TIME OF NEXT MEETING</b>  The date of the next Joint Committee meeting was scheduled for 09:30am on 17 January 2017, venue to be confirmed.	<i>Committee Secretary</i>

Signed ..... (Chair)

Date .....