MINUTES OF THE
EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING

HELD 16 JUNE 2015

PRESENT
Members:

Professor Siobhan McClelland Chair
Professor Adam Cairns Chief Executive, Cardiff and Vale UHB
Ms Tracy Cooper Chief Executive, PHW
Mr Stephen Harrhy Chief Ambulance Services Commissioner
Mrs Judith Paget Chief Executive, Aneurin Bevan UHB
Ms Jan Thomas Ass’t Chief Operating Officer, Abertawe Bro Morgannwg UHB
Mrs A Williams Chief Executive, Cwm Taf University Health Board
Ms Kathryn Davies Executive Director of Planning, Hywel Dda UHB

In Attendance:
Mr Julian Baker Collaborative Commissioning Lead
Mr Robert Williams Board Secretary, Cwm Taf UHB
Ms Melanie Watson KPMG Auditor (observing)
Mr Hugh Bennett WAST (in part)
Mr Richard Lee WAST (in part)
Dr Brendan Lloyd WAST (in part)

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<th>PRELIMINARY MATTERS</th>
<th>Action</th>
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<tr>
<td>EASC 15/15</td>
<td>WELCOME AND INTRODUCTIONS</td>
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<tr>
<td>The Chair welcomed Members to the meeting of the Emergency Ambulance Services Committee.</td>
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"Confirmed' Minutes of the EAS Joint Committee Meeting 16 June 2015
The Chair expressed concern about the attendance and the number of Chief Executives not present at the meeting.

The Chair reminded Members of the expectation from the Minister that this is a Chief Executive led meeting and only in exceptional circumstances a named nominated executive should attend. The Chair **NOTED** the recent changes at Betsi Cadwaladr UHB and had received apologies from Mr Simon Dean, the Accountable Officer.

The Chair **AGREED** to write out to Committee Members reminding them of their responsibilities and the expectation with regards to attendance.

**EASC 15/16**

**APOLOGIES FOR ABSENCE**

Mr Stuart Davies, Mr Simon Dean, Mr Steve Moore, Ms Tracy Myhill, Mr Paul Roberts, Mrs Carol Shillabeer.

**EASC 15/17**

**DECLARATIONS OF INTEREST**

The Chair declared an interest under the Chief Ambulance Services Commissioner Report relating to remuneration of the Chair and would withdraw from discussions relating to this item.

**EASC 15/18**

**PRESENTATION – WAST CLINICAL MODELLING**

The Chair welcomed Dr Brendan Lloyd, Medical Director, WAST, Richard Lee, Head of Clinical Services, WAST and Hugh Bennett, Head of Planning & Performance, WAST.

Dr Brendan Lloyd and Richard Lee, presented an update on progress with WAST’s Clinical Modelling Programme.

Dr Lloyd’s presentation focused on;

- The limitations of the current time based targets;
- Potential benefits and associated implications on clinical care and patient related outcomes; and
- Feedback on Pilot work taking place England.
Dr Lloyd’s presentation included reference to detailed analysis of the current emergency call categorisation process, and the trend to overly request red call category codes.

Richard Lee explained the related anomalies with the current targets, where excessive resources are dispatched with the main purpose of delivering the 8 minute target, almost regardless of the patient’s triaged needs. In essence, the current targets were time driven and not clinically or patient outcome focused, which often resulted in excessive resource and on occasion the wrong resource being dispatched by the Welsh Ambulance Service.

Members NOTED that the initial results from the pilot sites established in England had been encouraging. The Chair made reference to the limitations of being able to compare NHS Wales with pilots taking place in London and the South West.

Richard Lee explained the current WAST dispatch model, which results in a vehicle being despatched on address information only, prior to any discussion on patient condition, triage etc.

Members noted the variability of conveyance rates across Health Board areas in Wales and that the Welsh Ambulance Service benchmarks well with NHS England Ambulance Services.

Members sought clarity with regards hospital conveyancing and asked whether options were limited and thresholds low. Richard Lee provided the Committee with an update on the staff development work underway to ensure that wherever possible and where appropriate, conveyance is kept to a minimum and explained how factors such as geography and rurality are taken into account.

The Chair, whilst acknowledging the related work noted that the current performance targets should remain the focus for delivery by WAST.
Dr Lloyd recognised the importance of making any change within the Framework agreement, which is also evidence based, along with the need to communicate the associated reasons clearly to our communities.

The Chair recognised the importance of working together and that the presentation reflects a very small number of national targets and any proposed changes will need to be considered further by the Minister and Welsh Government.

Members noted the ongoing work that the Chief Ambulance Services Commissioner and Welsh Ambulance Services Trust are working on to bring about improvement in services.

The Chair made reference to a stakeholder event planned in July to further discuss these and other related matters. The Chair thanked colleagues from Welsh Ambulance Services Trust for attending and making the presentation.

Members **RESOLVED** to;

- **NOTE** the presentation.

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**MINUTES OF THE MEETING HELD ON 17 MARCH 2015.**

Members **CONFIRMED** the minutes of the meeting held on 17 March 2015, as a true and accurate record, subject to the following amendments …., Chief Ambulance Commissioner to be changed to Chief Ambulance Services Commissioner……., there was an error on page 3, last paragraph, members noted the relevance and important ….. important to change to importance…… and also comments received by email from absent members to be reflected in the final draft, this included; Page 4, final paragraph; Mr Cairns confirmed that the Director General had agreed to take over the lead role for unscheduled care given its prominence….. This sentence to be removed.
### ACTION LOG

Members **received** the action log and **NOTED** progress.

