

## Bundle Emergency Ambulance Services Joint Committee 14 July 2020

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5	Date of Next Meeting

## PWYLLGOR GWASANAETHAU AMBIWLANS BRYs

Cynhelir cyfarfod y Cyd-bwyllgor am 09:30y.b.

Dydd Mawrth 14 o Orfennaf 2020

Bydd Cyfleusterau Fideogynadledda ar gael: drwy Microsoft Teams.

### AGENDA

<b>Rhan 1. Materion Rhagarweiniol</b>			
1.1	Croesawu a Chyflwyno	<i>Cadeirydd</i>	Ar Lafar
1.2	Ymddiheuriadau am Absenoldeb	<i>Cadeirydd</i>	Ar Lafar
1.3	Datganiad o Fuddiannau <i>Rhaid i aelodau ddatgan os oes ganddynt unrhyw fuddiannau ariannol personol neu fusnes, uniongyrchol neu anuniongyrchol, mewn unrhyw gytundeb, cytundeb arfaethedig, neu faterion eraill sydd o dan ystyriaeth ar unrhyw eitem agenda'r cyfarfod</i>	<i>Cadeirydd</i>	Ar Lafar
1.4	Derbyn y cofnodion heb eu cadarnhau cyfarfod y Cyd-bwyllgor Gwasanaethau Ambiwlans Brys a gynhaliwyd ar 12 o Fai 2020	<i>Cadeirydd</i>	Atodiad
1.5	1.5.1 Log Gweithredu 1.5.2 Materion yn codi nad ystyriwyd yn y Log Gweithredu	<i>Cadeirydd</i>	Atodiad
1.6	Adroddiad y Cadeirydd	<i>Cadeirydd</i>	Atodiad
<b>Rhan 2- Diweddariadau Perthnasol i'r Cyd-bwyllgor</b>			
2.1	Adroddiad y Prif Gomisiynydd Gwasanaethau Ambiwlans	<i>PGGA</i>	Atodiad
2.2	Diweddariad gan Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru GIG	<i>Prif Weithredwr YGAC GIG</i>	Atodiad
2.3	Canolbwyntio ar: Gwasanaethau Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)	<i>David Lockey Cyfarwyddwr Cenedlaethol EMRTS Cymru</i>	Atodiad Cyflwyniad
2.4	Adroddiad Cyllid	<i>Cyfarwyddwr Cyllid</i>	Atodiad
<b>Rhan 3 Materion Cymeradwyaeth</b>			
3.1	Diweddariad Llywodraethu PGAB yn cynnwys: 3.1.1 Adroddiad Blynyddol PGAB 2019-2020 3.1.2 Datganiad Llywodraethu Blynyddol 3.1.3 Adroddiad Blynyddol Grwp Rheoli PGAB 2019-2020 a'r cylch gorchwyl	<i>Ysgrifennydd Pwyllgor</i>	Atodiadau

	3.1.4 Adroddiad Blynyddol Grŵp Sicrwydd Comisiynu a Chyflenwi (NEPTS) a'r cylch gorchwyl (a'r adroddiad gan yr Archwiliad Mewnol) 3.1.5 Adroddiad Blynyddod gan gyrff a cynhelir Gwasanaethau Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)		
3.2	Derbyn a Chymeradwyo diweddariadau yr Is-grwpiau sefydledig EASC <ul style="list-style-type: none"> <li>Grwp Rheoli PGAB</li> </ul> 3.2.1 - 21 Chwefror 2020 <ul style="list-style-type: none"> <li>Grŵp Sicrwydd Comisiynu a Chyflenwi (NEPTS)</li> </ul> 3.2.2 - 7 Chwefror 2020 3.2.3 - 24 Ebrill 2020 3.2.4 - 12 Mai 2020 3.2.5 - 26 Mai 2020 3.2.6 - 9 Mehefin 2020 3.2.7 - 23 Mehefin 2020	<i>Cadeirydd</i>	Atodiadau
<b>Rhan 4 Materion eraill</b>			
4.7	Unrhyw Fusnes Brys Arall	<i>Cadeirydd</i>	Ar Lafar

<b>Dyddiad y Cyfarfod Nesaf:</b>	
Dydd Mawrth 8 o Fedi am 13:30 y.p. Lleoliad i'w benderfynny	

## EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE

A virtual meeting of the Joint Committee will be held at 09:30hrs  
On Tuesday 14 July 2020

### Microsoft Teams meeting – joining instructions on meeting invitation AGENDA

Part 1- Preliminary Matters			
1.1	Welcome & Introductions	Chair	Oral
1.2	Apologies for Absence	Chair	Oral
1.3	Declarations of Interest <i>Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting.</i>	Chair	Oral
1.4	To receive the 'unconfirmed' minutes of the Emergency Ambulance Services Committee meeting held on 12 May 2020	Chair	Attachment
1.5	1.5.1 Action Log 1.5.2 Matters Arising not considered within the Action Log	Chair	Attachment
1.6	Chair's Report	Chair	Attachment
Part 2 – Key items for discussion			
2.1	Chief Ambulance Services Commissioner's Report	CASC	Attachment
2.2	Welsh Ambulance Services NHS Trust update	WAST CEO	Attachment
2.3	Focus on – Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)	David Lockey National Director EMRTS Cymru	Attachment and Presentation
2.4	Finance Report	Director of Finance	Attachment
Part 3 – For Approval			
3.1	EASC Governance Update including: 3.1.1 EASC Annual Report 2019-20 3.1.2 Annual Governance Statement 3.1.3 EASC Management Group Annual Report 2019-20 and Terms of Reference 3.1.4 Non-Emergency Patient Transport Service Delivery Assurance Group Annual Report 2019-20 and Terms of Reference (and Internal Audit Report) 3.1.5 Emergency Medical Retrieval and Transfer Service Hosted Bodies Annual Report 2019-2020	Committee Secretary	Attachment

3.2	Sub Groups – confirmed minutes for approval <ul style="list-style-type: none"> <li>EASC Management Group               <ul style="list-style-type: none"> <li>3.2.1 - 21 February 2020</li> </ul> </li> <li>NEPTS Delivery Assurance Group               <ul style="list-style-type: none"> <li>3.2.2 - 07 Feb 2020</li> <li>3.2.3 - 24 Apr 2020</li> <li>3.2.4 - 12 May 2020</li> <li>3.2.5 - 26 May 2020</li> <li>3.2.6 - 09 Jun 2020</li> <li>3.2.7 - 23 Jun 2020</li> </ul> </li> </ul>	Chair	Attachment
3.3	Forward Look	Chair	Attachment
<b>Part 4 – Other matters</b>			
3.1	Any other urgent business	Chair	Oral
<p style="text-align: center;"><b>Date of Next Meeting:</b>            A meeting of the Joint Committee will be held at 13:30hrs            On Tuesday 8 September 2020 at            WHSSC, Unit G1, The Willowford, Main Ave,            Treforest Industrial Estate, Pontypridd CF37 5YL</p>			



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON  
12 MAY 2020 AT 130PM VIRTUALLY BY SKYPE**

**PRESENT**
**Members:**

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Carol Shillabeer	Chief Executive, Powys THB

**In Attendance:**

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
James Rodaway	Head of Commissioning & Performance Management
Ross Whitehead	Assistant Director of Quality and Patient Experience
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 20/38	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the first virtual meeting (using the Skype platform) of the Emergency Ambulance Services Committee.</p> <p>Prior to the presentation of the provider report, the Chair formally thanked Jason Killens and all of the staff at WAST for their excellent response to the Covid 19 Pandemic.</p> <p>The Chair also thanked the Chief Executives of health boards and their staff for their exceptional work and commitment in responding so well to the unprecedented situation.</p>	

	Members expressed their sincere sympathies and condolences to the families, friends and colleagues at WAST and those in the wider health service who had died during the time of this pandemic.	
EASC 20/39	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were received from Len Richards and Sharon Hopkins. Nick Lyons, Medical Director at Cwm Taf Morgannwg UHB was welcomed to his first meeting as the nominated deputy.	
EASC 20/40	<b>DECLARATIONS OF INTERESTS</b> There were no additional interests to those already declared.  Members noted that a new process was in development for declarations in line with advice from Audit Wales and updated forms would be circulated shortly.	Chair  Committee Secretary
EASC 20/41	<b>MINUTES OF THE MEETING HELD ON 10 MARCH 2019</b>  The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 10 March 2019.	Chair
EASC 20/42	<b>ACTION LOG</b>  Members <b>RECEIVED</b> the action log and agreed that a log be developed of pending actions delayed by the impact of the pandemic on normal business. Members <b>NOTED</b> specific progress as follows:  <b>Emergency Medical Retrieval Service (EMRTS) Gateway Review</b> The Chair requested that this be added to the 'pending' log.  <b>EASC 19/08 &amp; EASC 19/21 &amp; EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework</b> Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look).  <b>EASC 19/12 Risk Register</b> It was agreed that this would be received by the EASC Management Group and then by the Joint Committee in due course (On the Forward Look).	Committee Secretary  CASC  Head of Commissioning  Committee Secretary

<p><b>EASC 19/55 &amp; 19/92</b> <b>Mental Health</b> It was agreed that this be added to the 'pending log'.</p> <p><b>EASC 19/78</b> <b>Reference document on the WAST Relief Gap Emergency Ambulance Service</b> It was agreed that this be added to the 'pending log' and would also form part of the work for the Ministerial Ambulance Availability Taskforce.</p> <p><b>EASC 19/79</b> <b>WAST Service Transformation</b> It was agreed that this be added to the 'pending log'.</p> <p><b>EASC 19/97</b> <b>Serious Adverse Incidents (SAIs)</b> Members noted that SAIs had been included in the WAST Provider Report and a recent Quality and Delivery meeting with the CASC had discussed the approach in detail. Information would be included in every WAST Provider report going forward (<b>Added to Action Log</b>).</p> <p><b>EASC 19/100</b> <b>Emergency Department Quality and Delivery Framework</b> It was agreed that this be added to the 'pending log'.</p> <p><b>EASC 19/103 &amp; EASC 20/16</b> <b>Governance</b> A report would be received at the next meeting which would include the Annual Governance Statement, highlight reports from Sub Groups and the risk register.</p> <p><b>EASC 20/12</b> <b>Ministerial Ambulance Availability Taskforce</b> Members noted that the work had been delayed and the Minister was aware. This would be added to the 'pending log'.</p> <p><b>Emergency Medical Retrieval and Transfer Service</b> A meeting had been planned to take place before the end of March with the Air Ambulance Charity. This would be rearranged and this was added to the 'pending log'.</p> <p><b>EASC 20/15</b> <b>Finance Report</b> A Finance Report would be received at the next meeting and would include the 'A Healthier Wales' allocation.</p>	<p>Deputy CASC</p> <p>CEO WAST</p> <p>CEO WAST</p> <p>CEO WAST</p> <p>CASC</p> <p>Committee Secretary</p> <p>CASC</p> <p>Chair and CASC</p> <p>Director of Finance</p>
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	<p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Action Log.</li> <li>• <b>AGREED</b> that a 'matters pending log' be developed as a result of the impact of the current pandemic.</li> </ul>	CASC / Committee Secretary
EASC 20/43	<p><b>MATTERS ARISING</b></p> <p>There were none.</p>	
EASC 20/44	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</b></p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harrhy highlighted the following:</p> <ul style="list-style-type: none"> <li>• <b>Year End Accounts</b> – Members noted that the draft year end accounts had been received and there were no problems or risks anticipated with finalising and submitting to the Audit and Risk Committee at Cwm Taf Morgannwg UHB in June 2020.</li> <li>• <b>Ministerial Ambulance Availability Task Force</b> – Members noted that the plans for the Taskforce were currently on hold and the Minister had been informed. Consideration would be given when the work would formally recommence. Members noted that much of the work undertaken over the last few months in responding to the pandemic would be helpful in terms of the demand and capacity plan and would be particularly helpful to learn from the operational changes made at pace.</li> <li>• <b>Annual Governance Statement</b> – Members noted that this was in the drafting stage and would be submitted to the Audit and Risk Committee at Cwm Taf Morgannwg in June 2020. The draft once completed would be shared with Members for an opportunity to comment.</li> <li>• <b>Emergency Medical Retrieval and Transfer Service (EMRTS)</b> – Members noted the work to develop the commissioning framework and the work to develop 24/7 working. The EMRTS Delivery Assurance Group would discuss and develop detailed operational plans for approval at a future Committee meeting.</li> <li>• <b>EASC Integrated Medium Term Plan (IMTP)</b> – Members noted that a letter of support had been received from the Welsh Government for the EASC IMTP although the planning processes were now on hold. A revised delivery plan would be developed and Members noted the importance of responding to the updated operating framework process. A revised plan would be developed and presented to the Committee for consideration and approval in due course.</li> </ul>	<p>Director of Finance</p> <p>Committee Secretary</p> <p>CASC</p> <p>CASC</p>

	<ul style="list-style-type: none"> <li>• <b>Co-Chair Task and Finish Group</b> – Members were reminded that the CASC had been asked to work with the fire and rescue service; this work had been put on hold. Further information would be shared when available.</li> <li>• <b>Ambulance Quality Indicators (AQIs)</b> – Members noted that performance targets were on hold, although data continued to be collected; Stats Wales had paused the publication of the AQIs.</li> <li>• <b>Meetings with WAST</b> – Members noted that the CASC had a weekly meetings with the Chief Executive of WAST. A Quality and Delivery meeting was held last week and the CASC reported that progress was being made.</li> <li>• <b>EASC Management Group</b> - Members noted that the Group would recommence shortly and would work on developing the 'new normal' in line with the requirements of the operating framework.</li> <li>• <b>Covid response</b> – Members noted that the CASC and the EASC teams had continued to work closely with WAST and commended the positive way in which the WAST Executive Team and all of the staff had responded to the pandemic. Members noted that in terms of the additional expenditure related to the pandemic response, this was being monitored and this would not be the responsibility of health boards to fund. Members noted that the importance of the revised financial plan and clarification of the additional expenditure incurred by WAST.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chief Ambulance Services Commissioner's report.</li> </ul>	<p>CASC</p> <p>CASC</p> <p>CASC</p>
<p>EASC 20/45</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</b></p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <p><b>Pandemic and response</b></p> <ul style="list-style-type: none"> <li>• Members noted that the team at WAST had aimed to double their capacity across key operational areas. Areas highlighted included: <ul style="list-style-type: none"> <li>- 111: Members noted that early on in the pandemic a 350% increase had been seen in the number of calls received for several weeks; additional call handlers and clinical staff had been recruited to assist and the online symptom checker was operational; as the activity reduced the team had been realigned.</li> </ul> </li> </ul>	

- More call handling capacity had been developed in Swansea and Cwmbran (2) with the potential to open in North Wales if required. This approach allowed safe working practices, conforming to social distancing rules, to operate in call centres.
- The surge in activity over the most recent weekend which saw the highest peak in activity over the last 3 months.
- 999: capacity had been doubled.
- Emergency Medical Services: the limiting factor was the availability of vehicles.
- Workforce issues: weekly overtime had doubled, support had been received from the military and underlying sickness absence had reduced.
- Performance: good outturn performance at over 65% across Wales in April and also expected in May.
- Non-emergency patient transport services had been maintained for renal and oncology patients; shadow plans had been developed to increase capacity when required, although not this had not yet been deployed.

