



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
17 JANUARY 2017, AT ST CADOC'S HOSPITAL, CAERLEON.**

PRESENT

Members:

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| Professor Siobhan McClelland | Chair |
| 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 | 'Interim' Chief Executive, Cardiff & Vale UHB |
| Ms Nicola Prygodzycz | Director of Planning, Aneurin Bevan UHB |
| Mr Steve Moore | Chief Executive, Hywel Dda UHB |
| Mrs Sian Harrop-Griffiths | Director of Planning & Strategy, ABM UHB |
| Mr Alan Lawrie | Deputy Chief Executive, Powys tLHB |
| Mrs Patsy Roseblade | Deputy Chief Executive, WAST (in part) |

In Attendance:

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| Mr Julian Baker | Director, National Collaborative Commissioning |
| Mr Hugh Bennett | Welsh Ambulance Services Trust (in part) |
| Mr Stuart Davies | Director of Finance, WHSSC |
| Ms Hannah Evans | Director of Planning & Performance, Welsh Ambulance Services Trust (in part) |
| 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 |
| Mr Richard Bowen | 111 Programme Director (in part) |
| Mr Ian Phillips | 111 Project Team (in part) |
| Ms Jude Kay | 111 Project Team (in part) |

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| Part 1. PRELIMINARY MATTERS | | |
| EASC 17/01 | <p>WELCOME AND INTRODUCTIONS</p> <p>Professor McClelland welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p> | |
| EASC 17/02 | <p>APOLOGIES FOR ABSENCE</p> <p>Professor McClelland explained that the date of the meeting had been changed due to a clash with a Chief Executive meeting with Dr Andrew Goodall and as a consequence a number of apologies had been received for this rearranged meeting.</p> <p>Apologies for absence were received from Dr Tracey Cooper, Public Health Wales, Mr Steve Ham, Velindre NHS Trust, Mrs Carol Shillabeer, Powys tLHB, Mrs Judith Paget, Aneurin Bevan UHB, Mr Paul Roberts, Abertawe Bro Morgannwg UHB and Ms Tracy Myhill, Welsh Ambulance Services Trust.</p> | |
| EASC 17/03 | <p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests, to those already declared.</p> | |
| EASC 17/04 | <p>MINUTES OF THE MEETING HELD ON 22 NOVEMBER 2016.</p> <p>Members CONFIRMED the minutes of the meeting held on 22 November 2016.</p> | <i>Committee Secretary</i> |
| EASC 17/05 | <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>EASC 16/26 & 16/40 & 16/59 (Demand & Capacity work)</p> <p>Members NOTED that the Demand and Capacity work, progressed with Welsh Ambulance Services Trust, had been considered in an earlier Joint Committee Development session.</p> | |

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| | <p>Members NOTED progress in relation to this work and the extent to which it would assist the Committee with development of its Commissioning Framework and WAST in relation to their refreshed Integrated Medium Term Plan (IMTP).</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log | |
| <p>EASC 17/06</p> | <p>MATTERS ARISING</p> <p>EASC 16/43 (Sub Group Chairs Reports)</p> <p>Mrs S Hopkins expressed concern about the sub group meetings and whether they had taken place and related senior officer attendance. Mr S Harry confirmed that Sub-Group meetings had taken place and updates were presented from Chairs, within the business of the Committee. However, linking with the findings from the draft Wales Audit Office report, it was recognised that work needed to take place to review the terms of reference and purpose of the sub groups and their membership, as attendance by Health Board representatives had been an issue previously raised in the Committee.</p> <p>Mrs S Harrop-Griffiths also made reference to a helpful meeting between the CASC and Directors of Planning in December, although an intended follow up meeting had been delayed due to Mr Harry having required unplanned leave. Mrs A Williams suggested that formal clarification of commissioning intentions is issued by the Commissioner to Health Boards, not least to ensure Health Boards fully align these intentions within their respective Integrated Medium Term Plans for 2017.</p> <p>EASC 16/79 (EMRTS)</p> <p>Mr S Harry provided members with a brief update on discussions progressed since the last meeting, including matters relating to the Caernarfon base. In relation to the Panel being established to make recommendations in relation to a Major Trauma Centre in South Wales, Mrs A Williams felt it would be important for the CASC to be invited to the February workshop.</p> | <p>CASC</p> <p>CASC</p> |