14/72 EASC Vice Chair – Members **NOTED** that Mrs A Williams had accepted the nomination to be the Vice Chair. The Committee **ENDORSED** Mrs A Williams as the Vice Chair of the Joint Committee.

14/74 Non Emergency Patient Care Service – The Chief Ambulance Services Commissioner reminded members of the context of the planned action, in that the Non Emergency Patient Care Service, should be removed from WAST. Mr Harrhy suggested that he should meet with Ms Frances Duffy, Welsh Government about the review and the requirement for progress. Mrs A Williams reminded members of the previous discussions that had taken place at Chief Executives meeting that outlined what needed to be progressed in what order. The issue relating to Non Emergency Patient Care Service was left with the National Programme Board.

Members **RESOLVED** that the Chair write to Frances Duffy at Welsh Government for a written update on the status of related work in advance of the next planned meeting of the Committee in September 2015.

15/007 Health & Social Services Committee - The Chair confirmed that the required information had been submitted to the Health & Social Services Committee and that a copy of the collaborative commissioning agreement had also been provided.

15/011 Education & Research - The Chair informed the Committee that the matter is being taken through Directors of Workforce & Organisational Development, led by Judith Hardesty. The Chair emphasised the importance of this work and the need to ensure a wider range of placements within LHBs are offered to paramedic students going forward.

Chair
The Committee **NOTED** that the other actions referenced within the Action Log, would be covered by updates from the Chief Ambulance Services Commissioner in his report.

**EASC 15/21**

**UPDATE FROM THE JOINT COMMITTEE CHAIR**

The Chair outlined the ongoing discussions and interest from the First Minister, Health Minister and Deputy Minister. The reported recent progress in performance had been welcomed by Ministers and further improvements were required.

The Chair also informed members that she and the CASC had met with the Minister for Public Services and the Deputy Minister for Health to discuss collaboration with the Fire Service.

Members were informed of some demand and capacity modelling work being taken forward by ABCi working collaboratively with EASC and WAST. A more detailed report would be presented to Committee in the future.

Members **NOTED** that discussions were ongoing in relation to the current Ambulance response targets and whether more effective clinically outcome focused targets could be introduced as part of the commissioning framework.

Members emphasised the importance of continuing to apply the commissioning framework and agreed arrangements to ensure WAST remain focused on all the improvement actions necessary.

In relation to WAST’s presentation to the Committee, the Chair sought views and reflections of Members. Members felt it was important whilst discussions on the targets are ongoing, that WAST and Health Boards remain focused on delivering the Commissioning framework and ultimately improved performance.

As a minimum, Members supported the need to ensure Cat A performance sustainably improves and that all Health Boards also fulfil their commitment to sustained improvement in handover times.
Committee Members **AGREED** that it was important to continue to maintain WAST and Health Boards focus on delivering the current targets within the Collaborative Commissioning Performance and Delivery Framework.

Prof A Cairns also raised the relevance and importance of the out of hours component of care delivery to ensure only appropriate impact and demand on the Welsh Ambulance Service.

The Chair confirmed that the schedule for presentations from the Chair and the CASC to Health Boards was almost completed, with a date outstanding for the Cardiff & Vale UHB which Prof Cairns agreed to address.

The Chair informed the Committee of plans for a stakeholder day on 13 July 2015, which was targeted at Community Health Councils, third Sector, Local Authorities and wider community stakeholders, together with staff from LHBs and WAST which would be launched by the Deputy Health Minister.

The Chair was pleased to **NOTE** the appointment of Mrs A Williams as the Committee Vice Chair.

Members **RESOLVED** to:

- **NOTE** the update from the Chair and **ENDORSE** the related **AGREED** actions.

**EASC 15/22**

**UPDATE FROM THE AMBULANCE SERVICES COMMISSIONER**

Professor McClelland, declared an interest in the item relating to the Chair’s number of days and remuneration and withdrew from the related discussion and Mrs A Williams took the Chair for this item of discussion.

Mrs A Williams outlined the additional days that had been undertaken by the Chair in discharging her responsibilities as the Chair of EASC over the last year. It was also **NOTED** that the additional days had also been remunerated and had averaged out at around 2 days in total per month against the originally planned 2 days per month.
Mrs A Williams explained that as EASC was hosted by Cwm Taf UHB a letter had been sent to Welsh Government who had indicated that this was a matter for the host body.

Mrs A Williams felt that in terms of governance, it was a matter for consideration of the Joint Committee and members views were sought on the proposal to regularise the number of additional days.

The Committee **RESOLVED to AGREE** to the regularising of the additional days worked by the Chair over the last year. This would result in the current 2 days per month being changed to 4 days per month and this would take effect from the start of the 2015/16 financial year. In agreeing these changes Members felt it was important that these were aligned with the role description of the Chair and also subject to review annually through the host body, the Committee and with Welsh Government, should related circumstances change for any reason.

(Professor McClelland rejoined the meeting).

The Vice Chair confirmed to the Chair the agreement of the Committee to the additional days being regularised. The Chair confirmed that there was a role outline. A letter of confirmation would be provided to the Chair and copied to Welsh Government.

The Chief Ambulance Services Commissioner presented his report.

Members **NOTED** that the National Collaborative Commissioning Framework Agreement had been signed on behalf of EASC by the Chair and the CASC and for the Welsh Ambulance Services Trust by the Chairman and Interim Chief Executive. It would also be important at the next meeting to formally receive a quarterly update on progress.

In relation to the work of the 3 sub groups, good progress was being made, but the Committee emphasised the need for improvement in Director level attendance at some of these groups.
The Performance Management Sub Group which was a Director level group had met, although concern was referenced to variable attendance from nominated representatives.

