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| 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 | 17 January 2023 |

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/january-2023/>

The minutes of the EASC meeting held on 6 December were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.

Noted that:

- the report provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have been, or are being, implemented to support performance improvement;
- the report presented information in line with the most recent publication of the Ambulance Service Indicators (November information), the publication of December performance data would take place on 19 January;
- Chart 1 – significant challenge in relation to call volume and answer times;
- Chart 3 – the impact of remote clinical support for patients, the increasing numbers of patients receiving an outcome of “hear and treat” and the collection of more granular data on patient outcomes as a result of investment in both staff and technology within the clinical support desk;
- while there has been a reduction in the number of incidents receiving a response overall, there has been an increase in Red incident volume and that by their nature red incidents often require multiple responses at scene (Chart 4);
- the addition of the Cymru High Acuity Resource Unit (CHARU) [a new type of resource that is replacing rapid response vehicles (RRVs), focused on improving clinical outcomes for the sickest patients] to the chart illustrating the total level of emergency medical services (EMS) hours produced (Chart 5);
- that CHARU is a key driver of improved outcomes for sicker patients;
- the continued challenges regarding red and amber performance (Chart 7 & 8);
- the unprecedented levels of ambulance handover lost hours and how these posed a real and significant challenge to the delivery of timely, safe and effective emergency ambulance provision for the population (Chart 10);
- the Ministerial Summit held on 28 November 2022 related to handover delays with the aim of discussing ongoing concerns around impact of delays on patient harm.

Each health board provided an update on their handover improvement plans and commitments;

- further, the Minister closed the meeting by asking attendees to continue to work with the Chief Ambulance Services Commissioner (CASC) and the EASC team to update handover improvement plans and to make immediate improvements to reduce the risk to patients in the community;
- the EASC Action Plan including the actions that had been agreed to improve the current position. This is also taken through the Cwm Taf Morgannwg UHB Audit and Risk Committee.

Agreed that:

- a summary of the Briefing Session on emergency ambulance performance that took place prior to the EASC Committee meeting would be presented with the minutes.

Members **RESOLVED** to:

- **AGREE** to consider all additional actions that could be taken to improve performance and delivery of commissioned services.

LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE

Noted that:

- progress has been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement;
- the EASC Team have been working collaboratively with health boards and WAST in the development of the ICAPs;
- each health board has submitted outline ICAPs which have been reviewed by the EASC Team;
- going forward meetings will be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data will be monitored via the weekly performance dashboard that is circulated to all health boards and WAST;
- meetings will also be held to focus on the delivery of joint actions (health board and WAST) and individual actions set out in the ICAPs as well as to consider opportunities for shared learning, again these will include both health boards and WAST;
- the actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs;
- updated ICAPs will also be included within the EASC Action Plan.

Members **NOTED** the report as presented.

UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY

Noted that:

- the report updates members on the progress made with the EMRTS Service Review and specifically that the review would be independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal, previously received by the Committee;

- members had agreed to explore opportunities for service improvement, particularly utilisation and the impact of rurality and population density on levels of utilisation;
- members had also agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service;
- in relation to the formal public engagement process, Members agreed the need to engage upon the constraints, investment objectives and weightings as part of Phase 1, and that those applied as part of the decision-making process for the EMRTS 24/7 Service Expansion Review in 2018 would also be appropriate for this process;
- while Members had approved Chair's Action to commence the formal engagement process once engagement materials were agreed by all parties (but not before 9 January), the EASC Team had been supporting the NHS response to the current system pressure and therefore the required materials were not yet ready;
- nevertheless, the EASC Team had continued to work with health board engagement, communication and service change leads to draft the required engagement materials for development with CHC colleagues and this work would now continue apace;
- there was a high level of public interest in the service and in taking part in the engagement process. The work would ensure that materials are agreed in a timely manner;
- further, there was a commitment to get the engagement process right, not to rush the process and to ensure that plenty of notice is provided to ensure that those that want to participate would be provided with the opportunity to do so;
- an overview of the activities and engagement undertaken by the EASC Team was provided including responding to the comments and questions received from stakeholders, preparing and circulating briefing notes, updating CHC lead representatives and ongoing meetings with health board communication and engagement leads;
- following discussion at the December meeting, the team had been successful in securing dedicated communication and engagement support from a health board;
- a Senedd debate had taken place on Wednesday 11 January and that the approach being taken has been endorsed by Senedd Members. Key points raised by Members during the debate would be considered in this engagement work.

Agreed that

- (as at previous meeting), Chair's Action would be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be in early February.