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| | <p>EASC 16/81 (‘HEAR & TREAT’) Mr S Harrhy provided an update and clarified matters raised relating to ‘Hear and Treat’ and related cover and resourcing arrangements during the agreed pilot period. Mrs A Williams suggested a brief evaluation on the project, including disposal outcomes is considered via the QAI Panel.</p> | <p>CASC</p> |
| <p>Part 2. PROVIDER ISSUES</p> | | |
| <p>EASC 17/07</p> | <p>WELSH AMBULANCE SERVICES NHS TRUST UPDATE</p> <p>WAST – Presentation on the IMTP Refresh 2017-2020</p> <p>Ms Hannah Evans, Director of Planning WAST, presented an update on progress with WAST’s refresh of its IMTP 2017-20, the first draft of which will be considered by the WAST Board later in January and approved for submission to Welsh Government. Members NOTED the related timescales for development of the ‘final’ draft, prior to approval by the WAST Board and submission to Welsh Government at the end of March 2017.</p> <p>Members NOTED the close working with the CASC, Health Boards and Welsh Government, on related planning assumptions and implications for the WAST IMTP Refresh going forward, and the importance of the Demand & Capacity work, which had been discussed earlier in the Committee development session.</p> <p>In presenting the slide pack, members, considered, noted and discussed the following key issues;</p> <ul style="list-style-type: none"> • Strategic & Organisational Context; • Progress in delivering the 2016/17 IMTP in alignment with the collaborative commissioning framework; • Quality & Safety and other key priorities; • Initiatives against 5 step commissioning model (high level and at LHB level); • Enabling activities; • Handling of the Demand and Capacity Review; • Workforce development and related plans; • Finance; and • Performance ambitions. | |

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| | <p>Members reinforced the requirement to maintain alignment with the Collaborative Commissioning Framework and the 5 Step Model and the need for more work to take place on pre hospital, assessment triage and support or where clinically appropriate, deployment to hospital.</p> <p>Members NOTED the current status of the draft plan and its ongoing development for consideration by the WAST Board later in January 2017. Members NOTED the requirement for alignment with Health Board plan developments and the need for Commissioner support.</p> <p>The Committee re-emphasised the need to clarify the assumptions included within the plan, not least the financial revenue issues and learn from and avoid more recent experiences of recurring and non recurring allocations. Also ensuring that there are cost releasing savings schemes and not only cost avoidance based initiatives. The CASC agreed to write to the Chief Executive of WAST describing the pre requisites for EASC support of the WAST IMTP.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the approach and support CASC writing to the CEO of WAST in relation to the pre requisites for the Committee to support the WAST IMTP. <p>National development of a band 6 paramedic profile</p> <p>Mrs P Roseblade presented a report from the Welsh Ambulance Services NHS Trust on the developments associated with the creation of a National Band 6 Paramedic role and its potential implications for NHS Wales and WAST.</p> <p>Members NOTED that NHS England had already agreed an implementation date of 31 December 2016. Mrs Roseblade outlined some of the related implications for NHS Wales and WAST and also made reference to the financial implications outlined within the report, which were also worst case scenario. Mrs Roseblade raised concern about risks to this financial year and the projected 2016/17 break even out turn.</p> <p>Members NOTED that it was anticipated that Welsh negotiations on this matter should be concluded next</p> | <p>CASC</p> |
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| | <p>month, although clarity on the reliability of this assumption was questioned.</p> <p>Mrs Roseblade sought clarity from EASC with regards the funding approach as the current IMTP makes no assumptions on this matter.</p> <p>Members advised that the matter did not feature within the EAS commissioning framework and NOTED that no provision had been made in year or going forward into refreshed IMTPs.</p> <p>Members also discussed the lack of detail around the proposals and its implications on the WAST workforce with regards workforce re-design and modernisation, related rota changes (including relief on rotas) and the position on assimilation and promotion.</p> <p>In considering the report’s recommendations, the CASC felt that clarity was required on the role of the Commissioner within any national negotiations, as the supporting correspondence does not provide clarification.</p> <p>Members of the Committee reinforced that there is no financial reserve contained within the current allocation and that this would need to be made clear to Welsh Government. Members AGREED that Mr Harry respond to Julie Rogers’ letter on behalf of EASC, confirming that there is no financial provision for this or next year within Health Board IMTPs. Mr Harry was also asked to clarify what Welsh Government consider the CASCs role to be in these matters, as to date there has been no direct involvement.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the updates presented and ENDORSE the AGREED actions. <p>Other WAST related matters</p> <p>Members NOTED that Category Red performance reported for November was achieved in all areas and that the latest quarterly Ambulance Quality Indicators (AQIs) will be published and released next week. Professor McClelland made reference to the work taking place on strengthening presentation and interpretation of the AQIs and also how the indicators</p> | <p>CASC</p> <p>CASC</p> |
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are better used to inform our response to the Amber category.