The Evaluation Panel had met and feedback was included in the governance update.

Members **NOTED** that in relation to the Collaborative Commissioning Delivery Group, a meeting of nominated champions was due to take place at the end of July and that the Commissioner was awaiting confirmation of Director nominations from Cardiff & Vale UHB and ABM UHB.

The CASC informed the Committee that Richard Lee had been appointed Assistant Chief Ambulance Services Commissioner.

In relation to resource realignment, the Commissioner informed the Committee that a report had been drafted, which included input from Welsh Health Specialised Services, which will need to be considered and **AGREED** via both Committees in September. The main issue being the resources that are currently in WHSSC that supported Ambulance commissioning, need to be available to the Commissioner to support EASC and its related work. Members reinforced their view that the best use of available resources across WHSSC and EASC need to be in place.

In relation to a meeting with the Deputy Minister, the Commissioner made reference to the potential for ongoing work on the Tier 1 targets. There had also been a discussion relating to joint clinical audits relating to presenting clinical condition groupings that this work would be taken forward via the Medical Directors group.

Members **RESOLVED** to:

- **NOTE** the update provided by the Commissioner and the related Actions.

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*Chief Ambulance Service Commissioner*
COMMISSIONING QUALITY AND DELIVERY FRAMEWORK 2015-16

Mr S Harrhy and Mr J Baker introduced a presentation to summarise the detailed update included within the report relating to CAREMORE and the 5 step model.

The CASC emphasised the work of the Framework and its related care standards was to ensure that patients received the right care in the right place at the right time for their presenting condition.

Members NOTED that the standards previously agreed by the Committee would be subject to review annually.

In relation to activity across each of the steps, clarity had been provided by the Committee on what level and detail of activity should be provided and that this also needed to be summarised and inform the high level performance indicators.

Members NOTED the demand and capacity modelling which was being supported by an MSC student but being done in partnership. The Chair welcomed any further input from partners.

Prof A Cairns supported the work being undertaken as it was important to have consistency of approach and clarity of communication in relation to this work and it would be important to consistently manage this once completed. Ms T Cooper offered to provide support from Public Health Wales and agreed to discuss this further with Julian Baker.

Members NOTED the update provided on the funding allocation and that updates would be provided by WAST linked to a minimum data set, returned on a monthly basis to the Commissioner.

Mr Harrhy made reference to discussions relating to capital resource being made available to support vehicle replacement and computer aided despatch system and the views of the Commissioner also being sought, which was welcomed.
Prof A Cairns sought clarity on the financial assumptions for this financial year 2015/16 which was in 3 elements. £113m in the core recurrent spend, noting that the same levels of efficiencies required of Health Boards apply to WAST.

Members **NOTED** that there was also a £7.5m additional allocation last year linked to staffing, sickness management, workforce redesign along with roster changes and improved efficiencies.

There was also a £8m made available on a non recurrent basis last year, which is being made available on a recurrent basis this year. This needs to be linked to service developments which are considered through the Quality Assurance Improvement Panel (QAIP) which reports into the Committee. Mr S Harrhy outlined the ongoing discussions with the Finance Director of WAST as areas of their IMTP including finance need to be strengthened and that written correspondence had been exchanged.

Mrs A Williams sought clarity that WAST are clear that the £8m is not an addition to the core financial baseline and that the Committee only support the use of the allocation for agreed developments.

The Committee asked that WAST clarify at the next meeting of the Committee, their position against the IMTP over the next 3 years as it was important to ensure the Committee has a position should there be a need to consider any underlying reported deficit. Members **NOTED** the £7.5m additional resource was to address the underlying deficit, although this was also aligned with the requirement for workforce efficiencies.

Members considered it would be useful if the Welsh Ambulance Service are asked to clarify, at the next Committee meeting their IMTP assumptions and related implications on finance and workforce assumptions. It was also felt important that internal audit are commissioned to review and validate their reported position.

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*Interim Chief Executive, WAST*
Mr Baker explained the M1 framework included within the pack which supports WAST’s refreshing of their model of care.

Mr J Baker updated the Committee on the review of Performance and where the largest amount of work and focus had taken place over quarter 1.

Members **NOTED** some reflections on the recent process of engagement with Health Boards and WAST, along with feedback on the 5 steps. Ms T Cooper welcomed the feedback provided to all Health Boards.

The Committee reinforced the importance of ensuring all Health Boards respond to the outstanding areas for actions including gaining clarity of what the Minimum Data Set (MDS) would be.

Prof. A Cairns recognised the excellent work now being presented by the Commissioner and his team and Members **NOTED** and **ENDORSED** the excellent progress made over the last 6 months.

Members were reassured from the update that the first report will be informed by the detail discussed and **AGREED** that updates on progress with this work would be reported at the next meeting.

Members **NOTED** that for the next meeting more clarity will be provided on the data bank and the data being used collectively to inform the Committee’s work going forward. Members were asked to provide any suggestions for this work by 26th June 2015.

Mr J Baker summarised the progress made by quality assurance improvement panel and the latest update from WAST and/or Health Boards, will be considered by the Panel in July.

The Committee **RESOLVED** to;

- **ENDORSE** the progress reported to the Committee as highlighted within **Appendix One** in relation to the use and updating of Schedules within the Framework Agreement.
**NOTE** the updates from WAST for financial value Payable for 2015/16 - RE4 Schedule; and the WAST Performance Improvement Plan - R6 Schedule.

**ENDORSE** that each committee member ensure that their Health Board has a nominated champion to enable the establishment and effective operation of the Collaborative Commissioning Delivery Group (CCDG).