Further noted that

- members recognised the impact of supporting the wider system during times of unprecedented pressure on the NHS over recent weeks and months;
- key stakeholders were keen to understand when the formal public engagement process was likely to commence, even an indicative date would be helpful;
- early February was being worked towards, and that if further support was required from health boards during this period this would be forthcoming.

The Chair reported that he had been closely briefed on the work being undertaken in recent weeks and was keen to ensure that due process was undertaken. The Chair would continue to track the progress being made and would undertake Chair's Action when he has the required assurance that all materials and arrangements were in place.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that Chair's Action will be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be early February in line with agreement at EASC meeting on 6 December 2022.

QUALITY AND SAFETY REPORT

Noted that:

- report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team;
- responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response;
- establishing and coordinating a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact of these. While the pilot process was live across Wales, the group continued to meet to share learning and good practice, alongside evaluating the impact of the new process. EASC Management Group will be asked to endorse the approach at their next meeting (see Action Log 'EASC 22/120');
- that the pilot process was felt to be working well and that it would be useful to have a performance framework to track the progress of investments made and the improved outcomes for patients;
- work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within the EASC Quality & Safety Report;
- there has been a growth in the levels of adverse incidents, media interest, HM Coroner inquests and subsequent Regulation 28 reports, Prevention of Future Deaths. This was likely to increase as a result of the deteriorating performance and escalation position that had been seen since the autumn of 2021;
- the EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances;
- the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm.

Members **NOTED** the report as presented.

EASC INTEGRATED MEDIUM TERM PLAN UPDATE

Noted that:

- the private briefing session held prior to the Committee meeting had been helpful in discussing performance matters and the actions in place to improve these
- the briefing session would ensure that similar ambitions and assumptions aligned to EASC Commissioning Intentions would be built in to the EASC, WAST and health board IMTPs

- IMTPs would now be drafted and developed via the EASC governance arrangements and peer groups for discussion at the February meeting of the EASC Management Group and agreement at the March meeting of EAS Committee
- IMTPs would need to be submitted to Welsh Government by end of March 2023.

Members **NOTED** the update provided.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

WAST Provider Report

Noted that:

- this provided an update on key issues affecting quality and performance for Emergency Medical Services (EMS) and Ambulance Care (including Non-emergency Patient Transport Services NEPTS) and provided an update on commissioning and planning for EMS and Ambulance Care (including NEPTS);
- work is currently being undertaken to reduce the length of the Provider report;
- there is concern regarding red and amber response times and patient waits, as reported in the EASC Performance Report;
- progress had been made with 'consult and close' rates as a result of investment in the Clinical Support Desk during 2021-22 and this was currently close to the 15% benchmark, hopefully working towards 17/18% next year.

Members **NOTED** the report as presented.

Immediate Release

Noted that:

- the All Wales Immediate Release Protocol was approved in July 2022 subject to a review after 3 months;
- feedback from partners (Chief Operating Officers) had now informed a review of the protocol as requested;
- from a commissioning perspective, this was felt to be a sensible approach.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the amendments to the All Wales Immediate Release Protocol as set out in paragraph 2.2, Appendix 1 and Appendix 2.

Manchester Inquiry Recommendations

Noted that:

- the report was prepared following an initial review of the emergency response to the Manchester Arena bombing;
- the WAST Emergency Preparedness, Resilience & Response (EPRR) team would need to develop the capacity to receive, review, consider and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report;
- the Inquiry recommendations (specifically drawn to recommendations R105 and R106) are clear that ambulance trusts should make recommendations to NHS commissioners about additional resources required to ensure an effective response to mass casualty incidents.

Agreed that:

- WAST would collaborate with the CASC and the EASC team and bring forward recommendations to EASC.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that WAST collaborate with the CASC and the team and bring forward recommendations to EASC.

Meeting requirements of the Civil Contingencies Act

Noted that:

- the operational and clinical pressures were worsening across health and social care in Wales;
- WAST were concerned about its ability to provide a major incident and/or mass casualty incident response to the people of Wales in a way that met the obligations as established within the Civil Contingencies Act (CCA) and as a Category 1 responder;
- during prolonged periods, WAST had seen more than 50% of its conveying capacity being unavailable to respond to patient incidents due to extreme handover delays with some handovers reaching over 48 hours;
- when business continuity and critical incidents were declared by WAST last month, due to WAST's inability to respond to patients categorised as immediately life threatening, no meaningful improvements to ambulance availability were seen;
- WAST were concerned that the health system would not be able to release ambulances held at emergency departments without delay should a major incident be declared. This would delay arrival of life saving care to those sadly caught up in any incident;
- WAST had developed a new risk for entry on its corporate risk register covering this issue and intended to raise this at the next public Trust Board meeting on Thursday 26 January 2023. It was anticipated that this risk would score as HIGH.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **NOTE** the system risk that WAST may fail to meet its Civil Contingency Act Category 1 responder responsibility if inhibited from sending its pre-determined attendance to a declared major incident or mass casualty incident due to emergency department handover delays
- **AGREE** that Health board CCA officers engage with WAST to confirm WAST/health board CCA arrangements and for any issues arising to be escalated where needed to EASC Management Group.

