EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING

HELD 10 NOVEMBER 2015

PRESENT
Members:

Mrs A Williams  Chief Executive, Cwm Taf University Health Board, UHB (Vice Chair)
Professor Adam Cairns  Chief Executive, Cardiff & Vale UHB
Ms Kathryn Davies  Director of Planning / Director of Therapies & Health Sciences, Hywel Dda UHB (by Video Conference)
Mr Stephen Harrhy  Chief Ambulance Services Commissioner
Ms Tracy Myhill  Chief Executive, WAST (in Part)
Mr Paul Roberts  Chief Executive, Abertawe Bro Morgannwg UHB
Mrs Judith Paget  Chief Executive, Aneurin Bevan UHB
Mrs Carol Shillabeer  Chief Executive, Powys tLHB

In Attendance:

Mr Julian Baker  Collaborative Commissioning Lead
Mr Stuart Davies  Director of Finance, WHSSC
Mr Robert Williams  Board Secretary/Committee Secretary, Cwm Taf UHB
Mr Richard Lee  Ass’t Chief Ambulance Services Commissioner
Mrs Clare Vaughan  WAST (in part)
Mr Hugh Bennett  WAST (in part)
Ms Nicki Maher  WAST (in part, via Video Conference)
Mr Chris Turley  WAST (in part)
## Preliminary Matters

<table>
<thead>
<tr>
<th>EASC 15/45</th>
<th>Welcome and Introductions</th>
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<tr>
<td></td>
<td>It was <strong>NOTED</strong> that unfortunately Professor McClelland had been involved in a road traffic accident whilst travelling to the Committee meeting and as a consequence Mrs A Williams, Vice Chair, was asked to Chair the meeting. The Vice Chair welcomed Members to the meeting of the Emergency Ambulance Services Committee. Those present introduced themselves.</td>
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<thead>
<tr>
<th>EASC 15/46</th>
<th>Apologies for Absence</th>
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<td></td>
<td>Professor Siobhan McClelland, Dr Tracey Cooper, Mr Simon Dean, Mr Steve Ham, Mr Steve Moore.</td>
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<tr>
<th>EASC 15/47</th>
<th>Declarations of Interest</th>
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<td>There were none declared.</td>
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<tr>
<th>EASC 15/48</th>
<th>Minutes of the Meeting Held on 15 September 2015.</th>
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<td>Members <strong>CONFIRMED</strong> the minutes of the meeting held on 15 September 2015, as a true and accurate record. Members in <strong>noting</strong> the good quality of the minutes felt it would be helpful to receive copies of the ‘unconfirmed’ minutes, once agreed by the Chair, in advance of the distribution of meeting papers.</td>
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<tr>
<th>EASC 15/49</th>
<th>Action Log</th>
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<td></td>
<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. The Committee <strong>NOTED</strong> the Action Log.</td>
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TO RECEIVE AN UPDATE FROM THE WELSH AMBULANCE SERVICES TRUST.

Ms Tracy Myhill, Chief Executive, WAST, introduced the WAST update reports, which focused on performance improvement linked to EASC investment and progress with WAST’s workforce and recruitment plan.

WAST Performance Improvement

Mr Chris Turley, Deputy Director of Finance, WAST presented the report and explained how its content had developed. Mr Turley outlined some of the related challenges in trying to categorise expenditure into the following key areas;

- Improving A8 (Tier 1) performance;
- Delivery of the new Clinical Model;
- Delivery of service change across the 5 Step Ambulance Care Pathway;
- Transformation of the Clinical Contact Centres;
- and Improving Corporate Infrastructure.

Mr Turley also outlined the additional commitments being made by WAST to the areas of directed financial support provided through EASC.

Members sought greater clarity on the total spend relating to the £128m and separately the £8m as members considered that the full impact of the additional investment remains unclear. Members also felt that there was little reference to workforce changes in response to the significant additional premium staffing costs incurred to strengthen shift fill rates. Members sought greater clarity on the total spend relating to the £128m (which included the additional £8m made available this year to support EASC agreed developments) as members considered that the full impact of the additional investment remains unclear.

Whilst Committee members recognised the need to move forward, there remained a view that there was a lack of granularity and concern overall about the confidence in the level of return on the investment committed by EASC.
Ms Myhill **NOTED** the concerns raised by the Committee and outlined the extent of the detailed analysis undertaken to date by WAST to better inform the Committee of the outcome of its investment decisions. Ms Myhill also made reference to WAST’s recent improved performance trajectory and the significant work undertaken in relation to the development of the Ambulance Quality Indicators (AQIs).