**ENDORSE** the development of the performance management arrangements as detailed within **Attachment A**.

**ENDORSE** the ongoing work of the Quality Assurance & Improvement Panel (QAIP).

**ENDORSE** Chair’s action for the finalisation of the Evaluation of NHS Wales Collaborative Commissioning of Emergency Ambulance Services (using CAREMORE): Proposal from Swansea University – E3 Schedule, to be produced by the end of Quarter 2.

That the Commissioner discuss with the WAST Finance Director, improvement actions aligned to updates being submitted by Health Boards at the request of Welsh Government in relation to their expected outcome of their IMTP and any potential for improved outcomes should additional resource become available.

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**PERFORMANCE REPORT**

Members **RECEIVED** an update from Mr S Harrhy on recent reported performance outcomes of WAST. Mr Harrhy referred to page 3 of 5 in his report.

In relation to Category A performance there had been improvement although the Committee was disappointed that 60% had not been achieved. The reasons for not achieving 60% were discussed. It was **NOTED** that activity was slightly down in comparison with last year.
Lost hours were also discussed along with reported handover delays, where Abertawe Bro Morgannwg UHB and Betsi Cadwaladr UHB were outliers, with ABM’s position deteriorating.

In relation to winter planning, a number of schemes by Health Board area were identified to inform improvement work across NHS Wales. WAST had been asked for their project plans to support delivery of the improvement actions.

Prof A Cairns suggested that a more detailed discussion on this item would be helpful at the next meeting of the Committee.

The Chair made reference to the Cwm Taf Pathfinder improvement actions and the related successes, but it was **NOTED** that the cost effectiveness of the project also needed consideration.

The Committee considered and **NOTED** the grid presented by the CASC, which outlined some of the key initiatives in place across Health Boards in Wales, which also presented an opportunity for sharing and learning to develop sustained improvements.

Members **RESOLVED** to:

- **NOTE** the update provided by the Commissioner on Performance.

- **APPROVE** the initiatives for each Health Board subject to ratification by the Quality Assurance Improvement Panel.

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**EASC 15/025**

**EASC GOVERNANCE ARRANGEMENTS**

The Board Secretary presented the report relating to EASC governance arrangements and specifically to receive the ‘unconfirmed’ minutes from the related Sub-Groups and the closure report provided in relation to the creation of a National Collaborative Commissioning: Quality & Delivery Framework Agreement for Emergency Ambulance Services.
Members **NOTED** that as the Framework Agreement was signed on behalf of EASC by Professor Siobhan McClelland and Stephen Harrhy, and on behalf of WAST by Tracy Myhill and Mick Gianassi on the 23rd April 2015, the project has closed.

Members **NOTED** that a report would come back to the next meeting of the Committee which would outline proposals to decouple the integrated governance arrangements from WHSSC and create an EASC governance Framework.

The Committee **RESOLVED** to:

- **NOTE** the contents of this report
- **ENDORSE** the minutes of the sub groups.
- **APPROVE** the Project Closure Document.

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**EASC 15/026**

**SHARED SERVICES PARTNERSHIP – AUDIT & ASSURANCE EASC REVIEW**

The Board Secretary summarised for Committee Members the recent Internal Audit review of EASC Governance arrangements, which provided a Substantial Assurance rating following the review of the establishment of EASC and its related governance and regulatory arrangements. Two recommendations were made and an action plan had been developed in response.

Members **NOTED** the issues relating to attendance of Associate Members and Velindre in particular and considered that this may need to be commented on as part of the Welsh Government Green Paper.

The Committee **RESOLVED** to;

- **NOTE** the report

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**EASC 15/027**

**ANNUAL GOVERNANCE STATEMENT**

The Committee **NOTED** the Annual Governance Statement which had been shared with Members and presented at the Cwm Taf University Health Board meeting as part of the process for approval of the Annual Accounts 2014/15.
The Health Board recommended that the EASC and also the WHHSC Governance Statements should be received by the respective Boards of the members of the Joint Committees.

The Committee **RESOLVED** to;

- **NOTE** the Annual Governance Statement 2014/15.

### OTHER MATTERS

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<tr>
<th>EASC 15/028</th>
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<td>There were no matters raised under this item.</td>
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<th>EASC 15/029</th>
<th>Date and time of next meeting</th>
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<td></td>
<td>The date and time of the next Joint Committee meeting was confirmed as 09:30hrs on 15 September 2015 at Bowel Screening Wales.</td>
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Signed ................................................. (Chair)

Date ......................................................
CONFIRMED MINUTES OF THE
EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING
HELD 15 SEPTEMBER 2015

PRESENT
Members:

Professor Siobhan McClelland Chair
Ms Tracy Cooper Chief Executive, Public Health Wales
Mr Stephen Harrhy Chief Ambulance Services Commissioner
Mr Steve Moore Chief Executive, Hywel Dda UHB
Ms Tracy Myhill Chief Executive, WAST (in Part)
Ms Sian Harrop-Griffiths Executive Director of Planning, Abertawe Bro Morgannwg UHB
Dr Sharon Hopkins ‘Acting’ Chief Executive, Cardiff and Vale UHB
Ms Morag Olsen Chief Operating Officer, Betsi Cadwaladr UHB (by Video Conference)
Mrs Judith Paget Chief Executive, Aneurin Bevan UHB
Mrs Carol Shillabeer Chief Executive, Powys tLHB
Mrs A Williams Chief Executive, Cwm Taf University Health Board

In Attendance:

