



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
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Date of last meeting	9 November 2021

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 via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/>
Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

MINUTES

The minutes of the EASC meetings which took place on 7 September 2021 were approved.

PERFORMANCE REPORT

The EASC Performance Report was introduced and it was explained that this would become the first standing agenda item at each meeting of the EASC Joint Committee. The Committee noted:

- The clear deterioration in the 95th percentile call answering time but were reassured around WAST recruitment to resolve this
- The volume of incidents resolved by 'hear and treat' is improving, noting that recent investment in both staff and technology should support further improvements in this as well as providing more granular data on the outcomes for patients and the impact on the wider system
- The increased response times for red and amber incidents, with particular concern around the Amber median and 95th percentile for both categories

The main focus of the discussion centred on the growing level of handover delays at hospital sites in Wales and it was recognised that over 18,000 hours were lost in October, which was an increase of 4,000 hours on September. Members had previously committed to delivering a maximum of a 150 hours lost a day, or circa 5,000 hours a month. The system has lost over 5,000 hours so far in November (at 9th November).

It is recognised that many of the solutions to the handover issue are not at the front door of the hospital and information was shared relating to patients medically fit for discharge. We also recognised that, as a committee charged with the provision of emergency ambulance services, we must draw a line at the level of handover hours we are prepared to tolerate.

We noted that a solution to mitigating the impact of handover delays could not be solely via WAST employing additional staff and delivering efficiencies that they have previously committed to.

As a joint committee we agreed to the following deliverables as the start point of our commitment to reducing handover delays:

- No ambulance handover will take more than 4 hours
- We will reduce the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minute to 54 minutes at an all Wales level)

It was agreed that further work will need to be done locally with clinical teams to deliver this and also that there would need to be a consideration of the organisational implication for failure to achieve this requirement.

We recognised that the scale of this challenge would vary by site, and the EASC team agreed to work closely with Morriston, GUH and YGC, in particular, to support the improvements needed.

There was broad agreement that this requirement must be included in the wider system escalation plans that are in development and that we would have further discussions on this at the next NHS Leadership Board, as well as continuing discussions with COO's, Medical Directors and Directors of Nursing.

Members **RESOLVED** to: **NOTE** the report.

Chair's NOTE: A note of this item and the agreed deliverables, was circulated to members within 48 hours of the meeting and comments requested.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harray presented an update on the following areas:

- **Non-Emergency Patient Transport Services (NEPTS)** – services at Cwm Taf Morgannwg University Health Board (CTMUHB) have now transferred to the Welsh Ambulance Services NHS Trust (WAST) in line with all other health boards in Wales. It was also noted that additional funding has also been secured from WG to support additional capacity within NEPTS for the remainder of this year.
- The **EASC Action Plan** details the key milestones as we work towards agreeing the vision of a modern high-performing emergency ambulance service, monthly performance meetings will now be held with Welsh Government officials.
- The new **Commissioning for Value Framework** was presented at the recent EASC Management Group meeting with the key principle of moving from a framework that reflects the an ambulance service where patients are predominantly conveyed to hospital to a framework that reflects the development of ambulance services in Wales and the extended offer already made including 'hear and treat' and 'see and treat' services. This framework will now be refined in line with the discussions held with stakeholders, working with WAST colleagues as we work to sign off via EASC ahead of 1 April 2022 implementation.
- An update was provided on the process of engagement undertaken during 2021 as part of the **commissioning intentions process**, including agreement of the commissioning cycle, a more timely and collaborative approach to development of next year's commissioning intentions including the receipt of feedback from organisations regarding the development of that these intentions. These commissioning intentions identify the strategic priorities as agreed by Health Boards and are not intended to include all work streams that will be undertaken by commissioned services during the period.