Mr Stuart Davies suggested that there was a need to disaggregate the detail provided within the summary report, ensuring infrastructure development was excluded.

Ms Kathryn Davies made reference to the current poor level of performance across the Hywel Dda Health Board area and questioned whether proposed improvement plans were sufficient. Ms Myhill recognised the need for performance improvement in Hywel Dda and outlined the work being progressed with the Health Board to address this.

Members **NOTED** that it was important for the Committee to track and account for the additional investment. It was also reinforced that the additional £8m investment agreed through EASC, was linked to targeted projects to improve performance and not for addressing any deficits in WAST infrastructure.

Members **NOTED** that moving forward, there was a need to get to a position of recurrent investment, but only once the Committee has received clarity of the impact of its investments to date. It was also considered important to better align some of the reported data with improved performance e.g. non conveyance to hospital rates remain a concern to the Committee. Members **AGREED** that it was important for these outstanding issues to be resolved and clarified by the next meeting.

**Workforce and Recruitment Plans**

Mrs A Williams outlined the context relating to the receipt of this update report, which primarily linked to the proposed WAST workforce plan to recruit 119 whole time equivalent (wte) staff following the allocation of an additional £7.5m in 2014.
It was **NOTED** as a consequence of the lack of clarity to date, that there was a need to ensure the additional targeted resource had been reconciled, as originally intended, to the proposed workforce plan.

Ms Myhill explained that the additional £7.5m was targeted at 5 component areas, including workforce and agreed to clarify in detail the related actions, which would also outline the additional premium staffing costs incurred to address rota gaps.

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.

Members **NOTED** that this was an interim report with a more substantive report being presented to the January 2016 meeting.

Mrs Vaughan confirmed that an additional 51 w.t.e. staff were in post, when compared with this time last year and that the report made reference to the progress made with recruitment and the planned recruitment trajectory going forward.

Members **NOTED** that the key requirement for EASC is that there is a link between the workforce plan and the new clinical model, which included ensuring that the Welsh Ambulance Service was an attractive place to work. The importance of strong clinical leadership and training and development was also recognised and a key requirement to the success of the new clinical model to support autonomous practitioners; training and development / education deficits, which needs to be more strongly reflected within the WAST workforce plan.

Members discussed the necessary granularity needed in order to assure EASC’s investment decisions, recognising that it would not be appropriate to become overly embroiled in the operational delivery of Ambulance Services. However, it was important for the Committee to have sufficient information to help discharge its commissioning function.
Professor Cairns agreed it would be helpful if the Committee agrees what it needs to track and Mrs Paget recognised the level of developing maturity in the availability of data and improved performance etc.

Members **RESOLVED** to;

- **NOTE** the update reports presented.

- **AGREE** to receive a detailed report at the next Committee meeting on financial investments and related workforce plans, and that going forward, the Committee is to receive assurance on EASC’s investments and other than for issues impacting on performance, will not require detailed operational data, but receive exception reports.

### EASC 15/51

**NON EMERGENCY PATIENT TRANSPORT SERVICE**

Members **NOTED** that as **ENDORSED** at the last Committee meeting, that Chair’s action was taken in submitting the business case within the required timescales.

Members received and **NOTED** the letter submitted to Welsh Government by the Chief Ambulance Services Commissioner on behalf of the Committee in support of the business case, following liaison with all members of the Committee and the Interim Director for WHSSC.

Not withstanding some feedback about maintaining localism within any reconfiguration of the Non Emergency Patient Transport Service and the need to ensure any changes stay within allocated resources, the outcome of consideration of the proposals by the Minister was awaited.

Committee members **NOTED** the need also to consider reconciliation of the Non Emergency Patient Transport resource and the EMS resource in advance of April 2016.

Members **RESOLVED** to;

- **NOTE** the related correspondence; and

- **AGREED** to **ENDORSE** the Chair’s action taken.
DEMAND AND CAPACITY MODELLING

Ms Tracy Myhill presented the report and the work progressed in partnership with the Chief Ambulance Services Commissioner, Commissioning Team and the EAS Chair and Aneurin Bevan UHB ABCi team.

