



<b>Reporting Committee</b>	<b>Emergency Ambulance Services Committee</b>
<b>Chaired by</b>	Chris Turner
<b>Lead Executive Directors</b>	Health Board Chief Executives
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<b>Date of last meeting</b>	6 September 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/september-2022/>.

The minutes of the EASC meeting held on 12 July were approved.

**CHAIR'S REPORT**

Members noted:

- the meeting with the Minister, Chief Ambulance Services Commissioner (CASC) and Welsh Ambulance Services NHS Trust (WAST) Chair and CEO on 20 July
- the meeting with CASC and Audit Wales re Emergency Care on 26 August
- the meeting with CASC and the Chair and Managing Director of the Welsh Health Specialised Services Committee (WHSSC) on 10 August
- the meeting of the Chairs' Peer Group on 16 August
- the induction meeting with Director of Nursing and Quality at WAST on 1 September
- the Chair's Objectives as set by the Minister and the request to focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme
- the relevance of the 'Focus on' session relating to the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru).

**PERFORMANCE REPORT**

The significant challenge in the provision of timely ambulance services at present was noted and it was explained that data had been used from July (Ambulance Service Indicators) and August in the preparation of this report:

**Ambulance Service Indicators (July data)**

- The improving outcomes and numbers of patients managed via 'hear and treat'
- Incidents receiving a response were reduced, possible impact of the Clinical Safety Plan
- Conveyance has reduced, although it is important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan
- Ongoing work on post production lost hours and now included in the EASC Action Plan
- All-Wales red 8 minute performance was 52% (target 65%)
- Handover lost hours – over 24,000 in July (and subsequently 22,000 in August)

- Weekly performance dashboard now circulated widely within health boards and Welsh Government.

Members raised important points including:

- Relentless demand across Wales, and hours lost, would remain a challenge
- The significant numbers of patients within the system that were 'fit for discharge'
- Concerns regarding the trajectory for the winter and the need for effective partnership working
- That the volume of demand at the front door is likely to increase
- Useful ideas that have been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system
- Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings.

The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.

### **Immediate Release**

- WAST had presented the protocols to manage immediate release at the last meeting
- Amber release increased from 31% to 44% with WAST and health boards working together.

### **Handover delays**

- Fortnightly Handover Improvement Plan meetings continue with a focus on working towards the 2 trajectories
- Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing
- Overall lost hours remain very high.

### **EASC Action Plan**

It was noted that the latest version of the plan had been submitted to Welsh Government on 5 September and that small improvements and positive signs with good local actions were evident. In addition, discussion had taken place at the Directors of Planning meeting regarding the need to link the actions to the integrated medium term plan (IMTP) process.

Members noted that the EASC Action plan was being well received and that it is important that any further actions were captured and included as necessary.

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

### **QUALITY AND SAFETY REPORT**

The Quality and Safety Report on commissioned services was received and Members were reminded that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

Members noted:

- The work of the Healthcare Improvement Wales (HIW) Task & Finish Group (convened by the EASC Team) with work undertaken with stakeholders to develop a position update, this would now be discussed with HIW with a view to closing some recommendations. Further update to be provided at the next meeting
- An update on progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group (convened by the EASC Team). The group consists of representatives of health boards (Directors of Nursing and Assistant Directors of Quality and Safety), WAST, the EASC Team and the NHS Wales Delivery Unit. The meeting had been well attended by a mixed group of. Members noted that the next meeting would take place on 8 September 2022 with the aim of agreeing a consistent approach to joint investigations. Progress to be reported back to the EASC Management Group
- The general growth in the number of adverse incidents and the renewed focus on quality and safety issues which were closely linked to the deteriorating performance position
- That this report would be strengthened to include other commissioned services such as non-emergency patient transport services and emergency medical retrieval and transfer services.