Members **NOTED** that initial evaluation on the 'Hear & Treat' performance was positively reported, with the majority of those using this service appropriately not being deployed to Emergency Departments.

Members were informed that there had been 7 reported Serious Adverse Incidents to date in January 2017, the details of which were being shared with the Commissioner and related investigations were ongoing. Meetings have been arranged to discuss all incidents further and handover delays was a feature in most. Members **NOTED** a recent spike in unexpected child deaths, which were subject to recognised multi agency review under the Procedural Review into Unexpected Deaths in Childhood (PRUDIC). Ms Myhill had also written to Health Boards seeking confirmation of the named leads at Health Board level for liaison on concerns and Serious Adverse Incidents.

Mrs Roseblade made reference to matters relating to Non Emergency Patient Transport (NEPT) Services and novation of related contracts. There remained ongoing concern in relation to the level of management resourcing being transferred to WAST and implications for the service transfer.

Mr S Davies sought clarity on the implications of any Shrewsbury & Telford border implications with proposed changes. Professor McClelland made reference to national/regional cross boundary flows, a matter referred to within the WAO 'draft' report, although whilst consideration of such matters require discussion, this needs to be proportionate to the overall commissioning framework.

The Chair asked for an item to be added to the forward plan on cross border flow and related implications, for consideration and discussion later in 2017.

The Committee **RESOLVED** to:

- **NOTE** the update presented

(Mrs P Roseblade and Ms H Evans left the meeting)

| Part 3. UPDATES OF RELEVANCE TO THE COMMITTEE | |
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| EASC 17/08 | <p>CHAIR’S REPORT</p> <p>Professor McClelland updated Members on the following key matters:</p> <p>Progress with Board Visits The Chair confirmed that she and the CASC had either visited or had visits planned for all Health Boards.</p> <p>Appraisal with Cabinet Secretary, Health The Chair reported on her recent appraisal with the Cabinet Secretary. The Cabinet Secretary values the work of EASC and its forward trajectory and is keen that the work of the Committee continues to evolve in a positive way.</p> <p>Other meetings The Chair reported on meetings she had attended with the CASC, with the Cabinet Secretary and also separately with the WAST Chair and Chief Executive</p> |
| EASC 17/09 | <p>CHIEF AMBULANCE SERVICES COMMISSIONER’S REPORT</p> <p>Mr S M Harray, Chief Ambulance Services Commissioner (CASC), presented an update on the following key areas of work:</p> <p>Directory of Services</p> <ul style="list-style-type: none"> • Members NOTED the work and variable responses to this work, and that the CASC continues to chase some Health Boards for a response. • The CASC made reference to the potential development of a ‘Never events’ approach e.g. blocked catheters without acute complications are being deployed to hospital when clearly with a different response is hospital attendance is avoidable. Medication reviews also feature prominently in reasons to deploy patients to hospital. • Members NOTED that as EASC have to submit an IMTP, these opportunities will be reflected within it and considered at the March 2017 meeting. |