Mr Hugh Bennett clarified the approach taken which had focused predominantly on demand and supply. Members welcomed the work undertaken to date and considered in line with comments made by the Assistant Chief Ambulance Services Commissioner that the focus of this work needs to shift from rota cover.

Members considered that it was important to progress this work by December, not least to inform related Integrated Medium Term Plan processes.

The Vice Chair emphasised the need to ensure that demand and capacity work is aligned with best practice, as opposed to current practice and recognised that more work is required to clarify what best practice is.

Members raised concern in noting that there was not any dynamic deployment and recognised some of the related factors including limitations of the CAD. Ms Myhill explained that currently there was some dynamic deployment taking place, but agreed that more was required and this would be reviewed further and aligned with the CAREMORE framework going forward.

Members RESOLVED to;

- **NOTE** the report; and
- Proposed that any work going forward should include reference to best practice in Demand and Capacity, including development of the use of other clinical pathways and conveyance rates, and that it was important to ensure appropriate representation at the forthcoming related workshop.
The Chief Executive WAST provided a brief update on progress relating to the new Ambulance Quality Indicators, which would be a key item for consideration at the January 2016 Committee meeting. Ms Myhill referenced that the new model was the most significant change implemented by the Ambulance Service in Wales for over 40 years and that there was commitment and support from staff. Whilst initial progress was encouraging, there was recognition that more work was needed. It was also agreed that it was important to ensure any breach data is shared with individual Health Boards in order to inform learning and any related improvement work.

Members **RESOLVED** to;

- **NOTE** the update provided and the ongoing related work, which would be considered at the January 2016 meeting of the Committee.

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

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**UPDATE FROM THE CHIEF AMBULANCE SERVICES COMMISSIONER**

Mr Stephen Harrhy, Chief Ambulance Services Commissioner (CASC) presented his report. The CASC outlined three key issues within the mid term review update;

- De-coupling the Governance Framework between EASC and WHSCC;
- Service development work with Health Boards and WAST with alignment to performance improvement; and
- Performance.

Members **NOTED** that call matrix data on all emergency calls is available at a high level and also at Health Board level. Members **NOTED** the work being developed by the CASC, which related to the changing status of emergency calls, following appropriate consideration of related clinical information. Members **AGREED** that the CASC should continue to develop this area of work.
In recognising the request at the last meeting of the Committee for clearer reporting on developments, the CASC outlined the approach being taken and the attached appendix to his report, which supported some of the detail and the actions being taken.

The Vice Chair, whilst recognising WAST’s significant challenge to save circa £8m next year, made reference to the £1.6m of the £8m being directed towards infrastructure development and that this would require further discussion, which the CASC was progressing with WAST.

Members **NOTED** that the areas of development also need to align with the WAST and Health Board Integrated Medium Term Plans (IMTPs). Members recognised that the new clinical model is only 1 indicator within the AQIs and that there are many others. Members **NOTED** that the CASC was attending the Directors of Planning meeting next month to ensure closer alignment with Health Boards’ and WAST. The Commissioner emphasised the importance of reflecting both local and national commissioning intentions, which may or may not include linkages to the additional £8m resource.

Members **NOTED** the recurring resource supporting the commissioning of Emergency Ambulance Services and the role of Health Boards as Members of the Joint Committee and Welsh Government.

Members **RESOLVED** to:

- **NOTE** the update provided by the Commissioner and the related Actions being taken forward by him on behalf of the Joint Committee.

### UPDATE FROM THE CHAIR

The Vice Chair agreed to defer this item in the absence of the Chair, but **NOTED** that the Committee had, in its development session prior to the commencement of today’s meeting, considered the work and progress relating to the introduction of the Ambulance Quality Indicators (AQIs) which would feature prominently at the January 2016 Joint Committee meeting.
EASC 15/55  **CHAIRS UPDATES FROM EASC SUB GROUPS**

Members **NOTED** the updates provided by the Chair’s of the sub groups established by the Joint Committee.

Members **RESOLVED** to:

- **NOTE** the update provided by the Chair of the Quality Assurance and Improvement Panel; and
- **NOTE** the update provided by the Chair of the Collaborative Commissioning Delivery Group

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EASC 15/56  **EVALUATION OF THE NEW CLINICAL RESPONSE MODEL**

The Chief Ambulance Services Commissioner provided an oral update on the requirement for EASC to commission independent evaluation of the new Clinical Response Model.

The CASC outlined the intended approach, which would be through the Quality Assurance and Improvement Panel and following appropriate procurement processes. Members **NOTED** that funding for the evaluation was being provided direct from Welsh Government.

