



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	15 March 2022

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: [March 2022 - Emergency Ambulance Services Committee \(nhs.wales\)](#)
Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

Suzanne Rankin, CEO for Cardiff and Vale and Hayley Thomas, Deputy CEO from Powys were welcomed to her first meeting. Nick Wood, Deputy Chief Executive NHS Wales at Welsh Government was also welcomed to the meeting.

The minutes of the EASC meetings which took place on 18 January 2022 were approved.

The Chair also took opportunity to reaffirm the role of the EAS Committee in terms of its role within the EASC Directions to plan and secure sufficient ambulance services in Wales in line with Welsh Government and NHS Planning Frameworks.

In terms of context for many of the discussions to take place at the meeting, the Chair reminded Members of the agreed deliverables. In particular, the previous agreed commitment to reducing handover delays – no handover delays over 4 hours and reduce the average time of lost hours by 25% from October 2021 level. It was noted that the current position needed to be significantly improved. In addition, Members noted the phasing out of the military support to the Welsh Ambulance Services NHS Trust (WAST) at the end of March and the likely impact on performance.

PERFORMANCE REPORT

Received as the first standing agenda item at each meeting of the EASC Joint Committee as agreed with the Minister for Health and Social Care.

Members noted that the Ambulance Quality Indicators would be published monthly from April 2022 providing an opportunity to discuss more recent information. The following areas were highlighted:

- the continued challenges around 999 call wait times
- the growing gap between the number of calls answered and the number of incidents generated
- slightly less incidents in January and February
- mitigating action taken including investment in staff and technology
- significant challenges in achieving red 65th percentile

- growth in red demand – at 53% response and median 7mins and 30secs; joint work with Welsh Government and Digital Health and Care Wales looking at linked data sets related to patient outcomes and would report findings at a future meeting
- amber responsiveness 95th percentile continued to grow with significant waits seen; Amber median 1hour 30mins (ongoing impact on patient journey)
- More media stories and political interest being seen
- in light of previous commitments to reduce ambulance handover delays, increases over recent months were noted, with the trend continuing into March (currently 700 hours per day)
- with reducing staffing capacity, WAST forecasting the impact and the level of the Clinical Safety Plan to ensure response at red and amber 1.

Nick Wood asked regarding the EASC perspective and the need for a joint response from WAST and health boards in relation to the safety of the service and meeting community expectations; the impact of the significant drift in lost hours, the deterioration in response rates, the increasing numbers of concerns and increasing numbers of serious adverse incidents. Members were asked if they were confident that their actions would mitigate against the identified risks and would lead to improvements in performance and reduce patient safety incidents.

Members felt this was a fair challenge although there were expectations that the actions identified in the health board plans would lead to improvements in reducing lost hours and a consequence improvement in working towards meeting the performance targets. The Chief Ambulance Services Commissioner (CASC) agreed that the Committee was not in a position to provide the level of assurance needed due to the position with handover delays. The Joint Committee had not been complacent and Members were aware that the planning assumptions had assumed a maximum of 5,000 handover hours in one month. Once these levels had been overtaken a number of mitigating actions had been put in place which included the WAST Clinical Safety Plan. At 20,000 lost hours per month Members were aware that ambulances would not be sent for Amber 2 patients.

Suggested solutions were proposed including to:

- provide temporary additional front-line ambulance capacity into WAST to support the system over the coming months to mitigate the removal of the support from the military and until the required improvements are in place to handover delays and impacting across the system
- continue to work with health boards to understand the variation across the system identified within the action plans submitted and to identify and share best practice
- ensure that the handover improvement plans deliver the required gains, to be monitored by the governance arrangements including the Commissioning Framework
- constantly challenge the current culture where handover delays are tolerated.

It was proposed that the following actions were put in place as the key elements of the system-wide handover improvement plan to address the patient safety concerns, particularly with the withdrawal of support from the military in April:

- maximise temporary additional front-line ambulance capacity during the coming period including overtime and WAST to operate at a higher state of emergency alert to maximise front-line resource
- use of the agreed whole system escalation process and the actions taken

- re-focus on 'red release' to allow WAST to respond appropriately and promptly (had been slippage)
- health board resources in place such as same day emergency care, urgent primary care centres, flow centres or communication hub etc and identify two or three deliverables as part of this Handover Improvement Plan. This would include managing or challenging slippage and monitoring the impact on the patient experience and recognised the need to move at pace.