The Chair thanked the EASC Team for the report and highlighted the importance of considering the performance report and the quality and safety report together at meetings as they were both fundamental to the effectiveness of the Committee as a commissioning body.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the content of the discussion in the Appendix B Task and Finish Group and the agreed next steps
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

### **FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)**

The Chair introduced the session referencing the recent media coverage of proposals by the Wales Air Ambulance charity to rationalise its operational bases, within a context of a procurement exercise for new aircraft. It was agreed that the session was timely and would provide Members with a greater understanding as a starting point of the process for assessing viability of the high-level proposal both as a partner organisation and also from a commissioning perspective.

As EMRTS National Director, David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:

- The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years
- The service continues to work closely with the Wales Air Ambulance Charity (the Charity)

- Use of the CAREMORE Quality and Delivery Framework
- 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics
- Longitudinal view of the service from 2016 to present; seeing an increase in activity
- An overview of EMRTS Commissioning Intentions for 2022/23
- A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England and activity 22% higher than forecasted and continuing to grow
- A focus on the Strategic Review undertaken by the Charity System to determine “the optimal operational configuration and physical footprint for our lifesaving services that brings greatest benefit to all the people of Wales” ahead of a forthcoming commercial aviation procurement process.

Members noted that the review had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.

Key headlines from the Strategic Review included under-utilisation and unmet (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.

Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of a service in Powys.

The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales (within existing resources) included:

- attending an additional 583 patients
- improved average response times (on average 11 minutes quicker) and
- achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.

Members raised:

- The need to have follow up conversations related to the Powys health board area and the Powys related data
- Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales)

- Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view
- It would be helpful to map out and present the changing demand and the service changes over the years
- The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this
- The importance of clarifying the distinctive roles of the ambulance service and EMRTS
- Future opportunities for the ACCTS service and other transfer services like neonatal
- The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change
- Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter. It was agreed that this is a commissioning issue for the committee
- The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs
- That a briefing session has been planned with the Minister week commencing 12 September to consider the press leak
- That it is important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only service was provided from Cardiff but the proposed changes may widen this provision
- The importance of ensuring an all-Wales view during the consideration process, for example, David Lockey explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas
- Stephen HARRY suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales
- The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances
- That the presentation was compelling but that this is an emotive subject and there is a need for wide engagement
- Important to consider the impact on the Charity
- The importance of ensuring the approach is fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log)
- Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change.

(Tef Jansma joined the meeting)

The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.

Members **RESOLVED** to:

- **NOTE** the presentation
- **RECEIVE** formally the Strategic Service Review at a future meeting
- **AGREE** in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps.

### **WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE**

The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:

- The link to the performance and quality & safety reports (already received)
- Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022. Members noted that there was more to come in this area and would be received in future meetings
- Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment
- Immediate release and the latest compliance report had been shared with week on week improvement.

### **Red Demand and Variation**

Tef Jansma gave a presentation 'Variables affecting Red Performance'. It was highlighted that there was an inverse relationship between Red performance and vehicle utilisation and that red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.

The CASC raised that significant variation was occurring on a day-by-day basis and there was a need to undertake more analysis to explain this. Members noted that Amber performance did not chase seconds but this would make a big difference in red call performance times. It was agreed to consider this at the next EASC Management Group meeting to ensure the most effective use of the additional capacity being progressed within the service and improve red performance, this would then need to be reported back to Committee.

## **Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table**

Jason Killens presented the report on the Clinical Response model and the Dispatch Cross Reference Table. Members noted the variation with red, amber and green categories used in Wales, conversely categories 1 to 5 were used in England. The Clinical Priority and Assessment Software (CPAS) Group in Wales regularly review the Dispatch Cross Reference Table and usually any changes were minor and were managed internally. However, the changes proposed were significant and were driven by patient safety concerns.

Members noted:

- Changes to patients fitting and the poor outcomes for this group of patients
- Codes for haemorrhage proposed to change from Amber 1 to Red
- As a consequence of the changes to be made this would impact on the movement of patients and would lead to a marginal positive impact (improvement) but would have a noticeable impact on Amber 1. Although a strong clinical outcome it was likely to see a slight improvement in red but a negative impact on Amber performance
- The proposition to move to the changes from the 1<sup>st</sup> Monday in October in line with the clinical recommendation.