Mr Julian Baker Collaborative Commissioning Lead
Mr Stuart Davies Director of Finance WHSSC
Mr Robert Williams Board Secretary, Cwm Taf UHB
Mr Peter Llewellyn Ass’t Director Strategic Planning & Partnerships, Hywel Dda UHB
Mr Richard Lee Ass’t Chief Ambulance Services Commissioner
Dr Brendan Lloyd WAST (in part)
Mrs Clare Vaughan WAST (in part)
Mr Nick Smith Project Manager, Non Emergency Patient Transport
## PRELIMINARY MATTERS

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<th>EASC 15/30</th>
<th>WELCOME AND INTRODUCTIONS</th>
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<tr>
<td></td>
<td>The Chair <strong>welcomed</strong> Members to the meeting of the Emergency Ambulance Services Committee. Those present introduced themselves. The Chair also congratulated Richard Lee on his appointment as Ass’t Chief Ambulance Services Commissioner and welcomed him to the EAS Team.</td>
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<tr>
<th>EASC 15/31</th>
<th>APOLOGIES FOR ABSENCE</th>
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<td></td>
<td>Professor Adam Cairns, Mr Simon Dean, Mr Steve Ham, Mr Paul Roberts.</td>
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<th>EASC 15/32</th>
<th>DECLARATIONS OF INTEREST</th>
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<td>There were none declared.</td>
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<th>EASC 15/33</th>
<th>MINUTES OF THE MEETING HELD ON 16 JUNE 2015.</th>
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<td>Members <strong>CONFIRMED</strong> the minutes of the meeting held on 16 June 2015, as a true and accurate record.</td>
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<th>EASC 15/34</th>
<th>ACTION LOG</th>
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<td>Members <strong>received</strong> the action log and <strong>NOTED</strong> that progress with related matters would be considered within the substantive business meeting agenda.</td>
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<td>The Committee <strong>NOTED</strong> the Action Log.</td>
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<th>EASC 15/35</th>
<th>TO RECEIVE AN UPDATE FROM THE WELSH AMBULANCE SERVICES TRUST.</th>
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<td>Ms Tracy Myhill, Chief Executive, WAST, introduced the report, focusing on workforce and recruitment, the WAST Integrated Medium Term Plan and the introduction of the new Clinical Response Model pilot.</td>
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### Workforce and Recruitment Plans

Mrs Clare Vaughan, Assistant Director of W&OD, WAST presented the report on progress with the development and implementation of workforce and recruitment plans within WAST.

The report made reference to the progress made with recruitment and the planned recruitment trajectory going forward.

Mrs Vaughan explained some of the factors associated with a delay in addressing roster changes in both AB UHB and Cwm Taf UHB, the latter primarily linked to the Pathfinder Project.

The Chair sought clarity about the approach to staff retention and sickness. Members noted that currently staff sickness was at 6.5% (an improvement from 8.5%) and that there was a downward trajectory in sickness, aligned to agreed targeted work, linked to the WAST Well-being agenda, including post trauma incident support.

In relation to staff retention, members noted two programmes; ‘a great place to work’ and ‘being our best’ which were being taken forward in order that staff feel valued, which would also support staff retention.

Members sought clarity about the £7.5m recurring investment associated with the additional 119 whole time equivalent (wte) staff. Members considered that it remained unclear as to what the net balance in staff numbers were against the baseline. Members noted that whilst the report was helpful, it was also unclear how the reported vacancies by health board area correlate with need and demand.

The CASC made reference to the demand and capacity model (timescale December 15 to March 16) which also includes monitoring the net staffing. This also links to the agreed roster review and any roster change plans including monitoring absence, overtime etc against AQIs. Members sought assurance that roster reviews would also take into account an assessment of any surplus capacity.
The CASC explained that the current net gain against baseline establishment is an increase of around 30-35 wtes, with more staff scheduled to take up post later this year.

The CASC outlined the approach being taken to address the modelling work and explained that support was also being provided by Cardiff University and ABCi.

Members emphasised the importance of ensuring completion of the demand and capacity modelling and completion of the review of rosters. Ms Myhill explained and apologised for the delay in concluding the roster review work.

Members RESOLVED to;

- **NOTE** the current status of the recruitment and workforce plan, including predicted vacancy requirements and planned timeline to fill vacant establishment by April 2016 and to receive regular updates on progress

- **NOTE** the work ongoing to assess the impact of the new Clinical Model on future workforce and recruitment plans.

- **NOTE** this updated work will inform and be included within the updated IMTP 2015/16.

- **AGREED** that a report on demand and capacity, which includes completion of the roster reviews, will be reported back to Committee.

**Integrated Medium Term Plan (IMTP) 2015/16**

Ms Tracy Myhill, Chief Executive, WAST, presented the report on progress with the development of the 2015/16 IMTP. In presenting her update Ms Myhill informed members of the work Hannah Evans, currently on secondment from WG, was undertaking to inform the development of this work.

The report outlined the actions taken over the previous 3 months and which are now closely aligned to the commissioning arrangements and the UHB plans, although there was also recognition that more work is still required to strengthen this.
The process and timescales that WAST were following in order to approve an Integrated Medium Term Plan, was outlined by Ms Myhill, along with the related assumptions contained within the plan.

Members noted that the current WAST IMTP assumes funding levels above the financial resource envelope contained within the Framework Agreement and which would need additional non recurrent Welsh Government support and this would need to be made available through EASC.

Members RESOLVED to;

- NOTE the update provided, including the current status of the WAST IMTP;
- NOTE the progress made in updating, and the timelines for completion of the September plan;
- AGREE to consider further, the related financial issues as part of discussions under Agenda Item 11; and
- SUPPORT the proposal for Chair’s action to provide the formal Commissioner support to the final Plan, prior to re-submission to Welsh Government. This would include involvement of the Committee Vice Chair, who was also the lead Chief Executive.