- The **Commissioner Ambulance Availability Taskforce** met in September and focussed on the future clinical workforce, the digital future of WAST and the revised commissioning for value framework that is being progressed.
- A proposed **system escalation process** has been developed for Health Boards to work alongside the WAST Clinical Safety Plan, enabling clinical and operational leaders within organisations to respond to areas of greatest clinical risk. This process involves an integrated approach that requires collaboration and response across health and social care and is supported by local operational delivery units. Engagement with relevant peer and stakeholder groups is currently being undertaken and the plan is being revised in response to these discussions.
- The **Adult Critical Care Transfer Service (ACCTS)** has now gone live in both North and South Wales. The team recently presented at the Welsh Government Critical Care Summit and Health Board critical care colleagues noted the significant impact already made.

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST, in particular, very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport
- WAST is at maximum escalation and expects to remain so for the foreseeable future and has stood up its' Pandemic Plan structures again
- There were 586 12 hour and over patient waits in Sep-21 (the third highest recorded), 48 patient safety incidents were referred to health boards under the Appendix B arrangements) over the last three months and 17 WAST SAIs were reported to Welsh Government
- The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation (almost 65% of Red incidents were responded to in 9 minutes)
- WAST remains concerned at the number of hours lost outside EDs, with 14,402 hours lost in Sep-21
- WAST continues to seek to efficiencies, in particular, the pan-Wales EMS Response roster review (temporarily paused) and modernising working practices (negotiations re-started with TU partners in Sep-21), in particular, PPLHs return to base meal breaks
- The ePCR programme is in delivery phase with initial go live in Nov-21.

FOCUS ON – UPDATE ON DEMAND AND CAPACITY

The 'Focus On' session provided the context in terms of the demand and capacity reviews previously undertaken and how the wider system environment has changed. The key areas of improvement that have already been delivered and a number of updated assumptions that will be included within the updated modelling were noted. Members noted the next steps in WAST's transformation journey aligned to the key principles of additional capacity, improved efficiency and demand management and the progress made against each of these areas to date including:

- recruitment
- increased 'hear and treat' rate and
- the work that has commenced on realigning rosters with demand

Members noted:

- the significant uplift in the number and proportion of red calls
- an increase in sickness levels and abstractions
- increased handover hours lost
- deteriorating response times leading to significant patient harm
- short term actions that include additional capacity (St John Ambulance, military and fire and rescue support), demand management (additional clinicians and mental health staff to increase the clinical support desk) and increased efficiency (working with TU partners to look at modernisation in key areas)

The next steps were noted to include a strategic outcome case to be developed by early December to start to realise the strategic ambition for the transformation of services, this will include recruitment deliverability, fleet and estates, capital and revenue, benefits and risks.

DRAFT FINANCIAL PLAN

Following the operational discussions regarding additionality held earlier in the meeting, a first draft financial plan was also presented to ensure early sight of the financial requirements for 2022-23. It was agreed that engagement would now be undertaken with appropriate peer groups including finance and planning to ensure inclusion in IMTPs and taken through the EASC Management Group. Members discussed the information within the report and noted that a final draft would be presented for ratification at the January meeting of the committee.

Members **RESOLVED** to: **NOTE** the draft financial plan.

FINANCE REPORT

The EASC Finance Report was received. Members approved the current financial position and forecast year-end.

Members **RESOLVED** to: **APPROVE** and **NOTE** the report.

EASC SUB GROUPS

The confirmed minutes were received and approved for the EASC Management Group – 26 August 2021, the NEPTS Delivery Assurance Group – 10 August 2021 and the EMRTS Delivery Assurance Group – 15 June 2021.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members noted that the Risk Register had been reviewed by the EASC Team and two risks had been increased, namely the performance against the target for the Red and Amber categories.

Members **RESOLVED** to:

- **APPROVE** the risk register

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

- CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST, in particular, very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport
- WAST is at maximum escalation and expects to remain so for the foreseeable future and has stood up its' Pandemic Plan structures again

- Handover delays continue to increase with the number of hours lost outside EDs standing at 14,402 hours lost in Sep-21
- The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation (almost 65% of Red incidents were responded to in 9 minutes)

Matters requiring Board level consideration and/or approval

- Standing Orders would be forwarded as soon as documentation finalised

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	18 January 2022			