Following discussion it was agreed that this would be formally taken through the WAST Board at the end of September and the CASC offered to work with WAST to discuss appropriate engagement regarding the changes, also offering to inform the Welsh Government regarding this matter so that they were aware of the impact.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions around the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table

## **CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

The Chief Ambulance Services Commissioner's report was received.

Stephen HARRY presented the report and highlighted that for the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at additional transfer and discharge services and targeted outcomes to support performance and mitigating clinical risk. The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following agreement of an implementation plan with COOs. Members **RESOLVED** to: **NOTE** the report.

## **AMBULANCE SERVICES COMMISSIONING FRAMEWORK**

The report on the Emergency Ambulance Services Commissioning Framework was received. The following areas were highlighted:

- Enhanced commissioning framework as a key element of the collaborative commissioning approach
- Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers

- Discussions regarding the framework and the approach to commissioning emergency ambulance services going forward have been held at EASC Committee and EASC Management Group meetings over many months
- At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST), identify opportunities for service re-design and ensure that evidence-based commissioning decisions were made
- The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, has been the focus at subsequent meetings
- The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement has now been formatted and finalised to include comments received from Members
- The key principles of an implementation plan were noted, this plan would:
  - ensure that local ICAPs were developed and signed off as required
  - inform the development of commissioning intentions for 2023-24
  - inform the IMTP section relating to EASC and emergency ambulance services for each organisation.
- As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes. Members noted the need to align the development of ICAPs with the IMTP planning process and the requirements of the Six Goals for Urgent and Emergency Care.

Following discussion Members **RESOLVED** to:

- **NOTE** the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework
- **NOTE** the development of local Integrated Commissioning Action Plans that respond to the needs of the local population
- **NOTE** the key principles of the implementation plan and next steps as described above
- **APPROVE** the Collaborative Commissioning Framework Agreement.

### **EASC COMMISSIONING UPDATE**

The report on the EASC Commissioning Update was received. Members noted updates against:

- **EASC Integrated Medium Term Plan (IMTP)**

It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality.

Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

## • **EASC Commissioning Intentions**

Members were reminded that commissioning intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.

The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent was achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.

Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during the Committee meeting.

Key progress relating to the NEPTS service was noted by Members including:

- The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award)
- Increasing the number of providers in line with the NEPTS business case and the plurality model
- Early work in relation to re-rostering with the Project Initiation Document anticipated for October.

Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach in place
- **APPROVE** the progress made against the EASC IMTP in Quarter 1 as set out in the update provided
- **NOTE** the Quarter 1 update against the commissioning intentions for each of the commissioned services.

## **FINANCE REPORT MONTH 4**

The Month 4 EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 4<sup>th</sup> month of 2022/23 together with any corrective action required. No corrective action was required.

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

## **EASC SUB-GROUPS CONFIRMED MINUTES**

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

- Chair's Summary EASC Management Group – 18 August 2022
- EASC Management Group – 16 June 2022
- NEPTS Delivery Assurance Group – 6 June 2022.

## **EASC GOVERNANCE**

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
- **APPROVE** the EASC Assurance Framework
- **NOTE** the information within the EASC Key Organisational Contacts

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

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Structured approach relating to the engagement process for the proposal by the Wales Air Ambulance Charity

**Matters requiring Board level consideration**

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note the roll out of WAST roster reviews for each area before the end of November 2022
- From the Performance Report
  - Red performance remained extremely challenging (52%)
  - Handover lost hours consistently in excess of 20,000 hours
- To acknowledge the key headlines from the Strategic Review undertaken by the Wales Air Ambulance Charity and the proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales, improving average response times and meeting 88% of demand (compared to the existing 72%). This information was received as the starting point of the engagement process and a structured approach would now be developed including a detailed engagement plan
- To approve the Collaborative Commissioning Framework Agreement for Emergency Ambulance Services, including the development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST as a key enhancement of the commissioning framework.

**Forward Work Programme**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	√	No	
<b>Date of next meeting</b>	<b>8 November 2022</b>			