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| | <p>Non Emergency Patient Transport</p> <ul style="list-style-type: none"> Members considered and discussed the plurality model where WAST is a key provider, but there was also a need to reflect the large volume of other providers. The developing framework needs to consider fully the resource being deployed on NEPTs. <p>A request has been issued but again some variable responses received. Hywel Dda’s response has been used as a positive template / framework, but to date insufficient responses received to develop the framework forward. In also referring to Mrs Roseblade’s comments relating to novation of contracts, this is a further risk as it won’t be possible to review and address all related issues in time for April 2017. The CASC also expressed concerns and was not able to assure Members that WAST had the capacity to handle this going forward. Members NOTED that the CASC was hugely reliant (as EASC had received no resource transfer to support this work) on health boards and WAST to address the issue of NEPT. However, the CASC was hopeful that there should be no risk to service continuity, even if there is a requirement to extend some current contracts temporarily.</p> <p>The Chair emphasised the implications of a small commissioning team working with Health Boards to support the work of the Joint Committee. Mrs A Williams sought clarity with regards the lack of response to information requests, and Mr S Harry outlined some of the related factors and that what had been asked for and provided by some Health Boards, he did not consider to be excessive.</p> <p>Emergency Medical Retrieval & Response Service</p> <ul style="list-style-type: none"> Good progress is being made, supported by the Delivery Assurance Group (DAG). The CASC made reference to the North Wales service and coverage and the differences with WAST and EMRTS and implications for the North Wales service. Work has been progressed on the service operating model which has also been risk and benefits assessed. In terms of the financial implications, it was NOTED that there were disparities between Band 5 / Band 6 deployment between WAST and EMRTS. Requests for management support had also been submitted | <p>WAST/CASC</p> |
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by EMRTS, which are not fully clarified. Members welcomed the good progress being made in North Wales, accepting a small number of items still need to be addressed.

- Members **NOTED** that hosting costs and a related agreement had not been established between WHSSC and ABM UHB for EMRTS when first established. A meeting is being arranged to address related issues as the hosting agreement is due for review.

WAO 'Draft' Report – Review of Emergency Ambulance Services Commissioning

The CASC referenced a summary of comments received to date and thanked those who had contributed to date and specifically referenced the following key points;

- A generally balanced and positive review although the evolution and maturity of EASC in terms of where its come from is under stated;
- The approach in relation to EASC, WAST and WG involvement and role in the review unusual;
- A number of issues of factual accuracy raised;
- A number of recommendation to be taken forward once report finalised;
- Management response – will allow EASC to move more into a commissioning as opposed performance management space;
- Team resource – accepting resources are very pressured but recognising that members will need to consider EASC resourcing to allow the work of the Committee to evolve further.

The Chair made reference to discussions with Mrs A Williams in considering comments received on the WAO report, as to the value of a June meeting becoming a light business meeting and having a facilitated workshop discussion on reflections on progress and how we move EASC forward in the coming year. Members **AGREED** with this suggestion.

Members **RESOLVED** to:

- **NOTE** the Commissioner's update report and **AGREED** the comments in relation to the WAO report.

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| <p>EASC 17/10</p> | <p>INDEPENDENT EVALUATION OF THE CLINICAL RESPONSE MODEL PILOT</p> <p>Professor McClelland provided some context to the work undertaken to date on the evaluation of the Clinical Response Model. Professor McClelland outlined the related process and requirements for a recommendation to the Cabinet Secretary whose decision it is, as to whether the Clinical Response Model will continue beyond March 2017.</p> <p>Mrs A Williams, in recognising the revised draft report had only just been received, made reference to the fact that members had not had the opportunity to review the report and it was important that appropriate governance was in place to support the Chair.</p> <p>Mrs A Williams agreed to liaise with the CASC and the Chair on behalf of members in considering the independent report and its recommendations. Members NOTED that the report was independent and commissioned by the Cabinet Secretary, but any related implications would need to be raised via the Chair in order that an informed decision on the model going forward was made by the Cabinet Secretary.</p> <p>The Chair explained that there were no surprises contained within the report and a particular focus of the report was on the Amber category of calls and the need to refine these further.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the receipt of the Independent Evaluation Report on the pilot Clinical Response Model and that the CASC and Mrs A Williams, on behalf of Chief Executive Members, would work to inform its submission to the Cabinet Secretary, whose report it was. | <p>CASC</p> <p>CASC</p> |
| <p>Part 4. GOVERNANCE & ASSURANCE</p> | | |
| <p>EASC 17/11</p> | <p>111 National Project update</p> <p>Mr Richard Bowen and colleagues from 111 Project provided some context in relation to the Strategic Outline Case (SOC), which had first been presented to EASC during 2016. Mr Bowen explained that the main purpose of the update being presented to EASC is that it provides an opportunity to apply some governance to</p> | |