#### **Activity and performance**

- Amber performance had improved from the beginning of the financial year, activity reduced, production and lost hours had all contributed which was the best position for a number of years.

#### **Demand and Capacity Review - Implementation progress**

Overview of the work to date was provided which included:

- Members noted that WAST had also retained this review as priority work during the Covid 19 pandemic response.
- Aim to recruit a net additional 136 WTE staff and the majority would be emergency medical technicians (EMT).
- Undertaken virtual recruitment events and virtual online training courses.
- Had already secured 40.28 WTE of the staff required and were also aiming to over-recruit the numbers of paramedics due to some slippage in the programme.
- Members noted that the Demand and Capacity Review was undertaken across NHS Wales and did not include the anticipated changes as a result of the Grange University Hospital opening. As a result Members noted that it was anticipated that a potential further 84 WTE staff would be required. Urgent discussions were underway to match the potential to open the new hospital in the Autumn as opposed to March 2021.
- Members noted that other developments and plans were on hold (apart from the work with the Grange Hospital).

**Non-Emergency Patient Transport Service (NEPTS)**

- Members noted that work was continuing to improve the national booking process.
- The Demand and Capacity Review of NEPTS had now been reconvened and was being managed through the NEPTS Delivery Assurance Group.

**WAST Integrated Medium Term Plan (IMTP)**

- Members noted that the WAST Board had approved the IMTP and a letter in support had been sent by the CASC although the planning processes had been put on hold by the Welsh Government.
- Members noted that WAST would respond to the new operating framework and intended to submit on 18 May. Members noted the intention to give the CASC sight of the final draft for comment by the end of the week.

**Regional Escalation**

- Members noted that this process had been disrupted due to the response required for the Covid 19 pandemic.
- The WAST team suggested that it would need to continue to refine plans for the previously agreed revised regional escalation process in the future to weave in learning and management of activity due to the impact of the pandemic.

In receiving and noting the WAST provider report Members highlighted:

- The excellent progress made with the recruitment of staff and asked whether health boards also searching for additional staff had impacted on WAST; Jason Killens suggested that he would welcome a further opportunity to discuss recruitment, for example of paramedics, across NHS Wales and the potential impact of this, although no issues had been experienced to date.
- Performance issues - in terms of the improving trend but also of the variation in performance across Wales.
- The Amber performance was positive.
- Further discussions would need to take place in relation to how the extra resources (136WTE staff) would be deployed and it was agreed that the EASC Management Group would lead on the work and report to a future Committee meeting (**Added to Forward Look**).
- The additional capacity in the transfer and discharge service and plans for the medium and long term which was encouraging.
- The impact on WAST staff during the pandemic and the challenges faced; Jason Killens explained that efforts were being made to capture the learning and not lose the agile way in which staff were responding.

	<p>It was felt that IT had been an enabler and the team were aiming to capture the learning from this. The WAST team were planning a Covid 19 Wave 1 debrief session to capture any learning and recovery actions. Work included an online digital version for front line staff to bring together in time for the WAST Board meeting in June. This information would be shared with Members (<b>Added to Action Log</b>). Generally, staff appeared to be coping well.</p> <ul style="list-style-type: none"> <li>• Matters relating to personal protective equipment (PPE) and the impact in relation to the time taken to respond to incidents. The issue remained on aerosol generating procedures and cardiac arrest in relation to the type of PPE used.</li> <li>• Additional information was sought regarding performance and the possibility that due to the reduction in demand coupled with increased production that this would impact more on red performance. Members noted that in responding to the pandemic the number of rapid response vehicles had been reduced and community first responders had not been utilised as previously, primarily to ensure the safety of the staff. However, this was changing and the performance was now on an improving trajectory.</li> <li>• The evaluation of winter was raised and the work to do in planning for the next winter period alongside the Covid 19 impact. It was suggested and agreed that it would be helpful to undertake more planning than normal to ensure the NHS would be able to respond effectively. Members noted that WAST would increase the ambulance fleet by 100 new vehicles but would retain the older vehicles for an additional 12 months to ensure a contingency for the fleet. Additional staff were also trained and available such as the Fire and Rescue service staff. The impact of the winter in the Southern Hemisphere would also be monitored and WAST were keen to work closely with Health Boards in taking this work forward.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the provider report and the actions agreed.</li> </ul>	
EASC 20/46	<p><b>FORWARD PLAN OF BUSINESS</b></p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that a pending log be developed and closely monitored to ensure that necessary actions can be captured and completed in a timely way.</p>	Gwenan Roberts

## AGENDA ITEM 1.4

	Following discussion, Members <b>RESOLVED</b> to: <ul style="list-style-type: none"><li>• <b>APPROVE</b> that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan for future meeting in line with the discussions held.</li></ul>	Chair and CASC
EASC 20/47	<b>ANY OTHER BUSINESS</b>  There was none	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 14 July 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed .....

**Christopher Turner (Chair)**

Date .....

## Agenda Item 1.5.1

### Action Log JOINT COMMITTEE MEETING Update for meeting on 14 July 2020

Minute	Action	Lead	Progress
EASC 19/08 & EASC 19/21 & EASC 19/23 & EASC 19/92 & EASC 20/44	<b>Emergency Medical Retrieval Service (EMRTS)</b> Refresh of the commissioning framework	<i>EMRTS Team</i>	<b>Agenda item</b>
EASC 19/12	<b>EASC Risk Register</b> Review of Risks and actions	<i>James Rodaway</i>	<b>Agenda item EASC Governance</b>
EASC 19/97	<b>Serious Adverse incidents (SAI)</b> <ul style="list-style-type: none"> <li>Additional information was requested in terms of the common themes of the SAIs (in more detail than handover delays) which would be reported to the Welsh Government</li> </ul>	<i>Jason Killens</i>	<b>Agenda item WAST Provider report</b>
EASC 20/11	<b>Forward Plan of Business</b> Annual Reports to be received from all sub groups	<i>Sub Group leads</i>	<b>To be confirmed</b>
EASC 20/15 & 20/32	<b>Finance Report</b> A Healthier Wales allocation to be quantified by the end of February-March	<i>Stuart Davies</i>	<b>Agenda item Finance Report</b>
EASC 20/16 & EASC 20/44	<b>EASC Governance Update</b> The risk register to be reviewed in line with the host body arrangements and progress to be presented to the next meeting EASC 20/33 – Risk Register to be presented to EASC Management Group	<i>James Rodaway &amp; Gwenan Roberts</i>	<b>Agenda item EASC Governance</b>
	<b>Annual Reports for the Committee and all sub groups</b> Agreed to receive an annual report to assist to evaluate the effectiveness of the Committee; receive reports from all sub groups	<i>Gwenan Roberts Sub Group leads</i>	<b>Agenda item EASC Governance</b>
	<b>Annual Governance Statement</b> Draft to be shared with Members prior to submission in June	<i>Gwenan Roberts</i>	<b>To be confirmed</b>
EASC 20/29	<b>Emergency Medical Retrieval and Transfer Service - the EMRTS Service</b> Expansion Review - Further discussions would need to take place regarding infrastructure and the capital requirements.	<i>CASC</i>	<b>Agenda item Focus on EMRTS</b>

Minute	Action	Lead	Progress
EASC 20/28	<b>Highlight Reports EASC Sub Groups</b> To be adopted across all of the EASC Sub Groups.	<i>Sub Group leads</i>	<b>Agenda item</b>
EASC 20/29	<b>Demand and Capacity Review</b> Members noted that there was currently a difference of opinion regarding the model being developed for the Grange Hospital and Jason Killens would write to Judith Paget to outline his concerns.	<i>Jason Killens</i>	<b>To be confirmed</b>
EASC 20/36	<b>Coronavirus - Actions agreed</b> <ul style="list-style-type: none"> <li>We will raise issues of service pressure in WAST with the national team at the Welsh Government</li> <li>Health Board and WAST plans will need to link using an agreed mechanism</li> <li>EASC Team role to identify the key issues which will have an impact more widely on health boards</li> <li>More important than ever to be joined up and ensure collective decision making</li> </ul>	<i>All</i>	<b>To be confirmed</b>
EASC 20/44	<b>Integrated Medium Term Plan</b> Revised delivery plan to be presented	<i>James Rodaway</i>	<b>To be confirmed</b>
EASC 20/45	<b>Learning Lessons of working during a pandemic</b> The CEO of WAST agreed to share the organisations early learning from the first wave of the pandemic in Wales	<i>Jason Killens</i>	<b>To be confirmed</b>

MINUTE	PENDING ACTIONS	LEAD	PROGRESS
EASC 17/44 & EASC 17/73 & EASC 19/21 & EASC 19/76	<b>Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review</b> Further update on the direction of travel in relation to the recommendations of the gateway review to be provided (Pending)	<i>Stephen Harrhy</i>	
EASC 19/55 & EASC 19/92 & EASC 20/29	<b>Mental Health</b> Additional information to be developed and shared to assist Members with the work to date (pending)	<i>Shane Mills / Lead CEO</i>	
EASC 19/75	<b>Chair and CASC Meetings</b> Invites to meet with all health boards and NHS Trust meetings	<i>Members</i>	<b>To confirm once all completed</b>
EASC 19/78	<b>Reference Document on the WAST Relief Gap Emergency Ambulance Service</b> <ul style="list-style-type: none"> <li>Receive a plan outlining how WAST would return to 2013/14% levels of spending on frontline staff and recurrently resourced</li> <li>Handover improvement plan to be agreed by EASC</li> </ul>	<i>Jason Killens Jason Killens</i>	<b>To be confirmed</b>  <b>To be confirmed</b>

MINUTE	PENDING ACTIONS	LEAD	PROGRESS
EASC 19/79	<b>WAST Service Transformation</b> <ul style="list-style-type: none"> <li>Share the three service transformation initiatives suitable for national scale up with the Minister at the Chairs meeting with the Minister at the end of September</li> </ul>	Jason Killens	To be confirmed
EASC 19/100	<b>Developing the National Emergency Department Quality and Delivery Framework (EDQDF)</b> Receive a further update on progress during the summer of 2020 (Pending)	Julian Baker	Added to Forward Look
EASC 19/103	<b>Governance</b> <ul style="list-style-type: none"> <li>Standing Financial Instructions to be presented when finalised</li> </ul>	Stuart Davies	To be confirmed
EASC 19/103	<b>Governance</b> <ul style="list-style-type: none"> <li>Standing Financial Instructions to be presented when finalised</li> <li>Risk Register to be redeveloped in line with discussion meeting</li> </ul>	Stuart Davies James Rodaway	To be confirmed July 2020
EASC 20/12	<b>Emergency Medical Retrieval and Transfer Service</b> Chair and CASC to meet with Air Ambulance Charity and report back	Chair & CASC	To be confirmed
	<b>Research related to triage tools</b> Research information related to breathing problems – card 6 to be shared with EASC Management Group	Jason Killens	To be confirmed
EASC20/29	<b>CASC as Co-Chair Task and Finish Group</b> To explore opportunities for fire and rescue and NHS services to collaborate	CASC	Agenda Item CASC Report
	<b>Safe Cohorting of Patients</b> EASC Management Group to coordinate impact and share learning	CASC	To be confirmed
EASC 20/34	<b>Integrated Performance Dashboard</b> To be developed by the EASC Management Group	Ross Whitehead	To be confirmed
EASC 20/35	<b>Ambulance Quality Indicators</b> To be provided on a monthly basis	Ross Whitehead	Currently on hold CASC Report



**AGENDA ITEM**

1.6

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

**CHAIR'S REPORT**

<b>Date of meeting</b>	14/07/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Assistant Director Corporate
<b>Presented by</b>	Chris Turner, Chair of the Committee
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

**ACRONYMS**

CASC	Chief Ambulance Services Commissioner
WAST	Welsh Ambulance Services NHS Trust

**1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is for the Committee to receive an update on key matters related to the work of the Chair.

**2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 Since the last Committee meeting Members should note:
- Twice weekly meetings with the CASC have continued
  - I have attended all (2) Chairs' Peer Group meetings
  - I have attended 3 ministerial meetings
  - On 22 June the CASC and I met with the Chair and Chief Executive of WAST
  - On 8 July I held a one-to-one with the Chair of WAST.



### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Importance of adapting commissioning requirements to the new normal and supporting WAST to adapt to changing requirements.
- 3.2 Developing the “phone first” concept related to the wider work on unscheduled care.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Main Strategic Objective</b>	<p>The Committee’s overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) ‘Quadruple Aim’ are being progressed.</p> <p>This report focuses on all the above objectives, but specifically on <b>providing</b> strong governance and assurance.</p>
<b>Link to Main WBFG Act Objective</b>	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

### 5. RECOMMENDATION

- 5.1 The Emergency Ambulance Services Committee is asked to:
  - **DISCUSS** and **NOTE** the information within the report.



**AGENDA ITEM**

2.1

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

**CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT**

**Date of meeting**

14/07/2020

**FOI Status**

Open/Public

**If closed please indicate reason**

Choose an item.

**Prepared by**

Chief Ambulance Services Commissioner

**Presented by**

Chief Ambulance Services Commissioner

**Approving Sponsor**

Chief Ambulance Services Commissioner

**Report purpose**

FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

**ACRONYMS**

AQI	Ambulance Quality Indicators
CASC	Chief Ambulance Services Commissioner
EMRTS	Emergency Medical Retrieval and Transfer Service
WAST	Welsh Ambulance Services NHS Trust



## **1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is for the Committee to receive an update on key matters related to the work of the Chief Ambulance Services Commissioner (CASC).

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 Since the last Committee meeting progress has been made against a number of key areas which for ease of reference are listed below:

- Year End Accounts and Annual Governance Statement
- Ministerial Ambulance Availability Task Force
- EASC Integrated Medium Term Plan
- Ambulance Quality Indicators
- Seasonal Planning
- Ambulance provision for the coming months
- Reviewing the Emergency Medical Services (EMS) Framework
- Meetings with WAST

### **2.2 Year End Accounts and Annual Governance Statement**

Members will be pleased to note that no issues were identified in respect of the accounts or any key risks and they were approved at the Audit & Risk Committee at Cwm Taf Morgannwg University Health Board on 29 June 2020 and the full set are available at this link:

[https://cwmtafmorgannwg.wales/how-we-work/audit-committee/?drawer=Audit%20Committee\\*021%20JUNE%2029%202020](https://cwmtafmorgannwg.wales/how-we-work/audit-committee/?drawer=Audit%20Committee*021%20JUNE%2029%202020)

The Annual Governance Statement was also approved at the same meeting and has been circulated to Members. Looking ahead the Committee has committed to:

- Continuing to examine the governance and internal controls of the EASC
- Reviewing the format of the risk register and take into account of the set of context perspectives
- Overseeing the implementation of the Demand and Capacity plan for emergency medical services (EMS)
- Continuing to refine and review the commissioning intentions for EMS, NEPTS and EMRTS
- Considering the development of commissioning arrangements for a dedicated national transfer and discharge service
- Delivering the Strategic Commissioning Intentions



- Supporting the monthly publication of the Ambulance Quality Indicators
- Commissioning EMRTS and WAST to deliver the critical care transfer service
- Delivering the Ministerial Ambulance Availability Taskforce and its recommendations
- Delivering alternative pathways in line with the Ministerial request
- In light of the Covid 19 pandemic, revising the EASC IMTP to reflect the anticipated future.