The Chair thanked Members for the helpful discussion and emphasised the requirement for all Committee Members to respond urgently to the current position related to handover delays and to work with WAST to mitigate the impact of the loss of military resource at the end of March. The suggestions set out by the CASC were accepted and the Chair articulated the hope to see an improved position at the next meeting.

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report and additional actions that would be taken to improve performance delivery to be included in the EASC Action Plan.
- **AGREE** to include the units of hours produced to the next iteration of the Performance Report.

PROVIDER ISSUES

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

- phased withdrawal of the military support of approximately 250 staff (reduction in capacity of approximately 15% of production) by 31 March 2022
- approximately 100 members of staff were currently in operational training and would become operational in quarter 1, the capacity of the Clinical Service Desk would be doubled early in quarter 1 and this would allow the volume of calls closed via the 'consult and close' process to lift from 10-12% to approximately 15%
- the additional offer to roll on some winter schemes including cohorting and third-party support should the required support and funding be available (non core activities)
- red performance remained below target although an improving picture since December. A deep dive has been undertaken into red performance which was currently being finalised and would be presented to the EASC Management Group
- There were 503 long patient waits in January, this was a reduction compared to December, but rates were still very high with patients waiting excessively long times for services (some waiting more than 24 hours)
- the daily average handover position for the 10 services in England was shared, with WAST performance the worst, particularly in terms of the comparative fleet size
- electronic patient case card – this would be live in all health board areas by the end of March 2022, with many suggestions for improvements for phase 2 of the work
- the detailed briefing issued last week regarding roster changes had been extremely helpful in addressing the significant local, regional and national political interest. It was important for all to portray the positive story, (70 FTE additional staff) information would be circulated more widely to illustrate local level impacts including that 34.5 additional emergency ambulances would be operational across Wales as a result of this work. This would impact in Quarter 3 2022-23

- high sickness levels and the work being undertaken to achieve the trajectory to return to pre-pandemic levels of 6.5%. It was acknowledged that current levels were far too high and that there would be a plan to reduce these in the next few months.

The CASC emphasised the current focus in terms of:

- Being clear what could be delivered on a quarter by quarter basis
- Encourage health boards to include gaps within plans to identify key requirements
- Commissioning Framework to include detail in terms of what was required.

The Chair invited the CASC to outline other requirements for WAST which included:

- reducing sickness and setting the required improvement trajectory
- agreeing timescales for reducing post-production lost hours and managing the inefficiency in the system
- ensuring all roster changes would be in place by end of November 2022
- reducing the variation within the service by adopting good operational practice on a day by day basis.

The Chair asked Members to actively support the roster review changes and recommended the use of the detailed briefing which had recently been shared. This was cited as an example of good practice which could be replicated for other areas of work.

WELSH AMBULANCE SERVICES NHS TRUST DRAFT INTEGRATED MEDIUM-TERM PLAN (WAST IMTP) UPDATE

The WAST IMTP report was received. In presenting the report, Rachel Marsh highlighted the executive summary and key elements of the Plan including progress made in terms of:

- Progress to recruit the additional 127 full time equivalent (FTE) staff as agreed following the Emergency Medical Services Demand and Capacity Review
- doubling the capacity of the Clinical Support Desk
- introducing mental health practitioners to the organisation
- completing the roll-out of NHS Wales 111 with the programme team
- completing the transfers of Non-Emergency Patient Transport Services (NEPTS) from health boards.

Opportunities for joint working with academic institutions were noted and further discussions would be held outside of the meeting to consider opportunities across the system including joint appointments. The ongoing dialogue had continued between WAST and Health Education and Improvement Wales (HEIW) was noted along with WASTs ambitions to pursue University Trust status.

The CASC highlighted the consistency between the WAST IMTP, the agreed Commissioning Intentions (CIs) and Welsh Government targets.

Members **RESOLVED** to:

- **SUPPORT** the WAST IMTP, noting the risks and financial information to be worked through and mitigated,
- The Chair and the CASC to subsequently endorse the final plan in line with the discussions at the meeting following WAST Board approval and prior to submission to the Welsh Government by the 31 March 2022.

