Emergency Ambulance Service Joint Committee

Action/Decisions Log

10th September 2019

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| **Matters Arising** |
| **ID** | **Item**  | **Action**  | **Owner**  | **Status**  |
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| **Emergency Ambulance Services**  |
| **ID** | **Item**  | **Action**  | **Owner**  | **Status**  |
| 2.2  | CASC Report  | Clinical Director NPUC (Jo Mower) to present at CEO group on EDQDF  | JM  |  |
| 2.3 | Red Performance  | Presentation (plan)Red Improvement Plan* Resources requirements and identifying source of funding
* Performance trajectories and monitoring mechanisms
* Risk - ability to get additional staff
* Implementation plan and monitoring mechanisms
 | JK/CASC |  |
| 2.3  | Handover delays | Development of a plan and urgent agreement with HBs focused on adding immediate resources to the system. Plan will concentrate on: 1. Procuring Services: 3rd sector and UCS Staff
2. Skill mix of staff working in control.
3. Supporting EDs through the use of safe spaces and deployment of paramedics in Ed.
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| 2.4 | WAST Relief Gap  | Discussed at WAST JET meeting recently. The reference document was a response to the document sent to the WGPlan to address to include: * CASC Review of WAST spend on front line staff compared with overall increased allocation since 2013-2014..
	+ Jason confirmed a conversation with the Chair of WAST to get back to 2013-2014 front line levels
	+ (add in the blue bullets from the Chair’s brief)
	+ Resource requirements and source of funding (2019/20)
	+ Implementation plan and monitoring mechanisms (2019/20)
	+ Link to 2020/21 IMTP and Collaborative Commissioning Framework
	+ Retrospective Review – scope and methodology

JK informed the committee that WAST were ‘paramedic rich’ in response to a question from Tracy Myhill in terms of the number of paramedics in the service. However, Members NOTED that the report to WG included the requirement for 40 additional paramedics. | CASC/ JK |  |
| 2.5 | Service Transformation Initiatives Scheme 1 - Falls Response ModelScheme 2- Advanced Paramedic PractitionersScheme 3- WAST as a Call Handler of Choice (this represents a ‘blend’ of Single integrated clinical assessment service(SICAT) in BCU and Acute GP Unit (AGPU) in SBUHB) Pre-hospital Clinical Pathways / Wider system referral pathways  | EASC agreed to support the development of Level 1 Falls Response across Wales. EASC agreed to support the expansion of the APP numbers using a rotational model subject to the outcome of the demand and capacity review. EASC agreed to support the development of WAST as the handler of choice subject to the outcome of the pilot schemes being developed into a viable pan Wales model. Proposal on initiative to be presented at Chairs meeting 23/09 with the MinisterEASC agreed to support the work to develop the 5 national pathways identified. Implementation to start no later than 2019 in readiness for winter | All |  |
| 3.1 | Regional Escalation | HB escalation plans by 20/09/19Peer review for escalation plans in place by October 19. Following discussion Members RESOLVED to:* **APPROVE** the next steps for implementation of this work.

In addition, Members are asked to **APPROVE** three additional actions to: * By 5pm 20 September, submit each organisations
	+ Individual site escalation plans
	+ Individual site full capacity plans
	+ The list of individuals that will undertake the national escalation calls this winter on behalf of each organisation.
* The establishment of task and finish group (aimed at assistant Chief Operating Officers) to provide a peer review process for the above plans, and finalise the proposals for enhancing the national escalation calls.
* The development of a bespoke training course for representatives on the call based on the Exercise Wales Gold course, with a specific focus on managing health services during periods of escalation.
* The revised process to be live by the 1 December 2019.

EASC agreed to support the proposal on regional escalation subject to an ongoing review process.  | All |  |
| 3.3 | WAST MTN Business case | EASC agreed to support the WAST element of the Business case in the context of final decisions being made by MTN governance mechanism. EASC agreed to fund the in-year non recurrent costs for WAST to support MTN (£57k) to cover: * Trauma desk
* Training
* Staff training
 | All |  |
| **Amber Review Implementation Programme** |
| **ID** | **Item**  | **Action**  | **Owner**  | **Status**  |
| 2.2 | Report to EASC | EASC will receive a report on ARIP in November 2019 | SM |  |
| **EMRTS** |
| **ID** | **Item**  | **Action**  | **Owner**  | **Status**  |
| 2.2 | EMRTS Gateway Review | To be discussed at the EMRTS DAG on 19th September 19  | CASC |  |
| **NEPTS**  |
| **ID** | **Item**  | **Action**  | **Owner**  | **Status**  |
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| **EASC Governance**  |
| **ID** | **Item**  | **Action**  | **Owner**  |  |
| 2.2 | EASC Risk Register | Review current risks ahead of November development session Programme and operational risks | JR |  |
| 2.2.1 | EASC Management Group  | EASC have signed off the management Group ToR. Management group to agreed final detail at next meeting. EASC agreed that all critical issues would go through EASC Management Group before coming to EASC. WAST Representative to be added to ToR.  | All |  |
| 3.2 | 1% HWAEP (Healthier Wales Awarding Evaluation Panel) | EASC agreed to support Chairs action on Green and rejected schemes.EASC supported chairs action to decide remaining amber schemes. Agreed final list by 20/09/19EASC agreed to fund (non-recurrently) call handler schemes in SBUHB & BCUHB while scaling proposals are developed (Call handler of choice schemes from WAST for service transformation in 2.5).  | EASCJR |  |