## 2.3 Ministerial Ambulance Availability Taskforce

Members will recall that the work of the Ministerial Ambulance Availability Taskforce was suspended due to the initial response to the Coronavirus pandemic. It is now time to reconvene the work of the Taskforce and Professor David Lockey and I are discussing how best to facilitate this. It is likely that this will involve the Taskforce meetings less frequently than originally intended and adopting an approach which will critique specific pieces of work rather than the traditional meeting approach.

I have held some discussions with the Chair and Chief Executive of the Welsh Ambulance Services NHS Trust who are supportive of this new approach and the Minister is aware of the work to date.

It is still the intention to produce an interim report and the timing of this will align with key dates previously agreed by EASC in respect of the Demand and Capacity review work discussed and agreed at previous committee meetings. I will share the revised work programme of the Taskforce with Committee members as soon as it is available.

## 2.4 EASC Integrated Medium Term Plan IMTP

Members will be aware of the revised approach being taken by Welsh Government in respect of the IMTP process this year. In view of this and the development of quarterly operational framework delivery returns there is a need to revise the EASC delivery plan for 2020-2021 and the plans for 2021-2022 and beyond. As health boards and WAST have only recently been asked to submit their Quarter 2 & 3 returns and the relationship between the returns and the EASC delivery plan it is my intention to discuss this in detail at the next EASC Management Group on 27 July 2020 and bring the plan back to the Committee for approval.



In the meantime ongoing discussions and meetings are taking place with WAST to ensure that the key deliverables described earlier in my report are progressing.

## 2.5 Ambulance Quality Indicators (AQIs)

Members should note that the position remains unchanged in relation to the publishing of AQIs. Releases of official statistics and research on Wales can be found at the following link: <https://gov.wales/statistics-and-research>

However, as requested, work has commenced to present the information in a clearer and more transparent way.

## 2.6 Seasonal Planning

Discussions have started with WAST on their seasonal planning arrangements. Members will be aware of the specific guidance on unscheduled care in the Quarter 2/3 Operating Framework information. Opportunities for WAST and health boards to work closely together across the whole unscheduled care system will be discussed and developed at the EASC Management Group which will be presented for discussion at the next Committee meeting.

## 2.7 Ambulance service provision in the coming months

Members will be pleased to note that helpful discussions have been taking place at the EASC Management Group in terms of the health boards and NHS Trusts plans to return to pre-Covid working arrangements. The discussions have identified that even small changes to services can have significant effects on the ambulance services provided by WAST, even where activity remains the same.

At this time, where all NHS services are in uncharted territories I would emphasise to you that your organisational representatives at all of the EASC Sub Groups have never been more important or vital to ensure that the right services can be provided locally.

The importance of the operational information for the planning and securing of appropriate ambulance provision for your resident populations is essential and the sub groups are working hard to ensure that this takes place.



## 2.8 **Reviewing the Emergency Medical Services (EMS) Framework**

In line with the discussions at previous Committee meetings work has commenced on reviewing the EMS Framework.

This work will take into account the Covid 19 pandemic and the ambition and re-establishment of performance management arrangements particularly taking into account quality, safety and outcomes. In addition the framework will enable WASTs contribution to the pre-hospital unscheduled care system to be defined. The EASC Management Group will discuss the revised framework in detail prior to its presentation to the Committee in due course. It is anticipated that the new Framework will be in place for Quarter 3 in this financial year.

## 2.9 **Meetings with WAST**

Members should note that I have continued to hold weekly meetings with the Chief Executive of WAST since the last Committee meeting.

Members of the EASC Team have had regular contact with WAST executive directors and attended and supported meetings with the WAST team on matters of key importance including the Demand and Capacity Programme Board, Clinical Prioritisation and Assessment Software Group, Field Hospital Transportation and the Non-Emergency Patient Transport Services Delivery Assurance Group. Since the last EASC meeting, Quality and Delivery Meetings took place on 12 June and 3 July.

Members will be pleased to note that I was able to provide comments to WAST on their Quarter 2/3 Operating Framework return prior to its submission to the Welsh Government.

As we continue to adapt to the current situation these arrangements will change to reflect the need to effectively collaboratively commission ambulance services.

## 3. **KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE**

- 3.1 The review of the Emergency Medical Services Framework to be in place during Quarter 3.
- 3.2 The key deliverables for this financial year as described above
- 3.3 Reconvening of the Ministerial Ambulance Availability Taskforce
- 3.4 Implementation of the Demand and Capacity Review for EMS



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Specific areas identified will impact quality safety and patient experience matters
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	All health and care standards apply.
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	There are ongoing implications which are identified within the report
<b>Link to Main Strategic Objective</b>	<p>The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.</p> <p>This report focuses on all the above objectives, but specifically on <b>providing</b> strong governance and assurance.</p>
<b>Link to Main WBFG Act Objective</b>	Provide high quality care as locally as possible wherever it is safe and sustainable

#### 5. RECOMMENDATION

5.1 The Emergency Ambulance Services Committee is asked to

- **DISCUSS** and **NOTE** the information within the report.



## AGENDA ITEM

2.2

### EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)

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

**Date of meeting**

14 July 2020

**FOI Status**

Open/Public

**If closed please indicate reason**

Choose an item.

**Prepared by**

Rachel Marsh, Director of Strategy, Planning and Performance (WAST)

**Presented by**

Jason Killens, Chief Executive WAST

**Approving Executive Sponsor**

Chief Executive

**Report purpose**

FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

### ACRONYMS

ABUHB	Aneurin Bevan University Health Board
CASC	Chief Ambulance Services Commissioner
CTMUHB	Cwm Taf Morgannwg University Health Board
D&C	Demand and Capacity
EMS	Emergency medical services
NCCU	National Collaborative Commissioning Unit
NEPTS	Non-emergency patient transport services
SAI	Serious Adverse Incident
WAST	Welsh Ambulance Services NHS Trust



## **1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is to provide EASC with an update on key issues affecting quality and performance for EMS and NEPTS and also to provide an update on strategy and planning for EMS and NEPTS respectively.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

### **CoVID-19**

#### **Pandemic Influenza Plan/Business Continuity**

- 2.1 At the May-20 EASC WAST reported that it triggered its Pandemic Influenza Plan on 4 Mar-20 WAST with two clear corporate objectives. These were:
- i. Take all reasonable, necessary and proportionate measures in all the circumstances to fulfil the objectives set in our pandemic strategy and
  - ii. Continue with recruitment to fulfil the minimum of 136 FTE growth of the EMS service as agreed with EASC for 2020/21. All other, non-essential WAST activity would cease to enable the Trust to focus solely on these two critically important tasks.
- 2.2 WAST undertook planning around six key areas of business in response to i. above and delivered a range of tactical responses to increase capacity across 111, EMS and NEPTS.
- 2.3 As reported previously WAST also introduced a specific pandemic protocol for 999 call handling (Card 36). This 999 call handling triage protocol, which supplements others within the Medical Priority Dispatch System (MPDS) is designed specifically for pandemic management. We will keep this arrangement in place and only withdraw it when the prevalence and risk of CoVID-19 to people in Wales has diminished.
- 2.4 As the rate of CoVID-19 incidents has reduced, WAST has moved to a “monitor, response” phase and also switched back on a range of key projects (see IMTP 20/23 section below).
- 2.5 WAST has maintained a weekly dialogue with the CASC on quality, performance, governance and financial commitments.



- 2.6 The current focus is on managing a return to business as “usual”, recognising that this will be a changed “usual”. WAST will continue to monitor the system’s requirement from an ambulance transport perspective and flex its capacity in response to changes in demand. In line with other organisations across Wales, WAST has had to develop operational plans for Q1 and Q2, which articulates in more detail the priorities through this phase.
- 2.7 The Plan has proved effective and WAST has responded in a coordinated manner and in collaboration with the NCCU. Initial lessons were captured by 31 May-20 with a full lessons learnt and evaluation due to be completed and reported to WAST’s Board in Jul-20.

**EASC is asked to NOTE that:  
WAST’s Pandemic Influenza Plan/ business continuity arrangements continue and that WAST is now in a period of monitoring/flex response as the wider health care system returns to “normal”.**

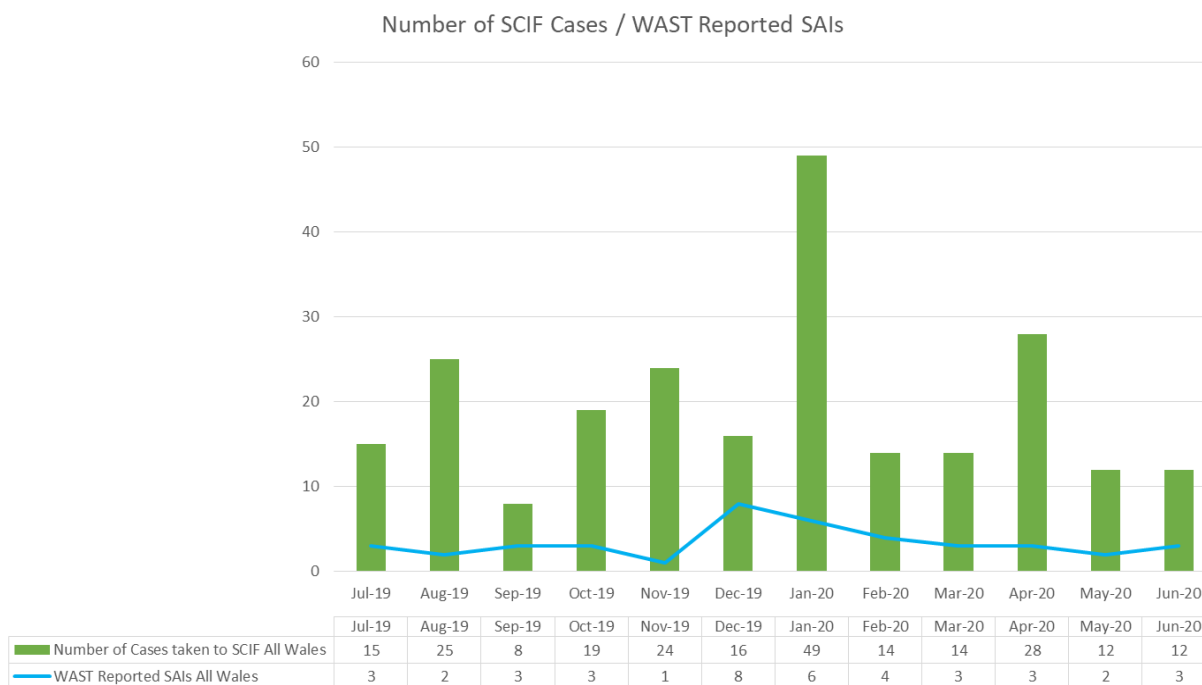
### **Quality, Safety & Patient Experience**

#### **Serious Adverse Incidents (SAIs)**

- 2.8 WAST continues to review and discuss potential SAIs at its Serious Case Incident Forum (SCIF). Following the outbreak of the Pandemic, WAST has witnessed (over time) a reduction in the volume of adverse incidents being reported by staff through Datix. This has had an impact on the volume of cases being discussed at SCIF, and consequently a reduction in cases being reported as WAST SAIs or being passed to the relevant health board for investigation as a Patient Safety Incident or under the umbrella of the Joint Investigation Framework.
- 2.9 The tables below are illustrative of the following:
- Cases being discussed at SCIF and WAST reported SAIs, and
  - Cases being discussed at SCIF and either passed to health boards as Patient Safety Incidents or under the Joint Investigation Framework.
- 2.10 The figures are representative of the health board area in which the incidents occurred.
- 2.11 There were three WAST SAIs in Jun-20. WAST currently has 13 open SAIs, with the high level themes and trends being:
- Call categorisation issue – 3
  - Clinical practice issues, which include 2 from NEPTs – 6
  - Delayed response – 1



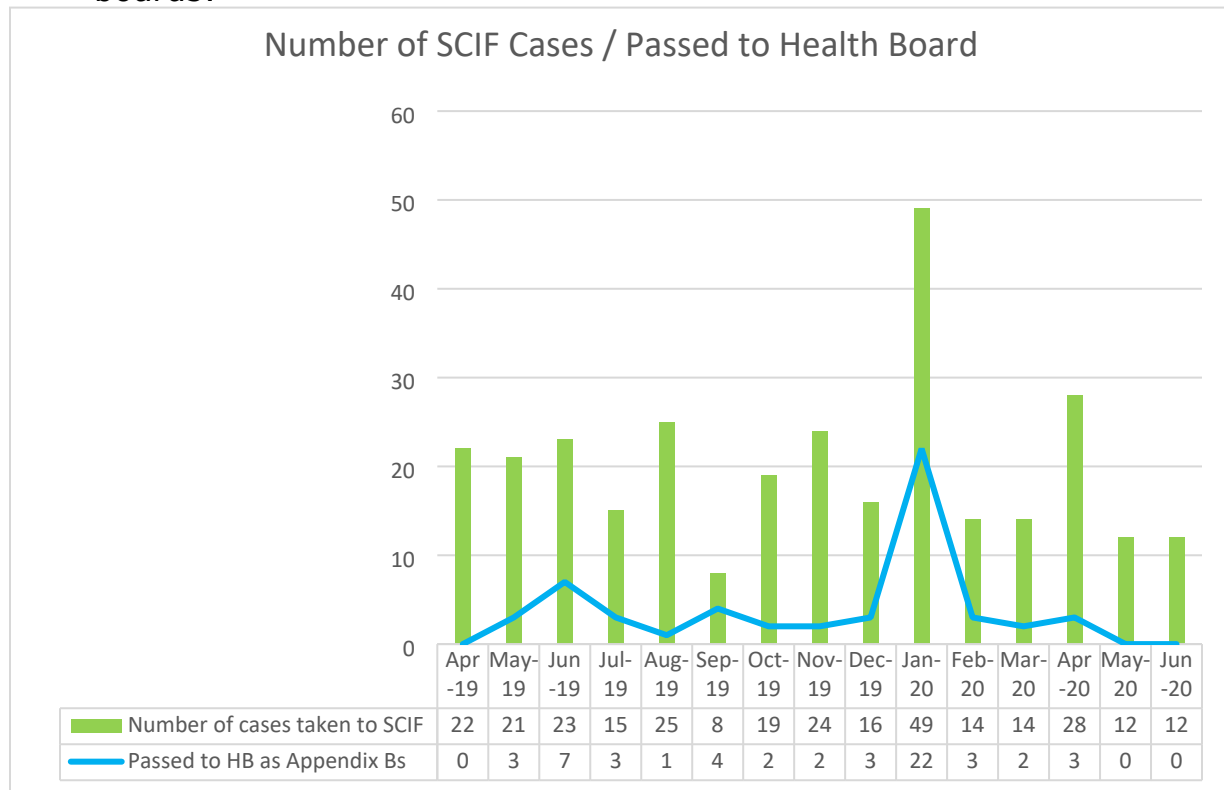
- Dispatch issue - 1, and
- Other – 2.