**Delivery Plan for Introduction of the Clinical Response Model Pilot**

The Chair welcomed Dr Brendan Lloyd, Medical Director, WAST and Mr Richard Lee, Ass’t Chief Ambulance Services Commissioner.

Dr Brendan Lloyd and Richard Lee, presented an update on preparation for the implementation of the new Clinical Response Model Pilot, bring introduced from 1 October 2015. The presentation focused in particular on the key steps taken to ensure its effective implementation.

Dr Lloyd outlined in summary the project plan arrangements in place to support the planned service change to respond effectively to the revised clinical outcome based targets and manage risks identified within the control centre.
The Chair made reference to the correspondence received from the Deputy Minister and the requirement on EASC to ensure an independent evaluation of the proposed changes and new clinical model is commissioned and that work was underway to move this forward. There was also a requirement on EASC to ensure quarterly publication of the Ambulance Quality Indicators, commencing at the end of January 2016.

Effective communications remain a key factor and it’s essential that all Health Boards / Trusts are fully engaged. The Chair asked that all members reinforced the requirement to ensure consistency of communication across NHS Wales.

Mrs A Williams sought clarity and assurance about the anticipated incremental change and improvement and whether milestones were in place to monitor the model.

The CASC and Medical Director WAST outlined the arrangements in place to monitor and track delivery and performance of the new model.

Dr Lloyd noted the difficulties some Health Boards were experiencing with regards GP Out of Hours services.

Dr Lloyd explained the anticipated timelines for introduction of a new CAD and this was anticipated for 2017 and related issues to procure and build a new CAD were explained.

Mr S M Harrhy outlined the work of the Sub Group involving Chief Operating Officers and how performance against the model would be handled.

The Chair thanked Dr Lloyd for the presentation and noted the significant shift in NHS Wales to improve the clinical focus of delivery to the revised clinical model. Members **RESOLVED** to;

- **NOTE** the presentation; and

- **AGREED** to receive a regular update Report on progress and Performance Standards being delivered.
NON EMERGENCY PATIENT TRANSPORT SERVICE

Ms T Myhill, Chief Executive, WAST introduced the report and the work that had been undertaken to date.

The Report of Mr Nick Smith, Project Manager, Non Emergency Patient Transport Service, was received by the Committee. In presenting the report Ms Tracy Myhill, Chief Executive, WAST, outlined the scope of the Project, the related timescales and the related progress made.

Mr Nick Smith outlined to the Committee that the Health Courier Service had transferred to Shared Services Partnership successfully earlier in the year. Mr Peter Llewellyn, Ass’t Director Strategic Planning & Partnerships, Hywel Dda UHB outlined from a commissioning perspective, the parameters considered by the Commissioning Group and the approach taken by the Project Board and other Stakeholders.

Dr Sharon Hopkins sought clarity with regards the funding arrangements as they are not covered within the report. In response, Mr Nick Smith explained that the programme plan was to be delivered within the existing resource envelope.

Mrs Paget was anxious not to delegate any decision that would result in any additional resource demand, although assurance was provided by those overseeing the work that this would not be the case.

Mrs A Williams whilst recognising the need to progress this matter was concerned about the timescales outlined in the report that would result in the final proposal being submitted to the Executive Board WG, when there appeared to be a large amount of related work outstanding. Members noted that the Project was working to the original timescales set out by the Minister, which informed the October 2015 timescale. It was agreed that further clarity be confirmed with WG on anticipated timescales.

Mr Stuart Davies made reference to earlier discussions and meetings and concerns raised about the progress of the project and sought assurance with regards the baseline assessment.
Mr Nick Smith outlined some of the issues raised some time after the recent workshop, which had now been addressed.

Ms Sian Harrop-Griffiths reminded those present of the discussions at Directors of Planning and the proposal to bring any option through individual HBs for approval. Members noted that final approval processes had always been a challenge and discussed throughout the Project.

The CASC whilst recognising that he and EASC had been engaged late in the process, explained his understanding of the options being considered and the related commissioning and financial arrangements, the latter being cost neutral. It was also felt that EASC could provide the governance route to Endorse a Business Case, prior to submission to Welsh Government.

In summarising, the Chair noted the concerns raised by members and the assurances sought and provided, particularly with regards the project and recommended outcome being resource neutral.

Members RESOLVED to:

- **NOTE** the update provided.
- **ENDORSE** that the CASC update Frances Duffy, Welsh Government on the discussions and feedback to Chief Executives; and
- **ENDORSE** subject to clarity with regards Welsh Government timescales, that the outcome of the related work and project recommendations in the form of a Business case be considered by the Committee at its next meeting scheduled for November. However if timescales required Chair’s action to be taken, the Committee supported this approach with involvement of the Chair, Vice Chair and CASC.

**UPDATE ON THE 111 PROJECT**

Mr Richard Bowen, Project Director, 111 / Out of Hours Wales, presented an update report on the Project to the Committee.
In presenting his report, Mr Bowen informed the Committee of some of the key issues raised within the report. This included alignment primarily with steps 1 and 2 of the EASC Commissioning Framework, but also steps 3 to 5.

In terms of immediate priorities, members **noted** the continued work with ABM UHB as the Pathfinder and members **noted** the hosting arrangements confirmed with WAST.

Mr Bowen outlined the thinking progressed around the development of the Governance structure and was keen to learn from the work progressed to date by EASC that the Project may benefit from, subject to further ongoing discussions with partners and stakeholders.