Members **RESOLVED** to:

- **NOTE** the update provided by CASC; and
- **ENDORSED** the proposed way forward.

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EASC 15/57  **CLINICAL GOVERNANCE FRAMEWORK**

Mr Richard Lee, Assistant Chief Ambulance Services Commissioner presented the report. The Ass’t CASC outlined the work undertaken to progress related clinical governance arrangements to support the work of EASC and its alignment with the National Collaborative Commissioning Quality and Delivery Framework and the 5 step model.

Members welcomed the development of this work and the related framework and discussed how this could also align with Clinical Governance arrangements within the Health Board.
Members **NOTED** the joint initiatives developed and agreed through EASC and their connections with quality improvement.

Members **NOTED** the HIW review of Clinical Governance relating to the WHSS Joint Committee and whether there may be any learning when that report is published that would benefit EASC.

Members **RESOLVED** to:

- **NOTE** the update provided by the Assistant CASC outlining the development of the Clinical Governance Framework.

### EASC 15/58

**EASC GOVERNANCE ARRANGEMENTS**

Mr Robert Williams, Board Secretary Cwm Taf UHB and Secretary to the Committee presented an update to Committee on progress with governance.

Mr R Williams summarised progress with the work undertaken with Pam Wenger, WHSSC Committee Secretary in de-coupling the joint governance framework.

Members **NOTED** the areas of progress, which included;

1. Reviewing and updating the previous combined WHSSC/EASC Standing Orders, creating an EASC specific document;
2. Reviewing and updating the existing financial arrangements, including their alignment with the Cwm Taf Scheme of Delegation, with the ultimate aim of creating a specific EASC document;
3. Reviewing the existing joint Memorandum of Understanding (with the host body) and creating an EASC specific document.

Mr Williams confirmed that points 1 and 3 had been completed and that discussions had taken place with regards Financial delegations and their alignment with the work being undertaken within Cwm Taf UHB to develop revised arrangements.
Members **NOTED** that for expediency in relation to Standards of Behaviour and declaration of 3\textsuperscript{rd} party interests, these would remain as current.

Members **NOTED** the significant progress made and that updates were also being presented to the host body Audit Committee. Members **NOTED** that the only outstanding areas of work related to completing matters relating to financial delegations and accounting arrangements.

The CASC made reference to the need also to develop an agreed Memorandum of Understanding between Welsh Government and EASC and that this work was also in progress.

Members **RESOLVED** to:

- **NOTE** the update provided within the report; and
- **ENDORSE** the proposed EASC Governance arrangements, noting the areas of action outstanding that align with related work being progressed within the Host LHB;
- **ENDORSE** that the Chief Ambulance Services Commissioner will direct level 3 delegated authority to an appropriate officer of the Emergency Ambulance Services Team/host body, following discussion and agreement with the host body Director of Finance.

**UPDATED RISK REGISTER**

Mr Robert Williams, Board Secretary Cwm Taf UHB and Secretary to the Committee, presented the updated Committee Risk Register.

Members **NOTED** the review of the Committee’s risks and the updated register since it was discussed at the September 2015 meeting.

In presenting the update, Members **NOTED** and **AGREED** the revised risk register.
Members **RESOLVED** to:

- **NOTE** the contents of the report; and
- **ENDORSE** the updated risk register

### JOINT COMMITTEE FORWARD PLAN

Mr Robert Williams, Board Secretary Cwm Taf UHB and Secretary to the Committee, presented a proposed forward plan to help inform and plan the work of the Joint Committee going forward.

Members **RESOLVED** to:

- **NOTE** the forward plan.

### SCHEDULE OF MEETING DATES 2016

Members agreed the schedule of meetings for 2016 and their alignment with the WHSSC meeting date.

Members **RESOLVED** to:

- **ENDORSE** the meetings schedule for 2016.

### OTHER MATTERS

#### Any Other Business

There were no matters raised under this item.

#### Date and time of next meeting

The date of the next Joint Committee meeting was scheduled for 26 January 2016 and would as current align with the WHSSC Joint Committee date. Members **NOTED** that the venue and time of the meeting was to be confirmed.