SAIs Reported to Welsh Government								
	ABUHB	SBUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	Total
2017/18	17	10	12	6	2	1	0	48
2018/19	11	7	13	15	1	4	0	51
2019/20	13	15	1	6	5	3	1	44
2020/21 (Apr to Jun)	1	1	1	3	1	1	0	8

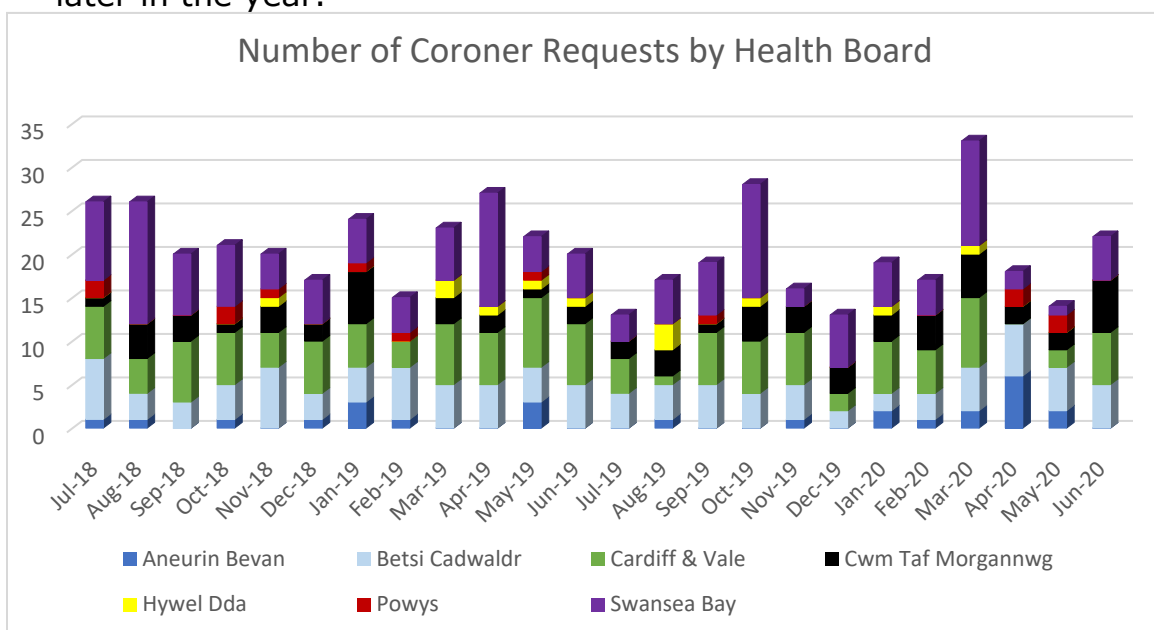


2.12 Since the last report to EASC no SCIF cases have been passed to health boards:



### Coroners' Activity

2.13 As of the end of Jun-20 WAST has 64 open coroner cases, of which it is known that the Trust is or is likely to be an interested party in 14 Inquests pan-Wales at this time. These are at various stages of investigation from statement disclosure to date(s) listed for full hearing later in the year.



## Longest Waits

2.14 The Patient Safety Team undertake regular reviews of the longest responses to patients, even where no complaint or concern has been received or raised, this is to provide assurance around the quality of the care that these patients received. The following table details patient waits 12 hours and over.

[illegible]

2.15 Numbers increased during the winter months with a significant reduction in Apr-20 to Jun-20 triggered by "lockdown" and the significant reduction in demand and increase in ambulance capacity (ambulance units produced and reduction in lost hours). Prior to CoVID-19 the Trust agreed with the CASC (as part of the Amber Review Programme) to dip sample five long waits per month, always including the longest wait. WAST agreed to reinstate this from Jun-20.

**EASC is asked to NOTE that:**

**there are currently 13 open SAIs and 8 in quarter 1 20/21 (compared to 9 in the same period last year).**

**Three SCIFs have been passed to health boards in quarter 1.**

**WAST currently has 64 Coroner's cases open.**

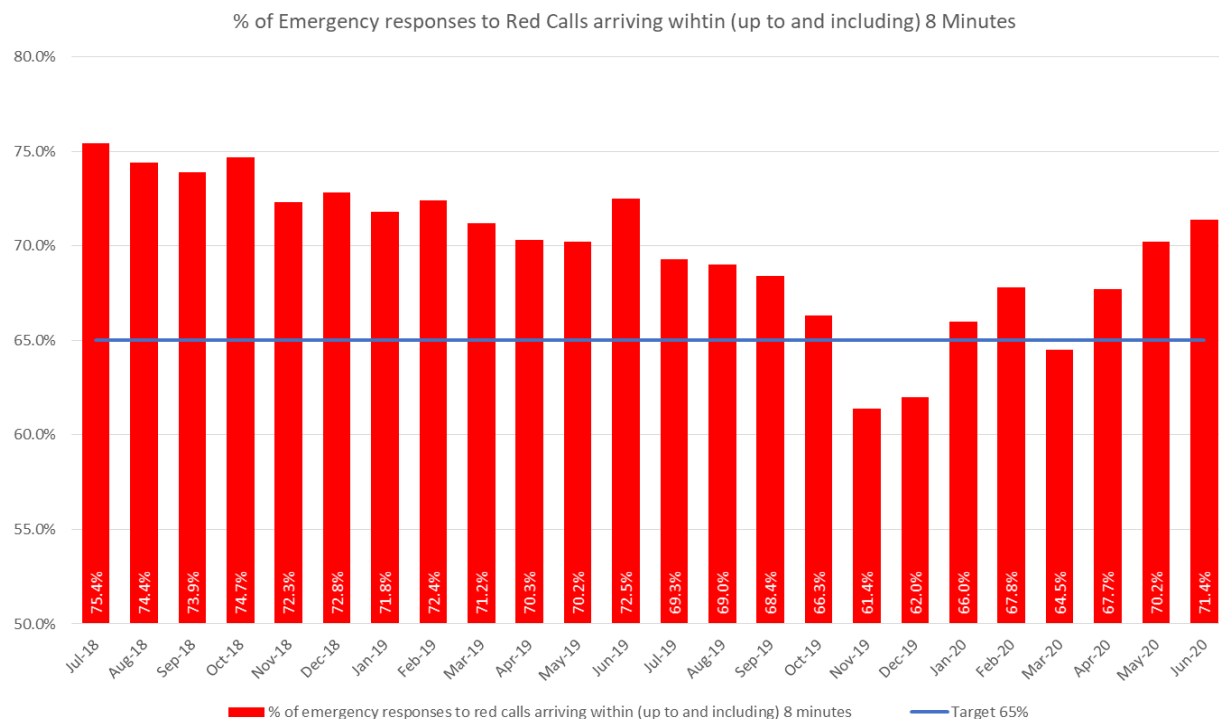
**WASTs quality, safety and patient experience monitoring arrangements have remained in place during the business continuity period.**



## Performance

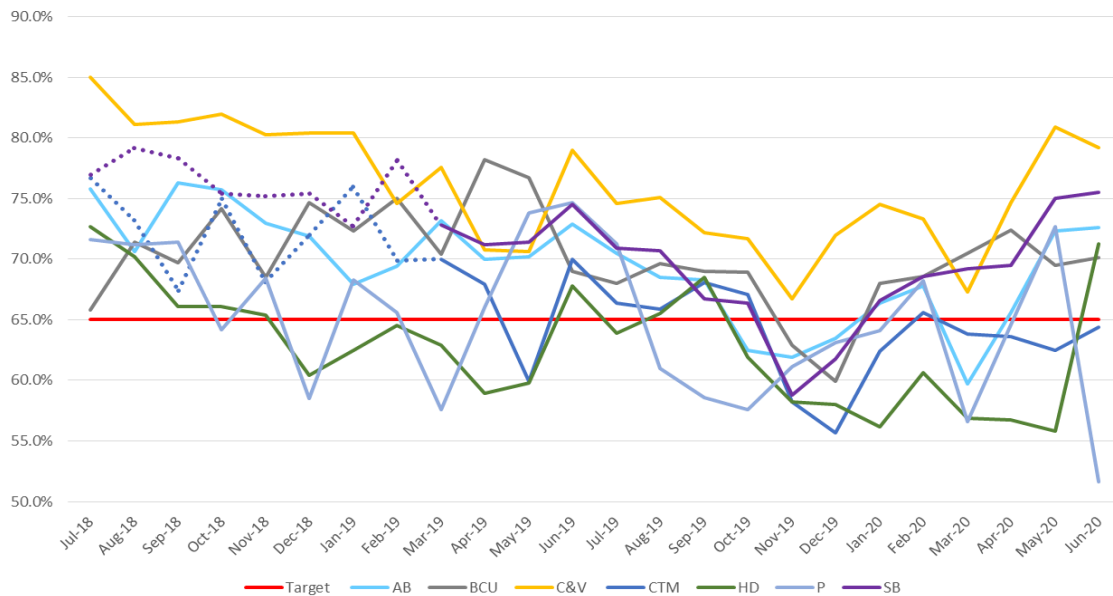
### Red Performance

2.16 Red performance has been maintained above the 65% target in Q1 (it should be noted that the current Welsh Government advice is that there is no formal publication of the monthly statistical release or Ambulance Quality Indicators, so the data is not formally verified at this point in time). There continues to be variation in health board performance with Cardiff & the Vale traditionally the highest performer and Cwm Taf Morgannwg, Hywel Dda and Powys missing the 65% target. The reduction in single crewed Rapid Response Vehicles (RRVs) will be a factor in these three health board areas missing the 65% target. A detailed analysis of Hywel Dda's performance has been completed, comparing May-20's performance with Sep-19's performance, the last time the 65% target was achieved until a significant improvement in Jun-20. WAST has identified a range of options for addressing Hywel Dda's performance, but will now undertake further analysis on Jun-20's performance before determining what options to pursue. Similarly, a review of Powys's performance is being completed.

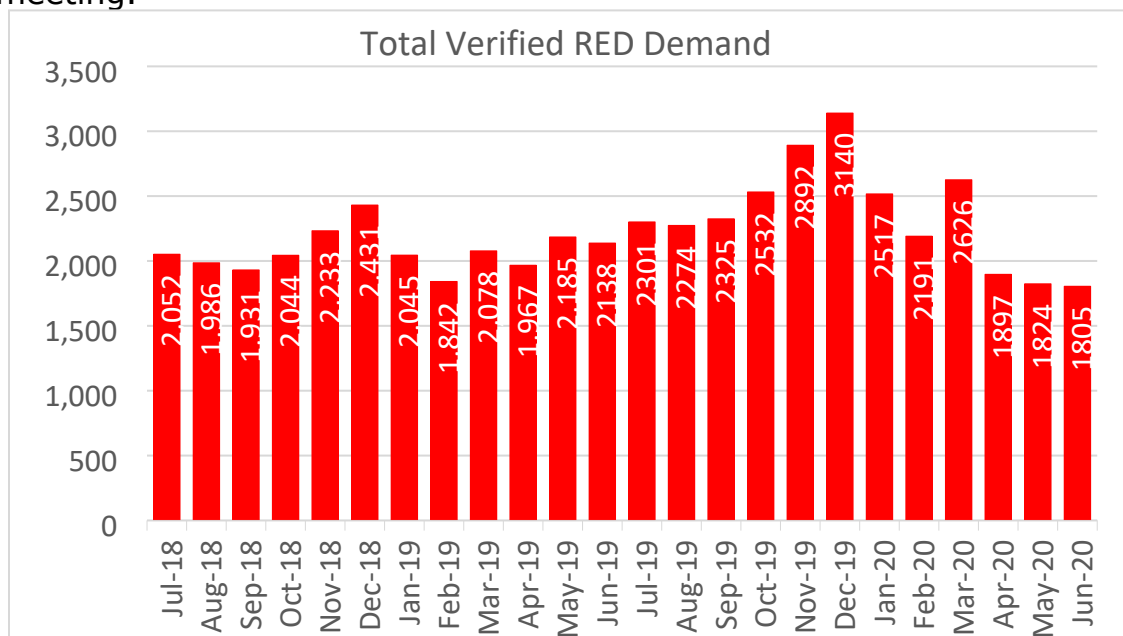


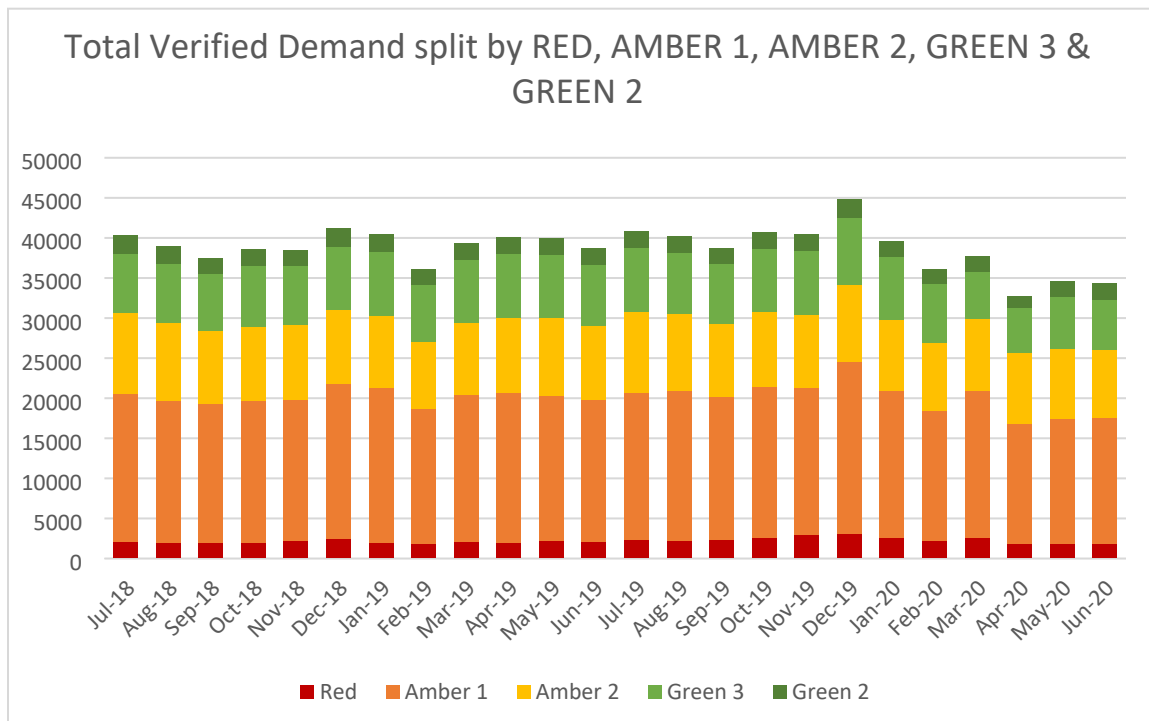


Red 8 Minute Performance by Health Board



2.17 Demand changes are one of the main factors affecting performance for all categories of calls. Red demand is shown in the graph below. Red demand increased through 2019/20 as a result of a change in application of the Medical Priority Dispatch System (MPDS) which is seeing a greater proportion of breathing difficulties coded as Red, as previously reported to EASC. Red demand was reduced by 12% in quarter 1, compared to the same period last year, and during the period of "lockdown". Some initial work has been undertaken by WAST on which Red incident types have reduced during "lockdown". The CASC requested further analysis at the Jul-20 CASC Quality & Delivery meeting.