The Chair sought views from members on the proposed 111 governance model moving forward and closer alignment with EASC and if members were in agreement, there would be more scope to discuss further at the November meeting.

Members in supporting the direction of travel, sought assurance that feedback from pilot areas as roll out progressed was prompt and that the reporting lines to the current Project Board structure did not result in duplication of the governance.

Mrs Paget as SRO, explained the importance of having an agreed process in place for when the Project concludes through a commissioning model for the service.

Mr Bowen explained that initial discussions on standards was taking place between him and the CASC, which at some point would extend to WAST and that this would ultimately inform the commissioning framework.

Mr Bowen emphasised the importance of the continuing links to the Unscheduled Care Board and that it was important that the governance arrangements are clear, understood and agreed with members and their organisations.
Mr Bowen thanked the Committee for their consideration of the report and related feedback and the request for an update at the November meeting. Mr Bowen agreed to inform the Welsh Government Executive Board of the views of the Committee at its October meeting.

Members RESOLVED to;

- **ENDORSE** the 111 Programme and the close strategic alignment between 111 and the five step clinical modernisation programme. The 111 programme seeks support to align future commissioning standards and processes for 111 with those adopted by EASC.
- **SUPPORT** the draft governance arrangements being proposed.
- Formally **SUPPORT** the baseline assessment tool linked to seasonal planning, primary care strategic development and the wider urgent care and out-of-hospital redesign required for 111 implementation at a local and national level.
- **NOTE** the timescales for the pathfinder and the wider national roll-out (subject to satisfactory evaluation);
- **ENDORSE** the wider Programme principles which are intended to support the wider strategic objectives of WAST and LHBs in the delivery of appropriate urgent and out-of-hospital care.

**EASC 15/38 UPDATE FROM THE JOINT COMMITTEE CHAIR**

The Chair updated Members on the recent stakeholder event and thanked members for their support with attendance and contribution at the event. Going forward, it was noted that a further event would be undertaken focusing on Mental Health in partnership with other agencies, including statutory partners and local authorities, as it was recognised that the Framework does not currently adequately reflect mental health and needs to be developed to better reflect these issues. Members noted that a joint presentation linked to the mental health concordat, had been made to NHS Medical Directors.
The Chair shared with the Committee correspondence from the Deputy Minister and its related implications for EASC including:

- the requirement to commission a robust and holistic evaluation of the new clinical response model and provide advice directly to Ministers; and
- in addition, with WAST and Health Boards it is the responsibility of EASC to publish the AQIs.

On the latter the Chair emphasised the importance of reporting the new indicators from January 2016, that are robust, validated and presented in a meaningful way to the public.

Members **RESOLVED** to:

- **NOTE** the update from the Chair and **ENDORSE** the related **AGREED** actions.

### UPDATE FROM THE CHIEF AMBULANCE SERVICES COMMISSIONER

Mr Stephen Harrhy, Chief Ambulance Services Commissioner presented his report. The CASC outlined the proposed model of reporting all Wales and Health Board performance against the targets and that the AQIs will be reported on a quarterly basis from January 2016. The Chair raised some concerns about the intended performance reporting criteria and suggested some feedback to Welsh Government.

In relation to the requirement to commission a robust and holistic evaluation, conversations are taking place with Welsh Government on the funding and independence of any evaluation which also creates a learning loop to provide feedback during the course of the pilot. Members endorsed the approach being taken by the CASC in pursuing funding from WG.

The CASC presented the key areas of his report against the commissioning framework and the 5 steps. In relation to the step by step analysis of demand and performance. Monthly variations were discussed and it was **noted** that not all could be explained fully.
There was also no correlation of web site hits with call demand. Call answering was discussed, which included that around 30% of calls were not currently handled by the call centre in which the incident occurred. Members noted that red call activity had reduced which was supported by improved coding. In relation to the pathfinder paramedic pathway work, to date, the activity suggests that it has not influenced the numbers of patients being taken to a major District General Hospital.

*(Tracey Cooper left the meeting)*

Members considered and discussed the performance issues related to ABM UHB and Hywel Dda UHB and the CASC outlined actions within the agreement that were being progressed. These included;

- First Responder, Hywel Dda UHB;
- Extending the Cwm Taf pilot into Swansea and Carmarthen;
- Introduction of the Paramedic Pathfinder across ABM and Hywel Dda.

Members noted that there was a specific handover issue in ABM UHB. Whilst noting a significant reduction nationally in Ambulance hand over delays, over 35-40% of the existing delays sat within ABM UHB. In response, Ms Sian Harrop-Griffiths, ABM UHB outlined some of the related factors and the actions being taken to reduce handover delays, including reviewing catchment boundaries to ease demand and flow pressures.

In Hywel Dda UHB, Mr Steve Moore emphasised the importance in understanding what the issues are to help better inform the improvement actions, which include short and more medium term solutions.

Ms Sian Harrop-Griffiths made reference to the nurse staffing shortages and the related problems with ABM and Cwm Taf UHBs holding the line on not contracting with off contract premium rate agencies, which impacts on staffing on the Emergency Units and the wards.
Ms Myhill commented whilst noting pressure is already rising it was clear it was going to increase further in the coming months and it was important to be clear about what is it we are doing collaboratively and also consider what else it is we could do to make a positive difference, including ensuring wide spread learning from the successful Cwm Taf pilot. The CASC commented that sickness amongst ambulance staff working in Hywel Dda is high, impacting on shift fill rates, along with high sickness rates within the Carmarthen control centre.

In relation to addressing the frequent flyer issue, Mr Moore confirmed that he was content, subject to addressing information governance issues around information exchange, to work with WAST and the Commissioner to inform improvement actions.