Signed  

............................................................... (Chair)

Date  

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Committee Chair’s report

Emergency Ambulance Services Committee

Chaired by
Professor Siobhan McClelland

Lead Executive Director
Chief Executive

Author and contact details.
Robert.Williams@wales.nhs.uk

Date of last meeting
26 January 2016

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

Development Session
Prior to the commencement of the meeting, Members of the Committee held a development session, the main feature of which was to discuss the new Clinical Response Model and the Ambulance Quality Indicators, which were due for publication 27 January 2016.

Welsh Ambulance Services Trust Update
Members received an update from the Chief Executive and Senior Officers, Welsh Ambulance Services Trust, which outlined progress in relation to the following key areas;

- Improving performance;
- Delivery of the new Clinical Model;
- Delivery of service change across the 5 Step Ambulance Care Pathway; and
- Progress with implementation of the WAST workforce plan

Members noted the update provided and going forward asked the Chief Ambulance Services Commissioner to continue to work with the Chief Executive and Senior Officers WAST to monitor use of the additional resource, invested by the Committee in 2014 to support the development and monitor implementation of WAST’s workforce plan. It was noted that this was separate to the additional £8m provided in 2015 through EASC for targeted performance improvement work.

Update on the New Clinical Response Model

Benchmarking
Members received a presentation from NHS Benchmarking on work recently progressed with the CASC and the commissioning team which provided some initial feedback on UK benchmarking opportunities available through the collaboration and some NHS Wales benchmarking on available data, which was continuing to be developed and strengthened.
Members noted the work being progressed to develop a Welsh Ambulance Services Toolkit (that will help to better inform benchmarking) and the development of a performance dashboard, aligned with the work already progressed through EASC /WAST.

Ambulance Quality Indicators
Members received an update from the Chief Executive WAST and the Chief Ambulance Services Commissioner on the impending publication of the new Ambulance Quality Indicators, which were due to be reported on 27 January 2016. Arrangements were in place to support the reporting of the data and Members received a summary of the data and some of the related key messages. Members also noted the work undertaken on the EASC Website, where publication of the performance data will sit.

Chair’s update
Members noted the letter received from the Chairman of the Health & Social Care Committee, Welsh Assembly, following the submission of further information to the Committee.

Members noted the meetings that had taken place with the Deputy Health Minister and the Chair of EASC and the Chief Ambulance Services Commissioner.

The Chair informed members that a response to the ‘Green Paper’ had been submitted in line with the consultation process and this was available to Members.

Chief Ambulance Services Commissioner update
Members noted the impending transfer of the commissioning of EMRTS from WHSSC to EASC and that the CASC had requested a handover legacy statement from WHSSC to inform commissioning arrangements going forward. Members noted that EMRTS was hosted within ABM UHB and that the commissioning relationship would be between ABM UHB (as the provider body) and EASC.

In relation to Non Emergency Patient Transport (NEPT) members noted the letter of approval from the Health Minister, following submission of the business case that EASC will commission services going forward.

111 Project
Members received an update from Richard Bowen on progress with the project to roll out 111 Services across NHS Wales. The Business Case had been considered by the Project Board and recently submitted to Welsh Government. Members noted the proposal to move to Full Business Case submission and the broad estimated capital and additional revenue costs circa £9m and £1.5m respectively, recognising more work was needed to quantify these figures.

Emergency Ambulance Services Committee Governance arrangements
Members received a report relating to EASC governance arrangements and the progress made since the last meeting in line with the agreed direction of travel from both EASC and WHSSC Joint Committees.
The Board Secretary Host Body/Committee Secretary summarised progress with the work undertaken with WHSSC Committee Secretary in de-coupling the joint governance framework.

Members **NOTED** the update received.

**Joint Committee Risk Register**
The Committee received and reviewed an updated Joint Committee Risk Register.

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

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

- The Committee **noted** and welcomed some further improvements in Ambulance performance, but reinforced the requirement for joint working across Health Boards and WAST to maintain and sustain improvement work within the National Collaborative Commissioning Quality and Delivery Framework.

- The Committee **noted** the development and introduction of the new Clinical Response Model and the introduction of the Ambulance Quality Indicators which will be a key focus of work for the Committee with WAST going forward. It was **noted** that the first quarter’s data would be published 27 January 2016.

**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 Emergency Ambulance Services and their place within the wider unscheduled care system.

**Matters referred to other Committees**

- None

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<th>Committee minutes submitted (insert √)</th>
<th>Yes</th>
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<tr>
<td><strong>Date of next meeting</strong></td>
<td>28 June 2016</td>
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