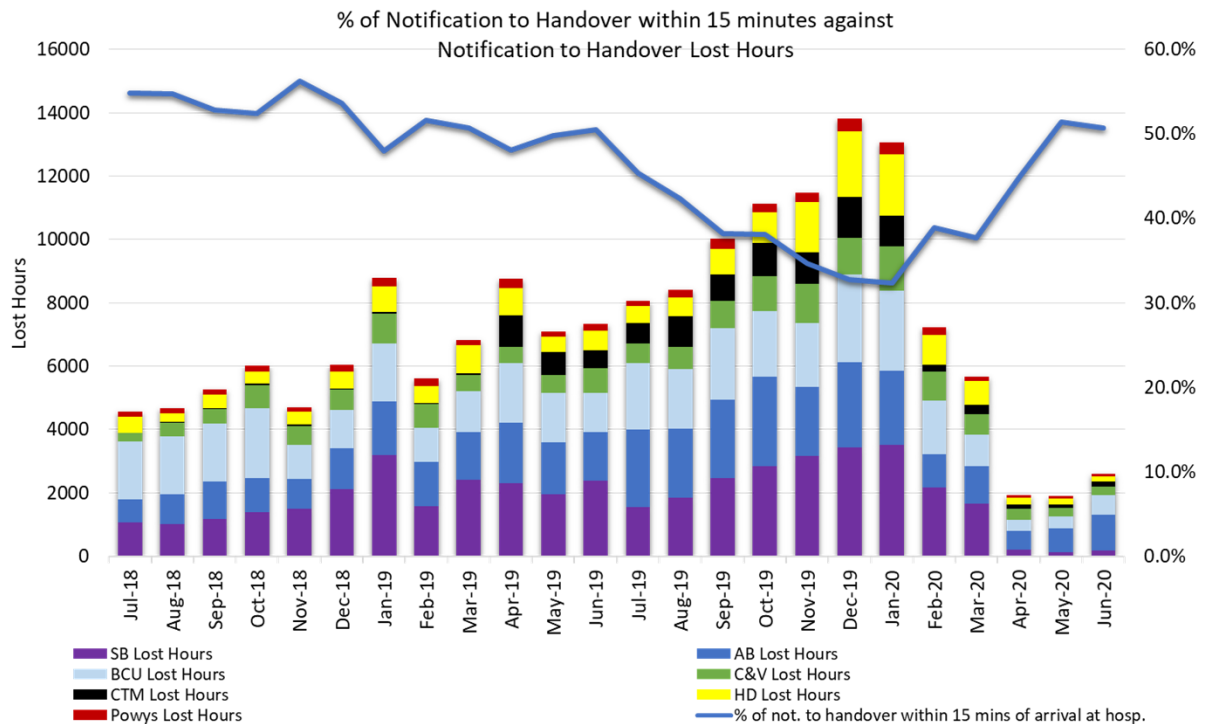
2.18 Overall demand was 12% lower in Jun-20 compared to Jun-19 with the reduction being mainly seen in the Amber 2 category. We may have expected reductions in lower acuity categories in the Clinical Response Model. This does suggest suppressed demand. Further investigation is required and has been requested by the CASC.

2.19 The number of hours produced by WAST is a second major determinant of performance. WAST reported to the last EASC that with the advent of "lockdown" and the possibility of increased demand and reduced hours produced as a result of staff sickness a decision was made to continue to boost unit hours produced through overtime/use of bank staff and also to increase/maintain our conveying resource by switching Paramedics from Rapid Response Vehicles (RRV) to Emergency Ambulances (EA) (increasing EA actual hours produced and reducing RRV actual hours produced). As a result WAST produced 456,344 hours in the period Mar-20 to Jun-20 compare to 452,434 hours in the same period last year.

2.20 The third key determinant of performance is handover lost hours. The graph below shows the increasing levels of lost hours over the past year, but a significant reduction in Feb-20, with big improvements seen in AB and CTM UHBs as a result of the cohorting initiatives deployed.



As CoVID-19 took effect and core unscheduled care system demand was suppressed there have been dramatic reductions in handover lost hours during Q1, but with some increase in Jun-20 and localised issues in late Jun-20.

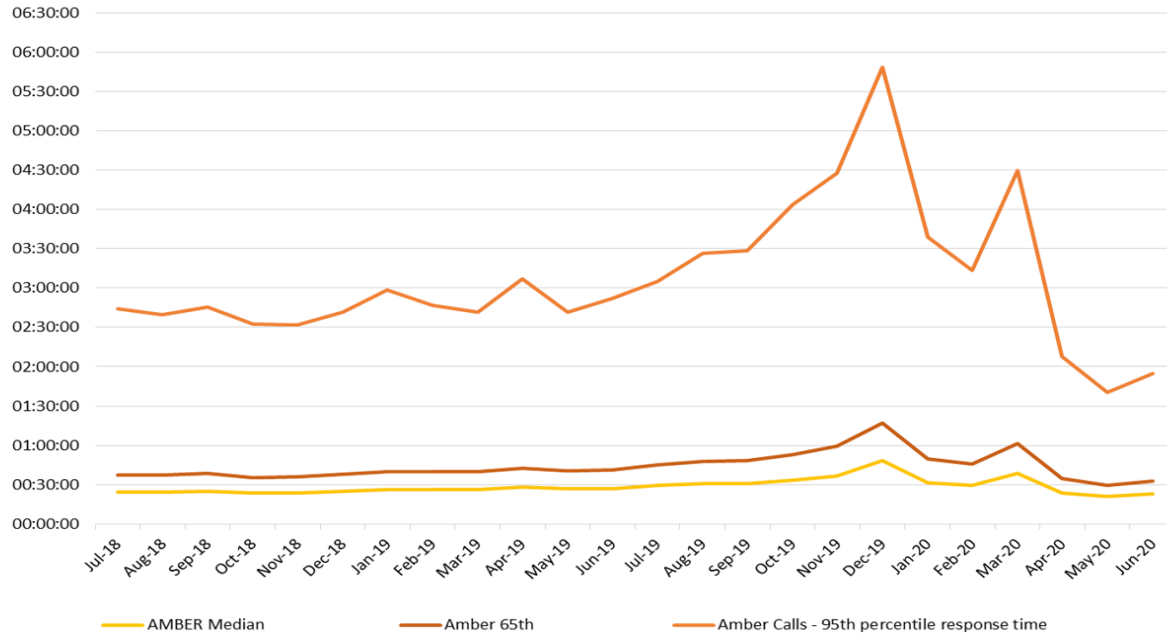


## Amber Response times / Amber Review

- 2.21 Amber response times are a significant concern and a key issue to be addressed by the EMS Demand & Capacity Programme; however, during the initial phase of the CoVID-19 response there has been a significant improvement in the Amber median, 65<sup>th</sup> centile and 95<sup>th</sup> centile times. The reduction in demand, increase in ambulance hours produced and reduction in handover lost hours has had a significant impact on Amber times, in particular, the Amber tail (the 95<sup>th</sup> percentile) which is sensitive to changes in demand and capacity.



Amber Median, 65th & 95th Percentile



2.22 The key action in the Amber Review Implementation Programme was the EMS Demand & Capacity Review. A summary of progress to date in implementing the outcome of the EMS Demand & Capacity Review is included later in this report. WASTs Amber Review Implementation Programme is now closed with any residual actions being taken forward through the Ministerial Ambulance Availability Taskforce in collaboration with the CASC and NCCU.

## Tactical Seasonal Planning

2.23 WAST held a tactical seasonal planning workshop on 01 Jul-20. Due to CoVID-19 there will be no formal evaluation of winter 2019/20; however, the workshop reviewed quality and performance through winter 2019/20 and identified the need to undertake some “quick and dirty” evaluations of various 2019/20 initiatives.

2.24 Whilst there is no formal Welsh Government requirement to produce a winter plan for 2020/21, WAST has decided to produce a tactical seasonal plan that will straddle Q3 and Q4, and will be a key part of the Q3/Q4 organisational plans. The plan will be produced around Welsh Government’s six goals for urgent and emergency care and five enablers.



- 2.25 WAST has also undertaken scenario modelling for three points in time, including Dec-20 (December usually being the month with the highest demand). WAST's current forecasting and modelling assumption is that a second wave is unlikely to be higher than the first wave, but what is more difficult to forecast and model is the extent to which core demand and other variables, for example, handover lost hours will be suppressed during a second wave period. WAST is linking the forecasting and modelling to Welsh Government information on R1.1 and "circuit breakers" being applied.

**EASC is asked to NOTE that:**

**the Red 8 minute 65% target has been met through quarter 1 2020/21; however, there is variation between health boards and also variation month on month in the same health board, both of which are currently subject to further analysis by WAST.**

**EASC is asked to NOTE:**

**the reduction in the Amber tail (the 95<sup>th</sup> percentile) which is an on-going area of patient safety/experience concern for EASC and WAST; and how the reduction in demand and increase in capacity has affected performance.**

### **Demand and Capacity Review – Implementation**

- 2.26 EASC approved the final full report of the independent collaborative EMS D & C Review at its Jan-20 meeting. EASC has agreed to provide non-recurrent funding in 2020/21 to WAST to support the increase in its front line establishment by 136 full time equivalents (FTEs) by Mar-21 (made up of 11.5 Paramedics, 102.4 Emergency Medical Technicians (EMTs) and 22.1 Unscheduled Care Staff (UCS)). The Trust will also be contributing to the funding of this increased number of staff.
- 2.27 The planned recruitment forms part of a wider EMS Demand & Capacity Programme (with seven projects). During the initial phase of CoVID-19 only the recruitment & training project remained switched on; however, WAST is now in the process of switching back on the programme. WAST provided updates to the EASC Management Group 26 Jun-20 and CASC Quality & Delivery meeting (03 Jul-20). The CASC has requested a separate one off EASC Management Group in Jul-20 on the programme and WAST IMTP delivery (see paragraph 2.23 below).
- 2.28 WAST has established an EMS Demand & Capacity Programme Board, with the NCCU represented, mirroring the collaborative approach adopted for the Review itself.



2.29 Despite CoVID-19 WAST has made good progress on the recruitment and training project:-

Totals 2020/21								
Role	Planned	Recruited	In training	Delivered	Cumulative R&T	This is % of Ask	Additionality secured	Additionality required
UCS	223	35	37	82	154	69.06%	34.00	22.10
EMT	250	12	57	6	75	30.00%	5.00	102.40
Para	98.5	103	0	9.41	112.41	114.12%	28.28	11.50
	<b>571.5</b>	<b>150</b>	<b>94</b>	<b>97.41</b>	<b>341.41</b>	<b>59.74%</b>	<b>67.28</b>	<b>136.00</b>

Note: Information accurate as per 12 Jun-20 i.e. 15 Jun-20 programme board.

2.30 60% of the recruitment and training plan has been recruited/in-training/delivered and 49% of the "additionality" i.e. of the 136 FTEs additional FTEs funded by EASC for 20/21 has been recruited/in-training/delivered (these figures do not include the impact of the opening of the Grange University Hospital or any other major service changes).

2.31 The current estimated costs of the EMS Demand & Capacity recruitment & training for 20/21 is £4.712m with recurrent costs of £5.427m excluding the recurrent impact of the Advanced Paramedic Practitioners (APPs) expansion of £1.000m. Current funding arrangements for 20/21 are £1.8m recovered via EASC from health boards, maximise all resources and WAST contributions of £2.435m: overall total of £4.235m. The current cost of the recruitment and training is £5.712m leaving a shortfall of £1.477m. Decisions are required around funding the gap or the planned future recruitment and training needs to be stopped. The UCA training cohorts 13 & 14 planned to commence on 20 Jul-20 has now become a critical date for the programme, hence the request from the CASC for a one off meeting on the programme and IMTP as per paragraph 2.29 above.

2.32 The 136 FTEs are currently being "landed" in line with the relief gap identified in the Review, and agreed with the CASC, but this is under review, in particular, whether there is an ability to improve pan-Wales Red performance by front loading the "landing" in some health boards.

2.33 Whilst the funding for the recruitment & training project is now a high risk to the programme, the very high utilisation of WAST's estate has also been identified as a strategic risk to the programme (with the Grange University Hospital (GUH) and the NEPTS Demand & Capacity Programme adding to this risk).



A detailed analysis of the estate is currently being undertaken, which will be reported to the EMS Demand & Capacity Programme Board on late 31 Jul-20.

- 2.34 In terms of the other six projects in the programme, these are all now either turned back on or are partially turned back on with the exception of the Clinical Contact Centre (CCC) Reconfiguration project which has been provisionally suspended until Q1 2021/22.
- 2.35 Whilst WAST is making good progress on the FTE additionality for 20/21, EASC and WAST need to start giving consideration to recruitment and training in future years. Some strategic steer from EASC on future recruitment and training intentions is key to enabling WAST to take decisions on estate in a timely manner so that a lack of estate does not become a major barrier to the programme.

**EASC is asked to NOTE that:**

**a programme management approach has been adopted to implement the recommendations of the EMS Demand & Capacity Review; good progress has been made on recruitment & training, but urgent consideration is now required on the underpinning financial plan; the high utilization of the existing estate is a potential barrier to the programme and is currently under detailed review; and that a strategic steer from EASC on future recruitment and training intentions is a key enabler for WAST to enable decisions on estate to be made in a timely manner.**

**Developments / Planning**  
**Health Board Service Changes**

- 2.36 ABUHB's Board has now agreed to a Nov-20 opening of the GUH (subject to WG approval), with a further approval from ABUHB Board pending in mid-July on the transport model. WAST and ABUHB have largely reached agreement on the principles of the model, and that WAST will determine the transfer priority for the highest acuity patients, with access to clinicians within the CCC where necessary.
- 2.37 In reaching this agreement WAST is now able to commence recruitment to the service on the basis on 84FTE required as a mixture of NEPTS and urgent care crews, with an additional EMS paramedic crew for 12 hours per day for the highest acuity step up transfers; however, the confirmation of the opening being brought forward puts additional pressure on our recruitment and training teams, as well as the need to



secure additional CCC capacity, fleet and estates. Delivery of this increased level of service is possible by the end of Nov-20, but there are clearly associated risks which ABUHB, WAST and the NCCU will be working through now at pace.

- 2.38 Whilst the business as usual health board change work has been suspended there has clearly been a significant change to the hospital footprint across Wales as a result of CoVID-19. WAST has established, in collaboration with the NCCU, a WAST national health board surge capacity project team with regional cells plugged into health boards, so that WAST can gather intelligence and respond to the transport requirements associated with these field sites. It is important that Health Boards continue to ensure that WAST is kept apprised of all plans that will impact on transport requirements.
- 2.39 During the first phase of CoVID-19 WAST forecast and modelled the transport requirements for the planned surge sites. WAST is currently undertaking revised forecasting and modelling based on its CoVID-19 adjusted NEPTS average patients per journey and emerging “new normal” demand pattern. WAST is also closely monitoring the daily infection data, conveyance levels and bed utilisation information per health board, in combination with intelligence from health boards, to guide what additional transport capacity WAST is required. The reduced NEPTS capacity, driven by the reduced average patients per journey is an identified risk.