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| | <p>the process and engage all member Boards.</p> <p>Mr R Bowen outlined how the document has developed since last presented to EASC, confirming that the Outline Business Case had been submitted to Welsh Government on 6 January 2017. Financial case predicated with minimising the Capital and specifically any revenue implications of this development.</p> <p>Mr R Bowen explained that whilst work on related costings needs to be completed, currently a broad estimate of around £1m gap, which needs to be fully quantified. Members NOTED that whilst it was considered important that the EAS Joint Committee is aware and sighted on the development, there is no requirement for approval of EASC as such. However, it was agreed that Mr Bowen would write to Welsh Government reflecting the views of the Committee.</p> <p>Members NOTED that whilst procurement timescales were likely to result in system purchase in 2019, WAST were working to a different timescale and it would have helped if both projects were more aligned.</p> <p>Members RESOLVED to;</p> <ul style="list-style-type: none"> • NOTE the update provide. | <p><i>Chair</i></p> |
| <p>EASC 17/12</p> | <p>CHAIRS UPDATES FROM EASC SUB GROUPS</p> <p>Members NOTED the updates provided by the Chairs of the sub groups established by the Joint Committee, these being:</p> <ul style="list-style-type: none"> • The Quality Assurance & Improvement Panel (QAIP). • The Collaborative Performance Delivery Group. • The NEPTS Commissioning & Delivery Assurance Group <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the summary updates received. | |
| <p>EASC 17/13</p> | <p>FINANCE REPORT</p> <p>Mr S HARRY provided an oral update on financial matters relating to EASC.</p> | |

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| | <p>The Joint Committee were anticipating a break-even end of year position against the £135.6m commissioning resource.</p> <p>Going forward into 2017/18, Mr Harray explained that the assumed commissioning budget, to inform commissioning intentions (against the Collaborative Commissioning Framework) was £135.6m plus 2% uplift for Emergency Medical Services (EMS).</p> <p>Members confirmed their support for this but emphasised the importance of this being recognised as a commissioning resource allocation and not a provider(s) budget.</p> <p>Members NOTED that discussions on the financial implications of the introduction of the national band 6 paramedic job profile were on going.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the oral finance report. | |
| EASC 17/14 | <p>UPDATED RISK REGISTER</p> <p>Mr R Williams, Committee Secretary / Host Body Board Secretary, presented the updated Joint Committee Risk Register.</p> <p>Members NOTED the adjustments made to the risk register since the November meeting, and these included; reference to the Band 6 paramedic role linked to the workforce risk; failure to provide alternative services to hospital deployment and matters associated with Non Emergency Patient Transport Services.</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 17/15 | <p>JOINT COMMITTEE FORWARD PLAN</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.</p> | |

AGENDA ITEM 1.4

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| | Members NOTED that progress with the IMTP refresh for WAST and EASC would need to be considered at the March 2017 meeting. Members RESOLVED to: <ul style="list-style-type: none">• NOTE the Forward Plan and the suggested amendments. | CASC |
| OTHER MATTERS | | |
| EASC 17/16 | DATE AND TIME OF NEXT MEETING The date of the next Joint Committee meeting was scheduled for 13:30pm on 28 March 2017, NHS Confederation Offices, Cathedral Road, Cardiff. | <i>Committee Secretary</i> |

Signed (Chair)

Date



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CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

| Reporting Committee | Emergency Ambulance Services Committee |
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| Chaired by | Mrs Allison Williams |
| Lead Executive Director | Health Board / Trust Chief Executives |
| Author and contact details. | gwenan.roberts@wales.nhs.uk |
| Date of last meeting | 28 March 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 below:

[Emergency Ambulance Services Joint Committee Agenda & Papers 28 March 2017](#)

PROVIDER(S) UPDATE

Members **received** a report from the Chief Executive of WAST providing an update on the following areas:

- WAST Integrated Medium Term Plan (IMTP) 2017-20;

Members **NOTED** that the WAST Board had recently approved their IMTP for submission to Welsh Government. Clarity was provided on related matters raised and discussed at the previous Joint Committee meeting and these issues had been addressed within the approved plan.