EASC INTEGRATED MEDIUM TERM PLAN

The EASC IMTP was received. In presenting the report, Ross Whitehead highlighted that the EASC IMTP was consistent with principles presented at the Joint Committee meeting in January 2022 and had been presented at the recent EASC Management Group for endorsement.

The plan focused on Commissioning Intentions (CIs) along with other priority areas for 2022-23 and the three-year planning cycle included the appetite for the commissioning of 111 Services and the development of a National Transfer and Discharge Service reflecting the regionalisation and reconfiguration of services.

The CASC highlighted to Members the key inefficiencies in the system which included:

- Handover delays - It was suggested that the required system improvements that would reduce ambulance handover delays sufficiently would not be in place for some time and that it would be sensible to retain front line ambulance resource for the start of the 2022-23 financial year to manage the clinical risk and patient safety concerns that exist, until wider system improvements could be made.
- WAST financial plan included a £1.8m cost reduction plan to impact on front line costs which would reduce overtime and hold vacancies - it was suggested that this £1.8m be waived due to the current issues related to handover hours and the loss of the military personnel on a 'non-recurrent basis'. The proposal for the temporary resource recognised both the need for action across the system but also the length of time that it was anticipated that required improvements would take place.

Nick Wood asked the CASC to confirm the detail in the financial year 2022-23 which related to the assumptions of a non-recurrent bid to the Welsh Government 6 Goals for Urgent and Emergency Care funding (£25m). Stephen Harrhy confirmed that the assumption within the financial plan was a minimum of £750k but possibly would require some additionality in terms of coverage for the ECNS scheme. Nick Wood noted this and explained that this was under discussion by the Welsh Government Policy Lead officials who were considering the allocation. Stephen Harrhy explained that this had been the approach suggested by health boards to apply for specific urgent and emergency care funding from the £25m which was reflected in the plan. Nick Wood thanked Stephen Harrhy for the clarification.

Members questioned the level of the CIP (1% would have been 2% if the £1.8m was included) and the CASC explained the WAST had also been asked not to make assumptions regarding their Transition Plan within the IMTP as this had not been widely supported at the scrutiny session. The option related to the WAST CIP which included the £1.8 million from front line staff remained contentious but the CASC suggested that the increasing concerns related to patient safety and the likelihood of harm within the current system this was an option to try and get to a balanced financial plan for WAST. Members confirmed that the financial envelope had been agreed by the Directors of Finance but questioned whether the CIP needed to be made from savings around front line staff, i.e. were there other options. Members explained that much higher levels of CIP had been agreed within health boards and felt that WAST should not be subject to different efficiency measures.

Members were keen that the CIP was revisited to be in line with health boards across Wales. The CASC responded and suggested that if additional funding, albeit on a temporary basis, was not provided to WAST the performance would deteriorate further and this would increase risks in terms of patient safety and experience. Stephen Harray suggested that if handover delays were reduced to 15,000 hours by April (which seemed unlikely) there remained a need for temporary funding for WAST. Furthermore, the CASC explained that without the temporary funding information would need to be provided to explain exactly what services could be offered by WAST.

Members suggested that they required more financial detail to discuss within health boards which would need to be balanced against other priority areas. Members felt they would need more granularity in relation to the ambulance services to balance for the wider health of local populations in decisions made by health boards.

Stephen Harray agreed to write to Members to explain clearly how the options and opportunities on a Health Board by Health Board basis. This information could be presented in different ways including having a 2% CIP and a non-recurrent allocation of £1.8m. The implications of all options would be clarified although the CASC felt it was essential that WAST have additional funding due to the level of inefficiency within the system at present. Members agreed to the need for additional non-recurrent funding to ensure additional front-line ambulance capacity however more detail would need to be provided, as requested.

Members **RESOLVED** to:

- **NOTE** the process of engagement undertaken in the development of the EASC Integrated Medium Term Plan
- **APPROVE** the EASC Integrated Medium Term Plan (2022-25) for submission to Welsh Government
- Receive information on a health board by health board basis in terms of the WAST CIP and additional temporary funding

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harray presented the report and highlighted the following:

- Non Emergency Patient Transport Services (NEPTS)

Members noted that detailed work was now being undertaken on NEPTS and the impact of health boards reset and reconfiguration on different elements of NEPTS activity, for example reduced outpatient journeys and an increase in demand for transfers and discharge. A 'Focus on' session will be held at the next EASC meeting exploring this on a health board by health board basis.