### **NEPTS (Non-Emergency Patient Transport Service)**

- 2.40 Following the decision to suspend much of the normal health board activity, the NEPTS teams areas of work have been focused on ensuring that a high quality service continues to be provided to essential outpatients (as determined by health board clinicians), patients requiring transport to access renal dialysis and oncology treatment and ensuring a timely service for patients requiring discharge home or transfer to an alternative place of care.
- 2.41 In order to respond to Welsh Government advice on social distancing and to ensure staff and patient safety the service has had to make or respond to several changes to its normal methods of service delivery, these are:
- Limits on the numbers of patients per vehicle. Maximum loading is now 2 patients per ambulance (previously max of 5) and 1 per car type vehicle (previous max of 3)
  - Vehicle screens between the cab and saloon of the vehicle



- Separating suspected & confirmed CoVID-19 patients to travel alone
- Additional Personal Protective Equipment (PPE) requirements
- New booking, planning and allocation processes
- Reductions in the levels of available volunteers, and
- Increased sickness levels due to a high proportion of staff within the shielded category.

2.42 These changes have reduced the ability of the service to maximise vehicle utilisation, which has dropped from an average of 2.1 patients per run in April 2019 to 1.4 patients per run in April 2020.

2.43 Whilst the overall reduction in demand has offset this loss of efficiency during the initial phase of the pandemic, the service's ability to manage a resumption of business as usual activity without significant additional investment in additional resources is likely to be compromised. It is therefore imperative that health boards ensure that they engage at the earliest possible stage of service planning and includes transport support as an integral part of any planning work undertaken. Without meaningful engagement there is a significant risk that an appropriate transport support provision will not be able to be delivered to support health board service delivery. In recognition of this risk and to provide a formal mechanism for engagement and oversight, the NEPTS Delivery Assurance Group (DAG) has recommenced meeting fortnightly on a virtual basis. In addition, simulation modelling is currently being undertaken on the revised demand pattern for NEPTS and revised capacity to transport.

2.44 Following a pause in progress WAST has turned back on the NEPTS Demand & Capacity Review, with a revised completion date of Nov-20 (original data: Jul-20).

### **IMTP 2020/23 & Operating Framework & Critical Path**

2.45 WASTs IMTP was submitted on the 31 Jan-20, endorsed by EASC on 28 Jan-20 with written support from the CASC. The IMTP integrates EASCs commissioning intentions for EMS and NEPTS into a plan which clearly articulates a commitment to quality and delivery of 'A Healthier Wales' Quadruple Aim.

2.46 Whilst the IMTP was not approved formally, the Trust Board maintains a keen interest in the IMTP's highest priority programmes and a number these are directly linked to EASC commissioning intentions.



These have therefore been incorporated into WAST's quarterly operational planning cycle.

2.47 WG now requires WAST and other NHS bodies to submit quarterly operational plans whilst the NHS continues to manage services in response to the CoVID-19 pandemic. Our quarter 2 operational plan sets out four key areas where the Trust needs to focus its attention as it enters a period of flexible response whilst planning for recovery:

- **Respond flexibly** – a set of actions that maintains the Trust's preparedness for future spikes in COVID-19 related demand and in support of NHS Wales Essential Services. This incorporates our collaborative approach to modelling demand and capacity, our approach to tactical seasonal planning and monitoring of health board surge capacity, business as usual and operational service changes.
- **Lead important programmes internally and across the system** – this includes restarting our IMTP priorities but also our lead role across some of the national Unscheduled Care programme's six goals.
- **Support our staff** – this is a vitally important component of our plan, as we ensure staff are safe and well both on the frontline but also working from home. We have received significant feedback from a Trust wide staff survey and we will be using the results of the survey to inform our plans to support staff over the coming months as we plan how we can safely return staff to the workplace as well as managing infection control, PPE and the impact of Test, Trace and Protect.
- **Learning from what has worked** – like all NHS bodies, WAST has learnt an enormous amount from its response to COVID-19 so far and we are seeking to amplify those service changes, systems changes or digital and technological advancements where these are in line with our strategic ambition and commissioning intentions.

2.48 Our current IMTP priorities are:

- Recruit the agreed staffing numbers to deliver the EMS Demand and Capacity Review
- Respond to major service changes such as the opening of the GUH, the South Wales Major Trauma Network and surge capacity changes across Wales
- Continue planning for the electronic Patient Care Record and 111 ICT systems



- Continue to work on those major capital schemes prioritised within the reduced capital allocation
- Complete CCC Clinical and NEPTS Demand and Capacity reviews
- Replace fleet within available resources and refresh our fleet plans.

2.49 In recognition of the scale of work required to continue to respond to the pandemic, take forward important programmes of work and plan for recovery, the Trust has stood back up its Strategic Transformation Board on a 6 weekly basis. It will have two key roles in the current operational environment:

- i. to review the Trust's priorities against a set of recovery principles using a scoring criteria to determine the priority order of work, which incorporated government mandate and EASC commissioning requirements as one of the key criteria
- ii. to monitor delivery of those priorities within the context of Trust's quarterly operational plan.

2.50 In recognition that EASC will need to make important commissioning decisions on a number of WAST's priorities a critical path has been included at **Appendix 1**. This highlights the following areas:

- **Operational Delivery Unit (ODU)** – sign off of a business case to enable the structure to be in place ahead of winter
- **Tactical Seasonal Planning** – agreement on the actions and changes that need to take place ahead of winter
- **EMS Demand & Capacity Programme** – resolve financial plan to enable next cohort of UCA training, decision on whether to re-roster and decisions around future recruitment and training, as well as a review of estates constraints
- **GUH** – highlight the important timescales within the GUH transport implementation project, financial considerations and impact on the EMS Demand and Capacity implementation
- **Forecasting & Modelling** – completion of modelling for Q3 and Q4, and
- **NEPTS Demand & Capacity Review** – complete review and agree actions with EASC for inclusion in next IMTP round.

2.51 A critical path of key decision dates for WAST (and where relevant EASC) is included in **Appendix 1**.



## **Leading Service Change across Wales**

- 2.52 Acknowledging that EASC collectively are not currently the commissioners of the 111 service in Wales, nevertheless, it is helpful to set out one of the key priorities identified by WAST in its Q2 plan.
- 2.53 A series of 6 goals have been identified for Urgent and Emergency Care in Wales. One of the deliverables under Goal 2 states: 'To support care in the right place and enable social distancing in Emergency Departments, a 'phone first before attending ED' or 'phone and walk' concept targeted at patients who could be safely assessed elsewhere or through a planned approach will be developed and tested by the end of Q2 (NATIONAL / LOCAL)'.
- 2.54 This priority deliverable resonates strongly with WAST's ambition, articulated in its long term strategy and IMTP, to become the 'call handler of choice' and to strengthen and integrate clinical triage and assessment services.
- 2.55 The Trust is now the national provider of all 111 and NHSDW services, and once the 111 service has been rolled out into the rest of Cwm Taf Morgannwg in September 2020, will be providing services across 5 of 7 health boards. The Trust is in a strong position to be able to lead and support this work across Wales, given its experience and expertise in this area, the alignment with its strategic ambitions, and its national focus, ensuring a once for Wales approach can be taken. A view on the resources required to come together to undertake this work will be required, but the Trust is keen to step into this space and add value to the health system in Wales.
- 2.56 CEOs and Chief Operating Officers (COOs) have previously agreed on the need for greater system leadership around escalation within unscheduled care.
- 2.57 WAST implemented the Operational Delivery Unit (ODU) on 27 Jan- 20. Chief Operating Officer (COOs) were engaged in developing the ODU indicators and pre-CoVID-19 there was positive feedback from health boards (and Welsh Government) on the benefits of the ODU: this has continued during the pandemic. To support the initial proof of concept WAST has abstracted key managers to take a lead, but this is not a sustainable long term solution.



- 2.58 The ODU has been supported during the CoVID-19 period using some redeployed staff who, whilst not from our operational cohort, have proven incredibly valuable to us as we have responded to the pandemic. This has offered useful insight to inform our further development. Operating hours have extended to now cover Mon to Fri 08:00-00:00 and weekends 09:00-21:00. The Regional Escalation Stages went live from Monday 30 Mar-20, and the stage for each region is now settled at the daily regional safety huddles. This has been tested over the last couple of months as demand and delays have increased and encourages the region to agree diverts as part of the process.
- 2.59 As a result WAST is now developing an organisational structure to put the ODU on a permanent footing in preparation for next winter.
- 2.60 The ODU is, we believe, beginning to prove its potential across the system, and a business case has now been developed which will be considered by both COOs and the CASC.

**EASC is asked to note that:**

**WAST will require an additional 84 FTEs to service the ambulance transport requirements of the GUH and may need to source external providers depending on the opening date; close attention is being paid by WAST to the transport implications of revised clinical models/hospital footprints, so that the ambulance transport requirements can be delivered in a timely manner; the capacity of NEPTS has been significantly reduced by social distancing and this reduced capacity poses a risk to the system as the “new normal” emerges (this is currently being modelled); that WAST has submitted its Q2 Operating Framework with four areas of focus – flexibility, priority programmes, staff and learning; and that Appendix 1 includes a critical path of decisions for WAST (and EASC) in 20/21.**

### **3. KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE**

**Members of the EAS Committee are asked to note:**

- 3.1 WAST’s Pandemic Influenza Plan/business continuity arrangements have been effective, that WAST continues to work within the framework of these plans/arrangements and WAST is now in a period of monitoring/flex response as the wider health care system returns to “normal”
- 3.2 Quality, safety and patient experience monitoring arrangements have remained in place



- 3.3 Red 8 minute 65% target has been met in quarter 1 2020/21, but there is variation at a health board level which is being analysed
- 3.4 There has been a significant improvement in Amber performance in quarter 1, in particular, the Amber tail, as a result of reduced demand, increased ambulance production and reduced handover lost hours
- 3.5 The recruitment and training project for the EMS Demand & Capacity Programme has been maintained during the pandemic and has made good progress, but urgent consideration is now required on the underpinning financial plan for the year, with a one off EASC Management Group to determine next steps
- 3.6 The planned opening (Nov-20) of the GUH will have a significant impact on WAST's recruitment and training programme with a further uplift of 84 FTEs and a potential need to source external providers to support the ambulance transport requirement
- 3.7 A strategic steer will be needed from EASC in quarter 2 on its future recruitment and training commissioning intentions for EMS, so that WAST can make timely decisions on fleet and estate
- 3.8 WAST is monitoring health board requirements for additional ambulance transport required to service revised clinical models/hospital footprints in each health board
- 3.9 Early engagement with WAST on transport needs is key
- 3.10 NEPTS has continued to provide patient critical journeys as determined by health board clinicians, but social distancing has significantly reduced NEPTS capacity and is a risk to the system (risk currently being quantified through modelling)
- 3.11 WAST continues to operate within its business continuity plan
- 3.12 WAST has submitted its Q2 Operating Framework with a focus on four areas: flexibility, priority programmes, staff and learning
- 3.13 WAST has supplied the CASC (and EASC, see **Appendix 1**) with a critical decisions path for 2020/21
- 3.14 WAST has set out in its Q2 plan an offer to the system to lead on delivery of national deliverables linked to the 111 service, and
- 3.15 WAST has continued to developed the ODU on behalf of the wider system during quarter 1 with an ambition to put it on a permanent footing with a permanent structure, subject to the availability of funding streams.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Identified within the report
<b>Related Health and Care standard(s)</b>	Timely Care
	And all health and care standards
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
	Included within the body of the report
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Included within the body of the report
<b>Link to Main Strategic Objective</b>	<p>The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.</p> <p>This report focuses on all the above objectives, but specifically on <b>providing</b> strong governance and assurance and safe and effective patient care</p>
<b>Link to Main WBFG Act Objective</b>	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

#### 5. RECOMMENDATION

5.1 The EASC Committee is asked to:

- **DISCUSS** and **NOTE** the WAST provider report.

**Grange University Hospital**

15 Jul-20: ABUHB Board sign off (Transport)  
July tbc: Commissioning letter to WAST

**EMS D&C Programme**

20 Jul-20: new cohort UCA training

**Operational Delivery Unit**

31 Jul-20: business case sign off

**Forecasting & Modelling**

31 Jul-20: modelling for Q3 and Q4

**Tactical Seasonal Planning**

31 Jul-20: initial list of initiatives

**EMS D&C Programme**

31 Oct-20: decision on recruitment

**NEPTS D&C Review**

31 Oct-20: review complete

**EASC Commissioning Intentions**

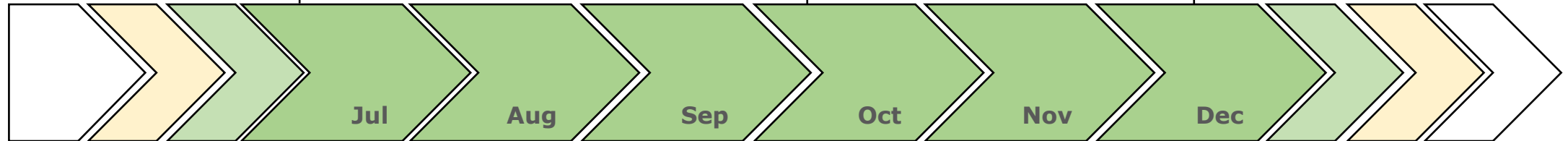
31 Oct-20: Formal notice

**EMS D&C Programme**

31 Dec-20: decision on re-rostering

**NEPTS D&C Review**

31 Dec-20: EASC agreement of actions



**Tactical Seasonal Planning**

31 Aug-20: decision on funding  
31 Aug-20: complete Tactical Seasonal Plan

**Tactical Seasonal Planning**

31 Nov-20: go live

**IMTP (subject to WG planning guidance)**

31 Nov-20: EASC view on 21/22



**AGENDA ITEM**

2.3

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

**EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE UPDATE**

<b>Date of meeting</b>	14/07/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Matthew Edwards, Programme Manager EMRTS Cymru
<b>Presented by</b>	David Lockety, National Director, EMRTS Cymru
<b>Approving Executive Sponsor</b>	Chief Ambulance Services Commissioner
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Choose an item.	(xx/xx/2020)	Choose an item.

**ACRONYMS**

EMRTS	Emergency Medical Retrieval and Transfer Service
ITU	Intensive Therapy Unit
WAST	Welsh Ambulance Services NHS Trust



## 1. SITUATION/BACKGROUND

The aim of the report is to provide an update to the Members of the EAS Committee on the work of EMRTS Cymru

### COVID-19

An escalation plan was developed in response to COVID-19. Whilst staff availability was impacted by staff illness, self-isolation and the recall of EMRTS Consultants to their host Health Board, this was managed by adjusting rotas accordingly in order to maintain the EMRTS commissioned service.

During this period, it was noted that:

- EMRTS **activity had reduced significantly** by approximately 30-40% (in line with other UK Air Ambulance services as reported in weekly conference calls)
- In addition to the release of EMRTS Consultants back their host Health Board, EMRTS **supported the wider NHS Wales community** with x2 Air Support Desk staff members being released back to support WAST, the EMRTS Patient Liaison Nurse returning to support her previous department within Aneurin Bevan Health Board's Critical Care Unit, EMRTS Critical Care Practitioners and Helicopter Transfer Practitioners undertaking further ITU training at Neville Hall and Morriston Hospitals in readiness to provide support in case of a surge in demand and the coordination of an emergency capacity transfer team on standby.

### Recent Activity

#### 01/01/2020 – 31/06/2020

The service entered the year with normal levels of activity, but saw a sharp decline towards the end of March and into April, in keeping with the effect of the pandemic. Following adjustments, the service recovered to higher levels of activity. The service saw increased levels of road response and conveyance, largely due to the introduction of the twilight rapid response vehicles (RRV), but also in keeping with restrictions around air transport of patients with suspected COVID19.

