



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	7 September 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.

The minutes of the EASC meetings which took place on 13 July 2021 and on 20 July with the Minister for Health and Social Services were approved.

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) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales
- NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.
- Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities.
- The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and might look like.
- Handover delays had increased to an average of 490 hours a day lost during August 2021; this had contributed to the need for WAST to raise their Demand Management Plan in response.
- WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met and the actual costs identified in order to obtain EASC formal support.

PROVIDER ISSUES

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

- Rising Covid19 related activity; rising “abstractions” for the emergency medical services; increasing pressure on services
- The last month was the second worst month ever for patients waiting for ambulance response – over 500 waited 12 hours or more; this is a significant and worrying issue
- Post production lost hours – an important efficiency for WAST to deliver which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. A series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement
- NEPT service levels back to 70% of the pre pandemic levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use

FOCUS ON - PERFORMANCE AND IMPROVEMENT

An important and serious discussion took place on performance and improvement as the current position was unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:

- Needing to use the forecast position and match resources accordingly
- Refreshing the work of ORH in relation to emergency medical services demand and capacity review, noting the increased number of red calls from 5% to 10%
- Further specific work on utilisation
- High levels in the use of the Demand Management Plan
- Potential harm to patients
- Patients self-presenting at emergency departments not having received the right pre hospital care and timeliness of some specific treatments for their conditions
- Patient flow across the system and ensuring safe, effective and timely discharges
- The management of risk within the community and the identification and mitigation of clinical risks
- WAST had the only Demand Management Plan within the system and the need to identify key risks and impacts
- Need to develop a joined-up escalation plan approach to involve health board operational teams as well as the clinical executives to manage clinical risk within localities
- Need to ensure a system wide approach undertaken for the whole patient pathway
- Must use the opportunity to forecast and predict demand to match resources as best as possible
- Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters
- Important to have primary care information for whole system approach and for the 111 Service

Summary: 3 key areas

1. Capacity
2. Demand Management
3. Efficiency.

Following discussion the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan has subsequently been developed and sent out for comment.

FINANCE REPORT

The EASC Finance Report was received. Members noted the stable position, 100% balanced plan.

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

EASC SUB GROUPS

The confirmed minutes were received and approval for the EASC Management Group – 24 June 2021 and the NEPTS Delivery Assurance Group – 8 June 2021.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members approved the amended Model Standing Orders at the last meeting. In addition to the Standing Orders the following documents had also been updated to be include:

- Memorandum of Agreement and Hosting Agreement (with 7 LHBs); and the Memorandum of Understanding with the Welsh Government
- 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 agreed that the EASC Standing Orders, Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government would be completed and sent by the Committee Secretary to all health boards. This would take place as soon as the signatures had been received to complete the documentation.

Members **RESOLVED** to:

- The **APPROVE** the final sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government
- **APPROVE** the risk register
- **NOTE** the governance arrangements for the EASC.

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

- Increasing handover delays
- Red performance not meeting the target - risk register amended to demonstrate deterioration in performance
- Decreasing Amber performance - risk register amended to demonstrate deterioration in performance
- WAST Demand Management plan is regularly in operation and concern regarding clinical risks for patients in localities

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	09 November 2021			