- EASC Action Plan

It was reported that the Minister had requested that the EASC Action Plan be updated to incorporate the expected impact of the actions being taken across the system. The latest version had been appended to the CASC report, this would now be updated.

- System Wide Escalation

Members noted that a conversation had been held at the recent NHS Wales Leadership regarding the final version of the System Escalation Plan. Members noted that the final version would be endorsed at the next meeting of the Leadership Board and implemented in April 2022.

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

EMERGENCY MEDICAL SERVICES (EMS) COMMISSIONING FRAMEWORK

The EMS Commissioning Framework report was received. Ross Whitehead presented the report and noted previous discussions at EASC Management Group and the recent scrutiny panel on the WAST Transition Plan held with health board representatives.

Members noted that it had become clear from these recent discussions that health boards expected clarity on the commissioning of core ambulance service provision, separately from the transformation elements. This approach would provide health boards with the required clarity on how framework resources were being utilised to deliver the priorities of the Committee and would allow the development of different and transformational service offers within each health board areas to address the needs of their populations. Members were also reminded that the framework was a live document that would be refreshed every 6 months, responding to developments within the service.

Following discussion Members **RESOLVED** to:

- **APPROVE** the development of a framework that distinguishes between core service provision and transformational services
- **APPROVE** the extension of the interim arrangements until the May Committee meeting.

FOCUS ON SESSION – HEALTHCARE INSPECTORATE WALES (HIW) - REVIEW OF PATIENT SAFETY, PRIVACY, DIGNITY AND EXPERIENCE WHILST WAITING IN AMBULANCES DURING DELAYED HANDOVER

The HIW review was received. Ross Whitehead presented the session and Members noted that many elements of this 'Focus On' agenda item had already been discussed earlier in the meeting.

Members noted that the HIW report focusing on ambulance handover delays had already been considered at many health board sub committees. Twenty recommendations had been made which required a system wide response and it was confirmed that the action plan had been accepted by HIW. The EASC Management Group (EASC MG) agreed to establish a task and finish group to deliver the recommendations. Draft terms of reference had been circulated to EASC MG members with dates of the first two meetings and a request for clinical and operational representatives from each health board. It was agreed that regular updates on this work would be provided at future meetings of the Committee and the EASC Team would work closely with HIW on this matter. The first meeting would take place in early April and had been planned for 6 months in the first instance.

Members **RESOLVED** to:

- **RECEIVE** the HIW Review and responses to the recommendations
- **NOTE** the establishment of a task and finish group to focus on delivery of the recommendations via the EASC Management Group.

FINANCE REPORT

The EASC Finance Report was received. Stuart Davies presented the report and highlighted no significant changes and forecast end of year position of a £383k underspend. No significant movements were anticipated.

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

EASC SUB GROUPS

The confirmed minutes from the following EASC sub-groups were received and **APPROVED**:

- EASC Management Group – 21 Oct 2021
- NEPTS Delivery Assurance Group – 12 Oct 2021
- NEPTS Delivery Assurance Group – 30 Nov 2021

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The report on EASC Governance was received.

Members **RESOLVED** to:

- **APPROVE** the risk register including 2 new risks and the three red risks which were also being reported to the CTMUHB Audit and Risk Committee
- **APPROVE** the Model Standing Financial Instructions
- **APPROVE** the final information for the model Standing Orders namely the Delegation of Powers and Scheme of Delegation
- **NOTE** and **APPROVE** the Draft Annual Business plan
- **NOTE** the updates relating to red performance and the additional new risks
- **NOTE** the progress with the actions to complete the EASC Standing Orders and the aim to complete all actions by the next meeting
- **NOTE** the Internal Audit on EASC Governance and the plans to track the recommendations.

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

- Red and amber performance
- Handover delays
- Withdrawal of support from the military to WAST
- Continuing impact of the Covid 19 Pandemic

Matters requiring Board level consideration and/or approval

- Standing Orders and Standing Financial Instructions 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	10 May 2022			