- The overall response by road was 61% and the remainder by Air
- 92.5% of missions were primary in nature, with the remainder secondary inter-hospital transfers
- The split between trauma and medical cases was 50%, in keeping with average figures of previous comparable periods
- 63% of patients attended were transported to hospital, of which 73% had an EMRTS clinical escort.



A breakdown of activity is included below, including comparison on previous calendar year.

Figure 1 Monthly activity 2020 .....	2
Figure 2 Monthly activity by base and response mode .....	3
Figure 3 Incidents by Local Health Board (LHB) .....	3
Figure 4 Map of activity by postcode area .....	4
Figure 5 Annual activity comparison .....	4

Calls by Month

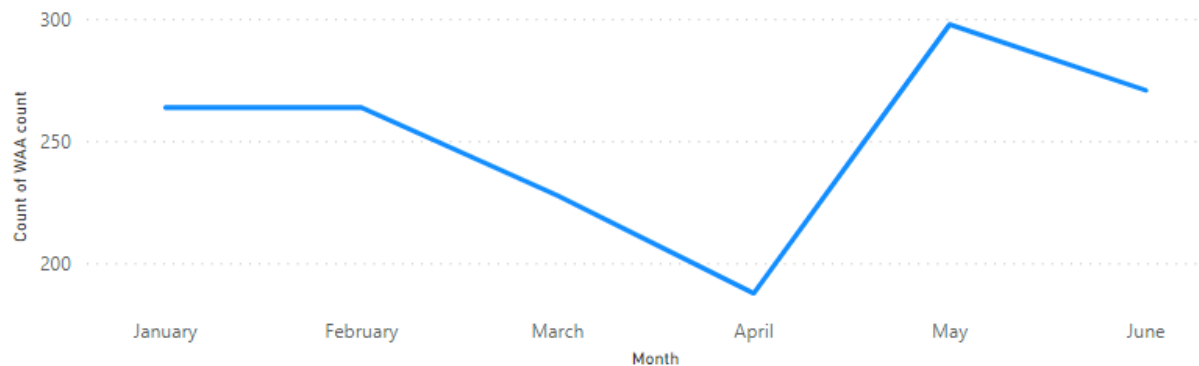


Figure 1 Monthly activity 2020

WAA BASE	January	February	March	April	May	June	Total
<b>WAA Caernarfon (North)</b>	<b>42</b>	<b>31</b>	<b>20</b>	<b>17</b>	<b>30</b>	<b>31</b>	<b>171</b>
Air Ambulance	24	19	16	15	26	29	129
Rapid Response Vehicle	18	12	4	2	4	2	42
<b>WAA Cardiff (South East)</b>	<b>82</b>	<b>104</b>	<b>120</b>	<b>81</b>	<b>127</b>	<b>131</b>	<b>645</b>
Air Ambulance	6	11	3		2	7	29
Rapid Response Vehicle	76	93	117	81	125	124	616
<b>WAA Dafen (South)</b>	<b>96</b>	<b>97</b>	<b>61</b>	<b>65</b>	<b>109</b>	<b>75</b>	<b>503</b>
Air Ambulance	34	33	37	46	70	55	275
Rapid Response Vehicle	62	64	24	19	39	20	228
<b>WAA Welshpool (Mid-Wales)</b>	<b>44</b>	<b>32</b>	<b>27</b>	<b>25</b>	<b>32</b>	<b>34</b>	<b>194</b>
Air Ambulance	29	21	17	22	28	33	150
Rapid Response Vehicle	15	11	10	3	4	1	44
<b>Total</b>	<b>264</b>	<b>264</b>	<b>228</b>	<b>188</b>	<b>298</b>	<b>271</b>	<b>1513</b>

Figure 2 Monthly activity by base and response mode

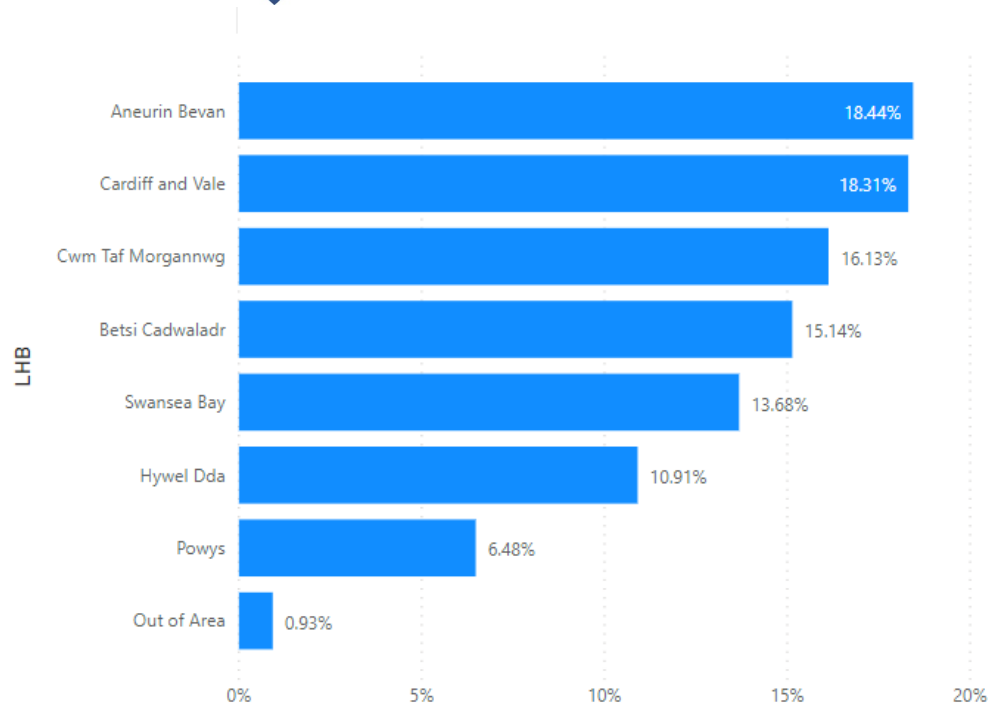


Figure 3 Incidents by Local Health Board (LHB)

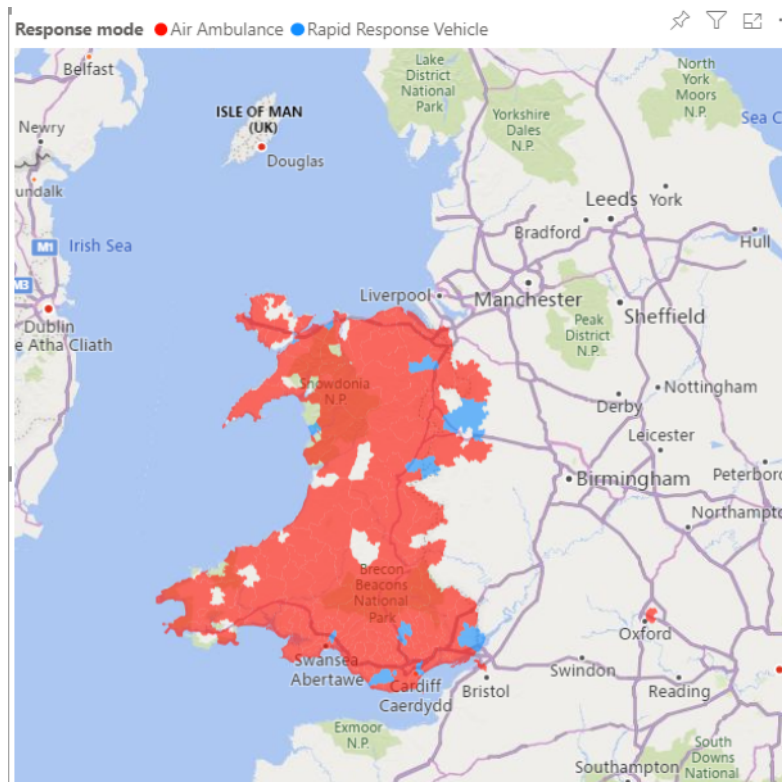


Figure 4 Map of activity by postcode area

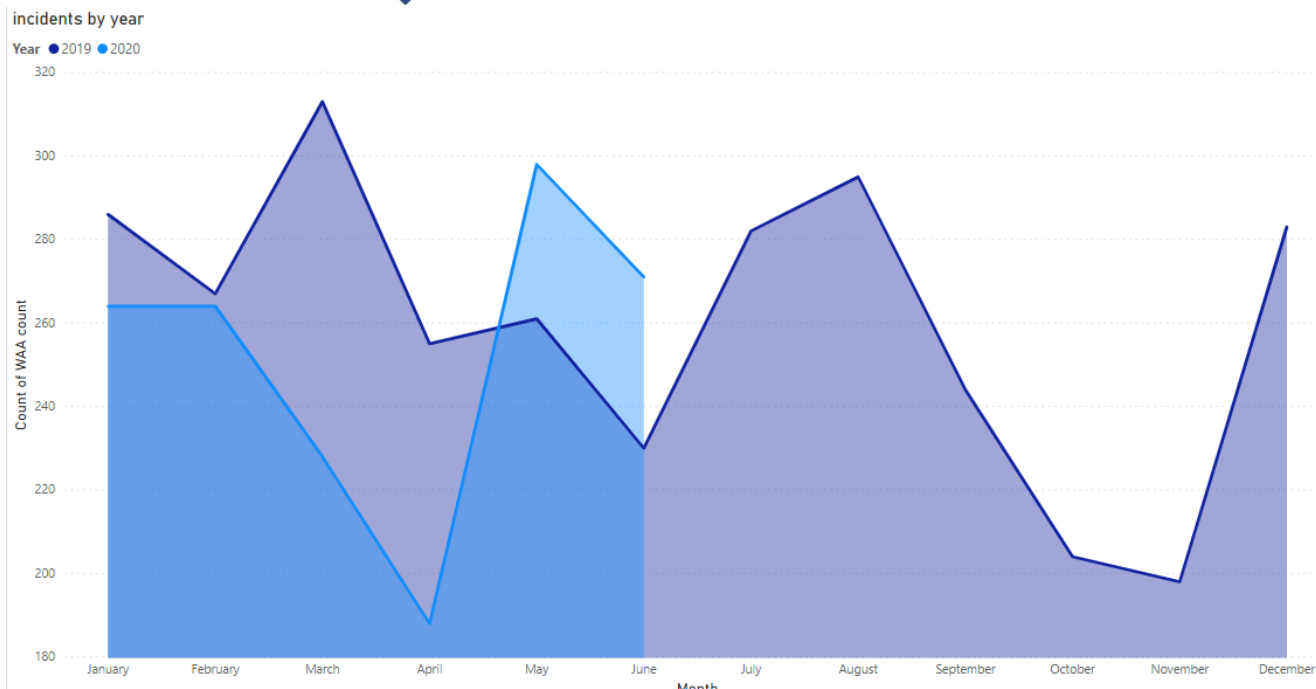


Figure 5 Annual activity comparison

### Twilight Rapid Response Vehicle (RRV)

The service operated an extended 'Twilight' Critical Care RRV service with winter pressures funding from December 2019 - March 2020 between the hours 14:00-02:00.

Starting off 3 days per week and escalating to a 5 day service as staffing allowed. This resulted in 64 duty shifts, all staffed by a consultant & critical care practitioner (CCP).

In total the service reported 203 calls made during that period (average 3.2 calls per shift) with the Cardiff & Vale region recording the most calls (85) [1]. The vast majority (93.6%) of calls were made outside of hospital (e.g. patient's home or scene of road traffic accident), whereas only 13 calls (6.4%) were requiring secondary transfer of patients to another specialist facility.

The Air Support Desk was staffed by an Allocator or Clinician from 20:00 – 02:00, rather than the usual configuration. The map below highlights the areas covered by the Twilight RRV in South Wales and the number of calls made by each health board (Figure 6).

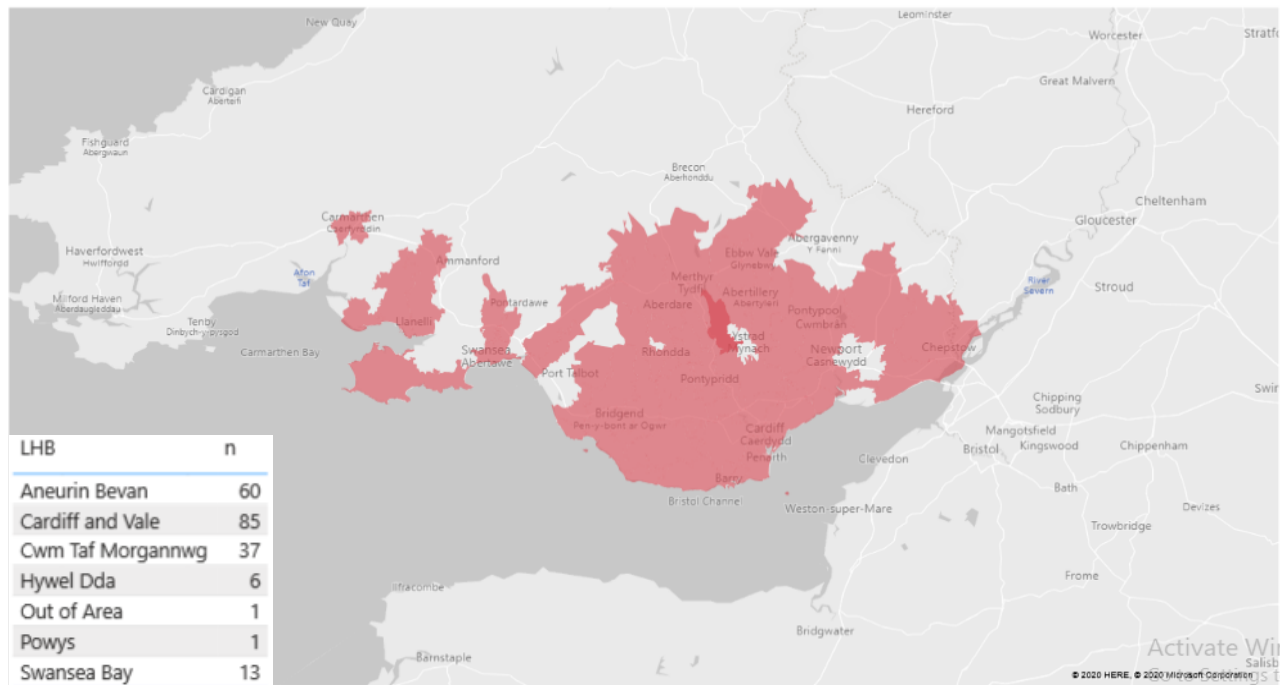


Figure 6 Areas covered and number of calls made during period of extended service by EMRTS Cymru

The vast majority of calls were made from the more densely populated areas of South Wales, supplied by the Cardiff and Vale (42%) and Aneurin Bevan (30%) health boards respectively.

Powys, only recorded one call during the period.

A large volume of calls were made on the weekend (45%), with Saturday being the most frequent (24%, n=49) followed closely by Sunday (21%, n=43).

The highest call volume was received between 14:00-15:00 when the team had just begun their shifts (11%, n=22).