- An overview of the progress of the five step model within the ambulance services care pathway
- Non emergency patient transport services
- Safe Care
- Band 6 paramedic role and related negotiations
- National Staff Survey
- 111 Pilot.

Members **NOTED** that:

- more amber than green calls had been received and more work was taking place to investigate the acuity of patients using the service.
- the improvement against targets in all areas over the last year;
- the handover rates over the last six weeks had improved and that the whole system was recovering much quicker.
- the data was providing evidence that working together was achieving improved results.

Members welcomed the ability to measure the progress being made.

CHAIR'S UPDATE

Mrs Allison Williams, Vice Chair updated the Committee on the WAO Review; Members were aware that the final version of the report had been received and a draft response would be developed by Mr S Harhy and the team and sent to Members for comment.

CHIEF AMBULANCE SERVICES COMMISSIONER (CASC) UPDATE

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

- **Directory of Services**

Members **noted** the work and variable responses to date to this work and a different approach was being taken to address progress in this area, focussing on a number of key service areas – this work would be included in the workshop session planned for the June Joint Committee meeting.

- **EASC IMTP**

Members **NOTED** that essentially the EASC IMTP was the agreed commissioning agreement repackaged to capture the key areas. The key risk identified was the funding for the EASC team to undertake the activities required. Following further discussion in terms of resourcing the EASC team, Members **NOTED** the concerns raised by the Chief Ambulance Services Commissioner in relation to the risks of not having sufficient resource to undertake the tasks required on behalf of the Committee. Overall, Members suggested that additional information was required to understand what commissioning resource was needed and the related activities required. Members were also aware that the Chair of the Committee was supporting the Chief Ambulance Services Commissioner in his request for extra resources as this had been previously discussed.

Following discussion it was agreed that Mrs A Williams and Mr S Harray would develop options which would be shared with the Chief Executives before the end of April. This information would include what could be delivered and would clearly identify the risks balanced against the activities required.

INDEPENDENT EVALUATION OF THE CLINICAL RESPONSE MODEL

Mr S Harray presented the report and drew attention to the letter received from the Cabinet Secretary which outlined his decision to implement the model on a permanent basis; this was announced in a written statement on the 27 February 2017.

The letter requested the following action from EASC:

1. Publication of further clinical indicators
2. Better understanding of outcomes through data linking
3. Advice on the performance target threshold
4. An update on how EASC would be taking forward the PACEC (Public and Corporate Economic Consultants) recommendations:
 - A need to review the call categories.
 - Investment in information systems.
 - Providing alternative response options.
 - Reduce variation and improve health board's conveyance rates.

Members supported the reiteration of the aim being to improve the patient experience and an update on each of the Cabinet Secretary's requirements was provided.

A discussion took place in relation to the current target levels for RED1 category patients and whether the current performance level at 65% should be increased. Members felt that it was important to ensure the best patient experience across Wales. Members **NOTED** that an action plan was in place and work was progressing in collaboration to ensure the achievement of the objectives identified.

Four recommendations were made within the report:

1. A need to review the call categories
2. Investment in information systems
3. Providing alternative response options
4. Reduce variation and improve health board's conveyance rates

Following discussion Members felt that the work on the AMBER calls was really important and suggested that clear outcomes and timelines needed to be agreed to make progress. It was **AGREED** that within 6 months a clear plan with evidence would be developed to take this forward. Members felt it was really important to not stop at 65% but to remain ambitious to improve attendance at life threatening situations. Members **NOTED** that WG had asked for a paper identifying the ambition and risks for the RED1 category to be available in conjunction with the IMTP to ensure looped through the commissioning process. Members also felt that more gain could be achieved within the AMBER calls than RED1.

Overall, Members **AGREED** to:

- Concentrate on 4 or 5 key areas for the winter
- Try and improve coding in A&E – as 40% of attendees remain uncoded and it was felt this missed an opportunity – some progress would be helpful.

