



<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>	8 November 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/november-2022/>.

The minutes of the EASC meeting held on 6 September were approved and the notes from the Briefing meeting held on 27 October 2022.

**CHAIR'S REPORT**

Members noted:

- the Monthly meetings with Minister, CASC and WAST Chair and CEO (20 September, 18 October)
- Ministerial meeting with Chairs (22 September)
- Chairs' Peer Group (27 September)
- EASC Management Group (20 October)
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group (EMRTS DAG)(1 November)
- The Chair's latest objectives from the Minister for Health and Social Services including a request that the Committee focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme.

**PERFORMANCE REPORT**

- **Ambulance Service Indicators** - September data now available on the EASC website <https://easc.nhs.wales/asi/>
- **Handover delays** including the handover improvement trajectories
- **EASC Action Plan** – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme.

Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system.

Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment regarding their role in the conversations being held and to delivering the actions in the plan.

Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted.

There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.

Members noted that severe pressures exist throughout the system from the 'front door' to community care, and, in addition to the requirement for increased community care capacity, there was a need to maximise the opportunities with regard to admission avoidance schemes and same day emergency care services.

The focus on the winter plan and the actions within the Six Goals for Urgent and Emergency Care Programme with a particular focus on improving handover delays, 4 hour waits, red release and reducing community risk.

It was recognised that the role of local authorities was critical in addressing delayed transfers, also the impact of ambulance services on other emergency services (primarily police services) and there was therefore a requirement for a joint approach and a wider public service message than was currently being conveyed.

Members noted that there was an increasing trend in terms of units of hours produced and this position would further improve once the additional 100 full time equivalents become operational; while red performance was challenging, more patients were receiving a service. Further work was also required in relation to outcomes for patients that do receive a response and outcomes for those that do not.

Highlighting the citizen's perspective, the Chair welcomed the weekly dashboard being widely circulated to the NHS by the EASC Team. This was felt to be helpful in identifying where performance had improved and deteriorated and broadly indicated where actions at the front door might have made an impact. Members noted the use of the dashboard and requested further work to better understand the wider context, the correlation between different elements and to understand the key drivers behind the data.

It was agreed that further work would now be undertaken with the required teams to ensure access to key data and further development of the dashboard.

Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Indicators

- **NOTE** additional actions that the committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement trajectories
- **NOTE** the EASC Action Plan
- **NOTE** the request to progress the dashboard.

## **QUALITY AND SAFETY REPORT**

In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

The following areas were highlighted:

- The work of the **Healthcare Inspectorate Wales (HIW) Task & Finish Group** (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover'.

A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations.

A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response.

A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals.

- Fortnightly meetings had been held in response to the **NHS Wales Delivery Unit Report on Appendix B** submissions.

As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks.

The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process.

In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.

- **Regulation 28 – Prevention of Future Deaths** – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board.

Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services, including the recent issuing of a regulation 28.
- **NOTE** that Quality and Safety Reports relating to commissioned services would be received at all future meetings.

### **EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL**

In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.

Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements.

Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness). The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations.

The proposal suggested that by optimizing the operational configuration the service could:

- potentially attend an additional 583 patients and
- achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

**Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards.**

Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal.

The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work.

Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network.

Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023.

Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.

Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered.

Stephen Harray, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included:

- **clarifying the position regarding resource implications**
- **responding to the significant comments raised and views regarding the importance of response times**
- **understanding how the air and road response model works, recognizing that for urban and rural areas it would be different**
- **further work required regarding the impact of weather**
- **consideration of the data reference period to ensure that this is appropriate and not unintentionally biased**
- **understanding any seasonal variation**
- **improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted**
- **working with health board colleagues to consider the modelling undertaken.**

Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness.

Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.

The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process.

It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December.

After discussion Members **RESOLVED** to:

- **NOTE** the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices
- **AGREE** the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal
- **NOTE** the key risks and any mitigations the Committee need to be put in place.

### **PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL**

The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the:

- Activities already undertaken with stakeholders
- Comments and questions received to date
- Draft Communications and Engagement Plan
- Draft Project Plan
- Initial Equality Impact Assessment.

Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan.

Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today's meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase.

In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work.

In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn.

Members **RESOLVED** to:

- **NOTE** the structured approach adopted since the Committee meeting held 6 September
- **NOTE** the activities already undertaken with stakeholders both face-to-face and online
- **NOTE** the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC 'Joint Services, Planning & Change Committee Service Change Pro forma'
- **NOTE** the record of activities undertaken to date
- **NOTE** the key themes arising from the questions, comments and letters received by stakeholders
- **NOTE** the Briefing Note sent to stakeholders on 14 October
- **NOTE** the development of a dedicated page on the EASC website
- **NOTE** the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed
- **NOTE** the draft project plan included for comment
- **NOTE** the Initial Equality Impact Assessment.

## **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:

- challenging red performance in September 2022
- almost 900 patients waiting more than 12 hours
- following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction (STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months
- increase in red demand

- ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95%
- improvements in sickness aligned to IMTP trend
- highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity

A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process

The Chair summarised including to:

- Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above
- Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages
- Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality.

Members **RESOLVED** to:

- **DISCUSS** and **NOTE** the WAST Provider Report

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

The Chief Ambulance Services Commissioner's report was received. Stephen HARRY presented the report and highlighted the following:

- Progress on the recruitment of the additional 100 front line staff at WAST
- Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought.

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

### **EASC COMMISSIONING UPDATE**

The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach.

Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs).

The commissioning framework was included as a 'focus on' item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings.

The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme.

In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach
- **NOTE** the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans
- **NOTE** the progress made against the EASC IMTP in Quarter 2 as set out in the update provided
- **NOTE** the Quarter 2 update against the commissioning intentions for each of the commissioned services.

## **FINANCE REPORT MONTH 6**

The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6<sup>th</sup> month of 2022/23 together with any corrective action required.

A forecasted break-even position was reported.

In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions were in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations.

Further discussions would be held to ensure alignment with the IMTP process.

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 – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings.
- EASC Management Group – 18 August 2022
- NEPTS Delivery Assurance Group – 4 August 2022
- EMRTS Delivery Assurance Group – 7 June 2022.

## **EASC GOVERNANCE**

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

- The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)

- The 3 red risks within the EASC Risk Register
  1. Failure to achieve agreed performance standard for category red calls
  2. Failure to achieve agreed performance standard for amber category calls.
  3. Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation
- EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework (CTMUHB)
- The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions
- The list of key organisational contacts was noted.

Members **RESOLVED** to:

- **APPROVE** the risk register
- **APPROVE** the EASC Assurance Framework
- **NOTE** the EASC Standing Orders would be reviewed prior to the next meeting
- **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) and the impact on WAST - **equating to over 30% of WAST conveying capacity**
- Structured approach relating to the engagement process for the Service Development Proposal by EMRTS Cymru and 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
- From the Performance Report
  - **highest ever handover lost hours at 28,500 hours**, equating to over 30% of WAST conveying capacity
  - challenging red performance in September 2022
  - almost 900 patients waiting more than 12 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity
- **The latest EASC Management Group meeting was not quorate and health boards are asked to consider who represents their organisation at these meetings**

### Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	√	No	
<b>Date of next meeting</b>	<b>6 December 2022</b>			