Members RESOLVED to:

- **NOTE** the update provided by the Commissioner and the related Actions.

(Ms Tracy Myhill and Senior Officers from the Welsh Ambulance Services Trust left the meeting).

(Mr Richard Bowen left the meeting)

**NATIONAL COLLABORATIVE COMMISSIONING QUALITY AND DELIVERY FRAMEWORK 2015-16**

Mr S Harrhy, Mr R Lee and Mr J Baker introduced a presentation to summarise the detailed update included within the report and its related appendices, relating to CAREMORE and the 5 step model.

The CASC emphasised the work of the Framework and its related care standards was to ensure that patients received the right care in the right place at the right time for their presenting condition.

In making his presentation, the CASC outlined areas of work progressed within the commissioning framework and those areas of the framework to be updated.
In relation to Resource (RE) members noted that resource trajectories had been received back from WAST which provides some detailed understanding of where WAST are with their spend.

The CASC had also received the WAST Capital Programme update which included proposals relating to the requirement for a new CAD and submission of the business case, which had been delayed in WAST. Members endorsed the requirement for the CASC to continue to press WAST in submitting the capital bid as resource has been reserved by WG for this important capital development.

In relation to the WAST financial position, WAST are indicating that they will spend around £132m on Emergency Medical Services this financial year, recognising some opportunities for trimming and reducing staff overtime costs going forward. Members noted that in the main, significant additional spend had resulted from premium rate overtime due to delays in recruiting additional staff.

Whilst there is an improving workforce recruitment position, EASC will need to continue to press this as part of ongoing discussions with WAST.

The CASC made reference to a cross subsidisation between Non Emergency Patient Transport (NEPT) and EMS to the value of around £1m. Although it was noted that this was expected to be cost neutral for 201/16

An update was also provided on a number of the key investments which had taken place in new models, including in the paramedic pathfinder and how these will be evaluated and performance monitored.

(Dr Sharon Hopkins left the meeting)
(Carl Shillabeer left the meeting)

Members noted the requirement to continue to move forward and that commitments relating to developments, can only be considered against clarity regarding the overall resource envelope.

The CASC presented the proposal to engage in the NHS Benchmarking networking and that this had also been shared with Welsh Government.
A proposed single tender action approach was agreed assuming compliance with established procurement processes and Standing Orders of the Host Body.

The CASC presented information relating to PICKER and some of the services they are able to support EASC with in its work. Members agreed to proceed in principle on the basis that the arrangements were fully clarified and that it would not result in any ongoing recurring issues linked to the initial engagement with PICKER.

In relation to the Memorandum of Understanding (MoU) between EASC and Welsh Government, the CASC informed members that the MOU was currently being drafted in order to ensure the role of the Committee and the role WG plays is fully clarified.

In recognising the Committee was not able to approve the variations to the Resource schedule, which was subject to financial value payable, the Committee RESOLVED to;

- Item 11(iii) – To NOTE Model of Care, update on the development of the clinical model;
- Item 11(iv) – Operational Arrangements
  - 11(iv) (a) to SUPPORT Service development 2015/16
  - 11 (iv) (b) to SUPPORT EASC infrastructure support quality assurance and improvement team
- Item 11(v) – Review of Performance
  - 11 (v) (a) To NOTE Ambulance Quality Indicators
  - 11 (v) (b) To SUPPORT proposal from NHS Benchmarking Network
  - 11 (v) (c) To SUPPORT the Memorandum of Understanding from Picker Institute
- Item 11 (vi) – Framework Agreement Refresh
  - 11 (vi) (a) To ENDORSE the signing of Document Control – Version Two (except matters relating to resources) and to SUPPORT the issuing of updated contents of the Framework Agreement to Health Boards via Board Secretaries.
PROGRESS REPORT ON GOVERNANCE

Mr Robert Williams, Board Secretary Cwm Taf UHB and Secretary to the Committee, presented a report which included:

- An update on the review of the joint governance framework and an updated risk register.

In presenting his report, Mr Williams outlined the progress made with the review of the joint governance framework, following discussions with the Committee Secretary WHSSC.

Members NOTED the review of the Committee’s risks which had last been presented to the Committee in November 2014. In presenting the update Members NOTED and AGREED the revised risk assessments following review and also considered the following categories:

- Delivery of the new targets;
- WAST workforce / recruitment plan;
- WAST rosters and associated changes;
- Service redesign / remodelling;
- Provision of alternative services.

In considering the item, members reinforced the requirement to conclude the revised governance framework. Members AGREED that the reconciliation of commissioning resource to the WAST IMTP should also be assessed and included.

Members RESOLVED to:

- NOTE the contents of the report;
- ENDORSE the updated risk register; and
- RECEIVE an update report on the governance arrangements to decouple EASC from WHSSC.
EASC 15/42  **SCHEDULE OF MEETING DATES 2016**

Members noted that a schedule of dates for meetings next year had been issued by WHSSC, without collaboration with EASC, as the approach to date had, at the request of Chief Executives, been to run both Joint Committees on the same day.

Members **RESOLVED** to:

- **ENDORSE** that the Board / Committee Secretariat discuss the proposal further and agree a way forward, which aligns both joint committees to run on the same meeting day.

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**OTHER MATTERS**

EASC 15/43  **Any Other Business**

There were no matters raised under this item.

EASC 15/44  **Date and time of next meeting**

The date and time of the next Joint Committee meeting was scheduled for 09:30hrs on 10 November 2015 at Bowel Screening Wales.

Members **noted** that the Chair of WHSSC had requested that this date is rearranged.

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Signed  

…………………………………………………… (Chair)

Date  

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