UPDATE ON NON EMERGENCY PATIENT TRANSPORT (NEPTS)

Mr Julian Baker presented the report and drew attention to the methodology used to develop the assurance framework. Members **NOTED** the internal audit report which had provided a review of the baseline position. The report had been discussed at the NEPTS Delivery Assurance Group and feedback had been received on the baseline legacy report. Overall, it was felt that the report was not assuring in itself and Members **NOTED** that an agreed way forward in terms of the detailed work required was in place.

EMERGENCY MEDICAL RETRIEVAL & RESPONSE SERVICE (EMRTS)

Mr S Harrhy presented the report on the Collaborative Commissioning Quality and Delivery Framework for the Emergency Medical Retrieval and Transfer Service and updated the Committee on the hosting arrangements and the Caernarfon Airbase. Mr S Harrhy confirmed that work was ongoing to identify the complete resource envelope and was waiting for additional information from ABMU to fully understand the whole requirement.

- **National Director Role**

Members **NOTED** that EMRTS were unable to appoint to the National Director following a competitive recruitment process.

- **Caernarvon Air base**

Members **NOTED** that the Welsh Government had provided the capital investment required for the base and there was now an urgent requirement to make a decision on the revenue allocation for the base, in order to ensure continuity of service. The current proposed revenue costs represented a significant reduction from the original proposed costs and reflected the significant efficiencies being made within the current EMRTS budget to reduce the costs of operating the base.

The option appraisal identified the base at Caernarvon as well as Welshpool which had been received by the EMRTS DAG. Members **NOTED** costs had now been identified at £90k following the introduction of additional efficiencies in the EMRT service. Members **NOTED** that the air ambulance service (charity) were introducing new helicopters in June which would be able to fly during night time hours which would provide better coverage across Wales. This new fleet would also be able to move neonatal cases and the equipment required. Members **NOTED** the financial position and shortfall of £90k and asked for additional efficiencies to cover this to be found from within the service.

CLINICAL RISK ASSURANCE REVIEW

Mr S Mills, Clinical Lead, National Collaborative Commissioning presented the review and gave an overview of the work undertaken. Members **NOTED** the limitation of the review in terms that it had not identified a baseline. Members **NOTED** the review and accepted the caveat that the work had been undertaken by a single reviewer. Members were also made aware that Healthcare Inspectorate Wales had also reviewed WAST during the same period. Members **NOTED** the report and findings and **AGREED** to receive the management response and action plan at a future meeting.

EASC SUB GROUP CHAIR REPORTS

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

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

NATIONAL COLLABORATIVE COMMISSIONING: QUALITY DELIVERY FRAMEWORK AGREEMENT SIX MONTHLY REVIEW

Mr J Baker, Director of National Collaborative Commissioning presented the report and gave a brief overview of the progress made over the last six months. Members **AGREED** to receive the updated information electronically and **ENDORSED** the highlight report; updating of the Framework Agreement in the form of the Document Control Version Four.

FINANCE REPORT

Mr S Davies presented the Month 11 EASC Finance Report. Members **NOTED** that there was no significant under or over spend position and that all of the cash related issues were now fully resolved.

JOINT COMMITTEE RISK REGISTER

The Committee **received**, reviewed and **endorsed** the Joint Committee Risk Register. Members **noted** that many of the risks had not changed in their rating since the last meeting.

FORWARD WORK PROGRAMME

The Committee **received** and **noted** the Committee Forward Work Programme, which would be updated following discussions at the meeting, including reflecting a light business meeting combined with a workshop for the June 2017 scheduled meeting.

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

- The Committee **noted** matters considered within the Risk Register and emphasised the requirement for Members to Note and consider shared ownership of related risks.

Matters requiring Board level consideration and/or approval

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

Forward Work Programme

- At its June 2017 meeting, in addition to the routine items that feature at every meeting of the Joint Committee, the following agenda items are planned:
 - Workshop on Demand and Capacity

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|---|---------------------|---|----|--|
| Committee minutes submitted (insert ✓) | Yes | ✓ | No | |
| Date of next meeting | 27 June 2017 | | | |