WAST Integrated Medium Term Plan (Oral)

Noted that:

- the WAST IMTP would need to be consistent with Commissioning Intentions and financial constraints;
- there were 3 key areas:
 - actions to improve the quality of service and to improve patient outcomes
 - staff (recognising the pressure that staff have been under in recent years)
 - financial sustainability including reducing costs, improved efficiency and generating additional income with the aim to deliver a balanced financial plan

- the WAST team were meeting with the EASC Team fortnightly as they develop the IMTP;
- the WAST IMTP would be taken to the EASC Management Group in February, presented to the WAST Board and then EAS Committee for approval at the March meeting;
- there was an appropriate balance of strengthening core services and the longer-term strategic view.

Members **NOTED** the report as presented.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

Noted that:

- the 'Plurality Model' was operated as part of the commissioning arrangements for Non-Emergency Patient Transport Services (NEPTS). As part of this approach, WAST was the provider of choice with other providers commissioned as appropriate. A tender process had recently been completed and was currently in the novation and implementation phase, this would ensure consistent standards of service delivery, cost efficiencies and savings. WAST were commended for the successful tender exercise;
- a review was being undertaken by NEPTS relating to access to dialysis and oncology services to ensure that these were in line with the expectation, this would be taken through the NEPTS Delivery Assurance Group (DAG);
- there was much information available relating to NEPTS and that a NEPTS Dashboard was currently being developed, again this would be taken through the NEPTS DAG and would become part of the EASC performance management mechanism;
- one of the Commissioning Intentions related to the development of a National Transfer and Discharge Service to support service changes at a health board level and to improve patient flow. This work was ongoing and would be developed and shared via the NEPTS DAG, EASC Management Group and EAS Committee;
- there was a responsibility to firstly ensure best use of current resources ahead of seeking additional resources;
- WAST had recently commissioned work to model how best to use resources as part of this work;
- there were a number of patient transport services operating in Wales and the need to ensure robust oversight, coordination and management of these and the avoidance of duplication.

Members **NOTED** the report as presented.

EASC COMMISSIONING UPDATE

Noted that:

- progress had been made against the key elements of the collaborative commissioning approach;
- the EASC team had developed a process through the framework mechanism to enable this collaborative approach to transition and transformation through the development of local Integrated Commissioning Action Plans (ICAPs), update against Agenda item 2.2;
- the EASC IMTP Quarter 2 Update was presented at the previous meeting. A Quarter 3 Update would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;

- a Quarter 2 Update against Commissioning Intentions for 2022-23 was provided at the November meeting. A Quarter 3 update against the EASC Commissioning Intentions (EMS, NEPTS and EMRTS Cymru) would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;
- Commissioning Intentions for 2023-24 were currently being reviewed as part of the IMTP Process for 2023-26, however it was anticipated that the majority of intentions would remain extant. These would be considered for endorsement at the February meeting of the EASC Management Group and then approved at the EASC Committee.

Members **NOTED** the report as presented.

EASC FINANCIAL PERFORMANCE REPORT MONTH 8 2022/23

Noted that:

- there was a current break-even position with no significant variance;
- work would continue on the income received from Welsh Government;
- health board Directors of Finance would be involved as appropriate;
- work would be undertaken in relation to WHSSC and EASC Standing Financial Instructions.

Members **RESOLVED** to:

- **NOTE** the current financial position and forecast year-end position.

EASC SUB GROUPS

The Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group notes from 6 October 2022 were received.

Members **APPROVED** the notes.

EASC GOVERNANCE

Noted that:

- the Risk Register had been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December (as the host body). Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm;
- the EASC Assurance Framework would be updated for the next meeting in line with the changes above approved for the Risk Register;
- the EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting;
- the Standing Financial Instructions for WHSSC were presented for approval at the meeting on 10 January 2023 and the EASC version would be presented alongside the Standing Orders at the next meeting in March 2023;
- the term of the Vice Chair would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March;
- the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years;

- a letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website;
- further, arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content;
- a further update would be provided as the investigation continued.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the updated risk register.

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
- Structured approach relating to the engagement process for the EMRTS Service Review.

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
- 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.

Forward Work Programme

Considered and agreed by the Committee.

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| Committee minutes submitted | Yes | ✓ | No | |
| Date of next meeting | 14 March 2023 | | | |