



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	10 May 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: <https://easc.nhs.wales/the-committee/meetings-and-papers/may-2022/>.

The minutes of the EASC meeting held on 15 March 2022 were approved.

CHAIR'S REPORT

- Members noted the recent meetings attended by the Chair and that the end of year assessment with the Minister would take place on 30 May 2022.
- Following recent conversations with the All Wales Chairs' Group relating to the EASC agreed 'red lines' for ambulance handover delays (November 2021) it was agreed that the Chair's Summary would now also be sent directly to the Chairs, in addition to EASC Committee Members.

AMBULANCE HANDOVER DELAYS

- Noted the continuing unsustainable levels of ambulance handover delay and the inability to deliver safe and effective ambulance responses.
- Handover improvement plans were being developed by health boards that concentrated on the pre-front door and front door. Actions already being undertaken were noted, including:
 - Fortnightly tripartite meetings (Health boards, the Welsh Ambulance Services NHS Trust (WAST) & Chief Ambulance Services Commissioner (CASC))
 - Evolving handover improvement plans
 - NHS Leadership Board 'System Wide Review'
 - WAST Integrated Medium Term Plan (IMTP) commitments
 - All-Wales Escalation Framework
 - Welsh Government Integrated Quality Performance and Delivery (IQPD) meetings
 - Developing a new Commissioning Framework.
- Carol Shillabeer reported on the progress made at the NHS Wales Leadership Board in response to the sustained pressure across the health and social care system and increasing risk of harm to patients and staff.
- The Board recognised the need for a different approach, involving defined deliverables, a key one being to increase the community care capacity across the system by an equivalent of 1,000 beds by October 2022.

- Recognition that while there was a significant energy in relation to this work it would not in itself solve all of the current issues.
- Jeremy Griffith highlighted the significant risk implications for patients in relation to ambulance handover delays and their continued pattern of deterioration; the Welsh Government Integrated Quality Planning and Delivery (IQPD) meetings would now test the progress made against handover improvement plans.
- Members discussed the increase in red call demand (approximately 70% in the last two years); recently undertaken analysis to be shared and considered in more detail at the EASC Management Group.
- Noted the need to re-consider and agree a system-wide position for 'red-release requests' from the ambulance service, with release refusal to be considered a 'never event' and also noted the collective discussions among HM Coroners regarding their concerns in relation to ambulance delays and the potential Regulation 28 Prevent Future Deaths Reports.
- In addition to the existing actions, also a need to develop a 'Plan B' via the EASC Management Group in order to address the current position and patient safety issues.
- Noted the ongoing work in relation to Handover Improvement Plans and the need to analyse the impact on the patient experience and the requirement that actions must lead to improved outcomes for patients.

Members **RESOLVED** to: **NOTE** the report and the ongoing work on handover improvement plans.

PERFORMANCE REPORT

Received the Ambulance Quality Indicators for January to March 2022 and noted the:

- reduction in the volume of 999 calls relating to breathing difficulties
- number of re-contacts into the system within the following 24 hours
- impact of Community First Responders (CFR), particularly in rural areas and the ongoing discussions regarding the role of CFRs as part of the emergency ambulance services provision.
- Noted a reduction in both conveyance volume and percentage within the Performance Report, though it was noted that the impact needed to be considered in light of the decisions relating to the impact of the Clinical Safety Plan.
- that optimising appropriate conveyance was a key aim of the Six Goals for Urgent and Emergency Care programme within Goal 4.

Following discussion, Members **RESOLVED** to: **NOTE** the report and the published Ambulance Quality Indicators.

PROVIDER ISSUES

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

- key challenges in relation to handover delays and current position in terms of red and amber performance.
- the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service (these numbers will be higher in April 2022).
- Electronic Patient Clinical Record (ePCR) is live nationally, phase 2 would include connecting to the Welsh Clinical Portal and access to patient records for WAST clinicians in the community to support decision-making in terms of non-conveyance, see and treat and see, treat and refer in the community

- the implementation of the Emergency Communication Nurse System (ECNS - software to support and enhance 999 clinical triage) for 'consult and close' on track for planned implementation.
- the offers made by WAST in relation to the Six Goals for Urgent and Emergency Care Programme, particularly for Goals 2, 3 and 4.
- Noted that no specific resource had been made available to WAST to establish a dedicated team to progress this work. Members were asked to confirm their health board leads for this work in order that the WAST team could make contact.
- Noted that no resource allocation had been made to WAST from the £25m earmarked for urgent and emergency care and that WAST were bidding for resources following allocations made to health boards.

RESOLVED to: **NOTE** the report.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harray presented the report and highlighted the following:

- The £1.8m temporary funding agreed at the last meeting was being utilised to continue services such as cohorting in order to support patient safety within the system.
- 'System-wide Escalation Framework' agreed by the NHS Wales Leadership Board; the proposed next steps were noted.
- Proposal to create a new Commissioning Framework be considered at the EASC Management Group and received at the next EASC meeting for approval.
- A bid for funding had been made to the Six Goals for Urgent and Emergency Care Programme relating to the Emergency Communication Nurse System (ECNS), this would ensure the ability to clinically assess, advise and re-direct patients within the system; providing a key element of patient safety during the current and ongoing pressures
- NHS Wales Delivery Unit (DU) Review of Serious Adverse Incidents (SAI) in relation to Appendix B (transferred from WAST to health boards). The DU had undertaken a review and there appeared to be a mismatch between the incidents referred for further investigation in health boards and the subsequent assessment and reporting of those incidents formally to Welsh Government as SAIs.
- EASC Management Group have established a Task and Finish Group to consider the NHS Wales Delivery Unit's Review of Appendix B Serious Adverse Incidents and also a group to coordinate responses to the Healthcare Inspectorate Wales Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover.

RESOLVED to: **NOTE** the report.

CHAIR'S SUMMARY EASC MANAGEMENT GROUP – 21 APRIL 2022

- The Chair reminded Members that there was often a time delay in receiving confirmed minutes. Therefore, it was proposed that a Chair's Summary was produced after each sub-group meeting to mirror the arrangements of the EAS Joint Committee.
- For illustrative purposes, the Chair's Summary for the EASC Management Group meeting held on 21 April 2022 was presented.
- **APPROVED** the preparation of a Chair's Summary following each sub-group meeting.

EASC COMMISSIONING UPDATE

- Noted that there were a number of operational and commissioning documents that had been prepared and updated for the Committee. The Commissioning Update had been prepared to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach including:
 - Commissioning Frameworks
 - EASC Integrated Medium Term Plan (IMTP)
 - Commissioning Intentions
 - EASC Action Plan.

Noted that the EMS Commissioning Framework was currently being refined. The EASC Team would continue to progress the work and would engage further with the WAST team ahead of presentation at the next EASC Management Group. The EASC IMTP had been included for information and that a quarterly update with regard progress made against the IMTP would be provided going forward.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach
- **RECEIVE** the EASC IMTP, Commissioning Intentions Update (2021-22), the EASC Commissioning Intentions for 2022-23 and the EASC Action Plan
- **NOTE** the proposal to develop the EASC Commissioning Update to provide an overview of the progress being made against the key elements of the collaborative commissioning approach.

FOCUS ON SESSION: NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)

Rachel Marsh gave the presentation on the NEPTS service including the scope and scale of the service, managing demand and also the development of transfer and discharge services. Areas highlighted included:

- The differences with the Emergency Medical Services (EMS) including higher daily patient volumes and differing mobility requirements.
- In addition to WAST, the different transport providers of NEPTS as part of the plurality model
- It was a predominantly daytime weekday service with a small volume of activity at weekends
- Patient journey types, mainly for outpatient or enhanced care appointments.
- The impact of the pandemic on core outpatient demand and the effects of social distancing regulations (relaxed in recent weeks)–with additional resources provided in 2021-22 to engage private sector capacity to meet service demand.
- The requirement to understand health board plans for reset and recovery.
- Performance metrics centred around timeliness; noted a need for improvement particularly in relation to oncology patient journeys arriving within 30 minutes of appointment time and lost hours on transfers and discharges.
- Eligibility criteria and suggested that an indicative 30% of NEPTS transport provided to patients that were not eligible and WASTs intention to work with commissioners and health boards towards a position where non-eligible patients were steered towards alternative providers.
- NEPTS Demand and Capacity Review; identification of a range of efficiencies to be worked towards and the predicted impact on performance.
- The agreed commissioning intentions for NEPTS

- Map of key strategic changes being undertaken across health boards and the modelling undertaken to understand the impact on patient transport.
- Ambitions for the NEPTS service within the WAST IMTP.

Detailed discussion included:

- the current weekday nature of the service but that there could be flexibility to provide for services being delivered at weekends subject to the required activity profiles, workforce discussions and changes to roster patterns.
- that patient demand was at approximately 90% of the pre-pandemic levels including the sharp increase experienced in March and that work would be undertaken to understand this in light of the reduction in outpatient activities and increased use of digital technology.
- in terms of eligibility criteria, the likely political and public interest in relation to any proposal for changes to patient transport provision and the need to collectively undertake a robust equality impact assessment to progress this work.
- the need to agree the scope of the work to deliver a National Transfer and Discharge Service and sign off the sequencing of the implementation at a future meeting.
- the need for WAST to provide assurance regarding the efficiencies and additional investment intended for renal and oncology services, included in the original case for transforming NEPTS services.
- the need to consider the challenges and complexities regarding the cross-border activity and nature of Powys THB and the associated procurement routes.
- the fragmented NEPTS services that exist in England, with many small providers under differing contractual arrangements were noted in comparison.
- the specific need for performance improvement for oncology patients

Members **RESOLVED** to: **NOTE** the key discussion points and agreed actions.

FINANCE REPORT

The EASC Finance Report was received including the Month 12 outturn showing an underspend of £347k.

EASC SUB GROUPS

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

- EASC Management Group – 24 February 2022
- NEPTS Delivery Assurance Group – 3 February 2022
- EMRTS Delivery Assurance Group – 28 September 2021 (meeting cancelled in December 2021 due to operational system pressures).

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

Members **RESOLVED** to:

- **APPROVE** the risk register and **NOTE** the updates relating to red performance
- **APPROVE** the EASC Annual Governance Statement 2021-2022
- **APPROVE** the EASC Response to the Annual Audit Enquiries Letter 2021-2022.
- **APPROVE** the EASC Annual Report 2021-2022
- **APPROVE** the EASC Audit Recommendations Tracker
- **APPROVE** the EASC Sub-Groups Annual Reports 2021-2022
- **NOTE** the EMRTS DAG Annual Report for 2021-2022 will be presented at the next Committee meeting.

Key risks and issues/matters of concern and any mitigating actions				
<ul style="list-style-type: none"> • Red and amber performance • Handover delays and the development of handover improvement plans in HBs • Community care capacity 				
Matters requiring Board level consideration and/or approval				
<ul style="list-style-type: none"> • To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to agree and implement a local handover improvement plan for every emergency department • System-wide position for 'red-release requests' from the ambulance service with health board release refusal to be considered a 'never event' • From the WAST report, the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service and the impact on patient safety and patient experience 				
Forward Work Programme				
Considered and agreed by the Committee.				
Committee minutes submitted	Yes	√	No	
Date of next meeting	12 July 2022			