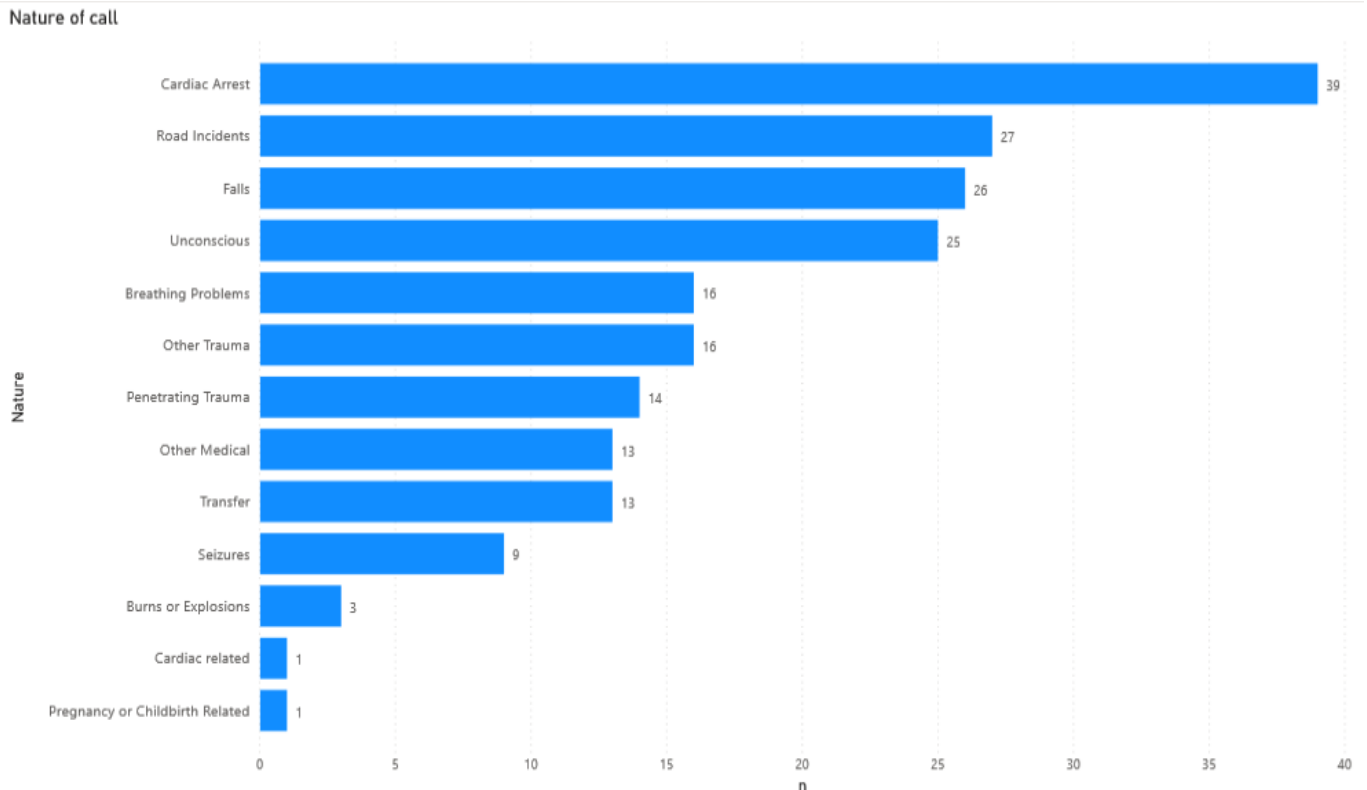
The median age of the patients treated during the period was 43 (range 1-90 years), with 64.32% being male.

Out of 203 calls made, 128 patients were attended by the EMRTS RRV. 38 (29.7%) of these patients required intubation, 28 (21.9%) required anaesthetics and 5 (3.9%) patients received blood products.

A breakdown of call nature is illustrated below in figure 7.



Cardiac arrests were the most common reported issue resulting in 39 (19.2%) of the calls made followed by road incidents which resulted in 27 calls (13.3%).



## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 24/7 Service Expansion

Following postponement of the original 1<sup>st</sup> April expansion date, the service has provided a 7-day 1400-0200 twilight car throughout this period in order to effectively utilise its staff resources and to meet the demonstrated demand. Air support will follow asap, with the Charity working with the aircraft operator to progress this matter.

On 1<sup>st</sup> July, our service commenced night operations by car from Cardiff Heliport, following a significant recruitment, induction and training programme. This new service will now be reported on via the recently developed EMRTS Quality & Delivery Framework.

Frequent discussions are being held with WG capital colleagues regarding the outstanding capital allocation.

## **National Critical Care Transfer Service**

In September 2019, the Deputy Chief Medical Officer formally requested that the Emergency Ambulance Services Committee (EASC) work with Welsh Ambulance Services NHS Trust (WAST) and the Emergency Medical Retrieval and Transfer Service (EMRTS) to prepare an implementation plan to develop a national transfer service for critically ill adults. An indicative allocation of £1.7m was allocated for this purpose.

EASC worked with relevant stakeholders to develop an implementation plan for the introduction of two regional assets (one each in North and South Wales) for submission to Welsh Government (WG) in November 2019. The plan included establishing the service as a division within EMRTS, with ring-fenced funding, appropriate governance arrangements and operating under a collaborative commissioning framework with EASC.

In addition to revenue and capital costs, the plan also included set-up costs including clinical leadership, project management, IT support, staff training and induction costs.

A 12 month set-up period was set out with the key milestones ahead of service delivery being:

- Capital and revenue funding approval
- Appointment of key set-up posts (clinical lead, project manager, commissioning and administrative support)
- Effective stakeholder engagement
- Appointment of the specified operational posts
- Roll-out of induction and training programmes
- Procurement and commissioning of equipment.

Following discussions with WG, confirmation of funding has now been provided by the Chief Ambulance Services Commissioner, along with a request to proceed with the appointment of the clinical lead and project manager support required to progress this work.

Job Descriptions have been matched for some of the key set-up costs, these adverts have now closed for shortlisting.

## **3. KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE**

Members should note:

- the Covid-19 escalation plan remains in place
- the impact of Covid-19 on the EMRTS activity to date
- the activity and coverage of the EMRTS twilight car



- the commencement of night operations from 1<sup>st</sup> July 2020
- the progress towards the establishment of the National Critical Care Transfer service and the selection of the Clinical Lead and Clinical Project Manager.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	ALL are relevant to this report
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Identified within the report
<b>Link to Commissioning Intentions</b>	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.
<b>Link to Main WBFG Act Objective</b>	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

#### 5. RECOMMENDATION

- 5.1 The Emergency Ambulance Services Committee is asked to:
- **DISCUSS** and **NOTE** the report.



**AGENDA ITEM**

2.4

**EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)  
EASC MANAGEMENT GROUP**

**EASC FINANCIAL PERFORMANCE REPORT – MONTH 2  
2020/21**

**Date of meeting**

(26/06/2020)

**FOI Status**

Open/Public

**If closed please indicate  
reason**

Choose an item.

**Prepared by**

Matthew Hall, Finance Manager –  
Contracting

**Presented by**

Stuart Davies, Director of Finance

**Approving Executive Sponsor**

Chief Ambulance Services Commissioner

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including  
receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

Choose an item.

(xx/xx/2020)

Choose an item.

**ACRONYMS**

APP	Adv
EMS	Emergency Medical Services
NCCU	National Collaborating Commissioning Unit
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government



## 1. SITUATION

- 1.1 The purpose of this report is to set out the estimated financial position for EASC for the 2nd month of 2020/21 together with any corrective action required.

**Table 1 - financial summary**

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement	Current EOYF	Movement in EOYF
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WAST (commissioned service)	163,271	27,212	27,212	0	0	0	0
Renal NEPTS	1,167	194	194	0	0	0	0
EASC - EMRTS	4,650	775	775	0	0	0	0
NCCU	1,454	242	242	0	0	0	0
<b>Sub-total WAST / EASC / QAT</b>	<b>170,541</b>	<b>28,424</b>	<b>28,424</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Background

- 1.2 The financial position is reported against the 2020/21 baselines following approval of the 2020/21 IMTP by the EASC Joint Committee in January 2020. There are no corrective actions to report at this point.
- 1.3 The budget at this point does not include the APP Expansion Plan, unscheduled care allocation nor the national pay issues of pension rate increase and holiday pay on voluntary overtime.
- 1.4 Please note that as LHB's cover any EASC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the EASC position as reported to WG is a nil variance.
- 1.5 In relation to the financial position, and following discussion, Members agreed:
- 1.5.1.1 WAST IMTP figures for 2020/21 would be consistent with the details set out in the Welsh Government allocation letter.
- 1.5.1.2 Health Boards agreed in principle to fund up to a maximum of £1.8m in additional revenue on a non-recurrent basis for 2020/21. This was the amount that Members would expect to be reflected in the WAST IMTP and presented as such. The draw down from this funding would be made conditional on the delivery of resources in line with the delivery plan and would be provided to WAST when the expenditure had been incurred.



- 1.5.1.3 The agreement in principle was subject to a detailed implementation/delivery plan being signed off which should include, at both a national level and by health board level, a suite of benefits measures / key performance indicators that demonstrated how the additional funding would be linked to improved outcomes.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### Governance & Contracting

- 2.1 All budgets have been updated to reflect the 2020/21 approved IMTP. The IMTP sets the baseline for all the 2020/21 contract values. Following finalization of baseline reconciliation and the re-evaluation of non-recurrent funding, the total EASC baseline is £170,541k. Funding for the EASC element of Major Trauma will be sought in year from Welsh Government and a 2020-21 agreed allocation for ESCMP will also be drawn down from Welsh Government in year.

2019/20 Planned Income	MTC - NR	ESMCP Control Room Solutions 18-19 NR	Invest to Save Care Homes for Younger Adults NR	Unsched uled Care NR	Fire Service Equipment NR	Emergency Department Quality & Delivery Framework NR	MH Urgent Care Case Access Review NR	WAST ARRP 19- 20 NR	20/21 Annual Plan EASC	NHS Wales Provider Inflation 2%	Paramedic Band 6 Uplift Allocation	Provider Wage Award WAST	2020 /21 Planned Income
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
166,000	-104,001	200,000	-575,000	-300,000	-57,000	-600,000	-236,000	-643,000	511,502	3,245,581	1,580,000	1,519,000	170,541

### EMS Contract

- 2.2 The current reported financial position of WAST is a break even at year end.
- 2.3 The WAST budget is currently reported as the total of the following service lines:



<b>Welsh Ambulance Service NHS Trust Provider</b>	
<b>Service</b>	
	<b>Annual Budget £'000</b>
Emergency Services - Revenue	119,550
Emergency Services - Capital Charges	16,365
ARRP (18/19 value)	214
NHS Direct	11,098
Paramedic Banding Funding	6,943
Clinical Desk enhancements	1,494
ESMCP project	1,940
ESMCP project Control Room Solution	1,122
ESMCP project Control Room Solution 18-19 NR	- 1,734
WG allocation Re WAST Resources 50%	346
Neonatal Transport	220
APP (full year impact of 18/19 development)	1,186
18/19 & 19/20 Pay Award Through Commissioners	4,905
Healthier Wales WAST (Recurrent)	- 279
Airwaves Reduction	- 99
<b>Total WAST</b>	<b>163,271</b>
<b>Renal NEPTS</b>	
<b>Service</b>	
	<b>Annual Budget £'000</b>
Renal NEPTS - Hub	468
Renal NEPTS - Increased Capacity	406
Renal NEPTS - Twilight (North East & South East)	293
<b>Total Renal NEPTS</b>	<b>1,167</b>

- 2.4 The funding for Renal Transport has been separated from WAST and will be reported separately. Air Ambulance (EMRTS) has been transferred from WAST and now sits within EASC – EMRTS and will be paid directly to Swansea Bay UHB.



## EMRTS

- 2.5 There is a breakeven position reported against the EMRTS baseline funding of £4,650k.

### Core running costs budget

- 2.6 Costs are reported against two separate lines to reflect the original investment by LHB's. Please note that these have not yet been amalgamated in risk-sharing lines due to the different purposes of the two sources of funding at this point.
- 2.7 The total funding for costs running through the WHSSC ledger is £1,454k. This is made up of:
- £795k for the original QAIT
  - £516k for EASC
  - £61k for NCCU Corporate Division
  - £82k for Healthier Wales

### Summary of Key Movements and Issues

- 2.8 There are no movements to report in the planned position in month. The overall forecast remains at breakeven.

### Actual Year To Date and Forecast Over/Underspend (Provider positions)

#### *WAST:*

- 2.9 Position reported to budget level

#### *Direct Running Costs (Staffing and non-pay):*

- 2.10 Team costs are based on expected staffing levels, including filling vacancies. The unscheduled care allocation is yet to be received.



## Actual Year to Date Over/(under)spend 2020/21 (Commissioner positions)

**Table 2 – Year to Date position by LHB**

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M2	0	0	0	0	0	0	0	0
Variance M1	1	0	0	0	0	0	0	0
Movement	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)

**Table 3 – End of Year Forecast by LHB**

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M2	0	0	0	0	0	0	0	0
EOY forecast M1	1	0	0	0	0	0	0	0
EOY movement	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)

### Income / Expenditure Assumptions

#### *Income from LHB's:*

- 2.11 Income for Month 2 was in line with expectations for the EASC element; future months will include a table by LHB.

### Overview of Key Risks / Opportunities

- 2.12 None to detail

### Public Sector Payment Compliance

- 2.13 The WHSSC/EASC payment compliance target is consolidated and reported through the Cwm Taf monitoring process.



### 3. KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE

- 3.1 Any additional funding required by WAST as a result of COVID-19 response will be provided to WAST directly by Welsh Government. WAST have agreed to share financial submissions with the CASC in order to understand how the in-year allocation is being utilised and how it will be impacted as a result of COVID-19.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	ALL are relevant to this report
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Commissioning Intentions</b>	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.
<b>Link to Main WBFG Act Objective</b>	ALL are relevant



## 5. RECOMMENDATION

5.1 The Emergency Ambulance Services Committee is asked to:

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

## 6. Confirmation of position report by the MD and DOF:

**Stuart Davies,**  
**Director of Finance, EASC and WHSSC**

**Stephen Harrhy,**  
**Chief Ambulance Commissioner, EASC**



**AGENDA ITEM**

3.1

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

**GOVERNANCE UPDATE**

**Date of meeting**

14/07/2020

**FOI Status**

Open/Public

**If closed please indicate reason**

Choose an item.

**Prepared by**

Gwenan Roberts, Assistant Director  
Corporate

**Presented by**

Gwenan Roberts

**Approving Executive Sponsor**

Chief Ambulance Services Commissioner

**Report purpose**

FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

Choose an item.

**ACRONYMS**

**1. SITUATION/BACKGROUND**

- 1.1 The purpose of the report is to provide an update on governance for Committee Members.



## 2. **SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

### **EASC Annual Report 2019-2020**

- 2.1 The EASC Annual Report for 2019-2020 at **Appendix 1** is the first time for the Committee to receive an Annual Report alongside the Annual Governance Statement at **Appendix 2**.
- 2.2 The aim of the Annual Report is to provide an overview of the business undertaken by the Committee as well as an opportunity to assess the effectiveness of the Committee in achieving its strategic aim.
- 2.3 Members are requested to complete the Effectiveness Survey within the Annual Report for further discussion at the meeting.

### **Risk Register**

- 2.4 Members will recall discussions on the development of the EASC Risk Register throughout 2019-2020.
- 2.5 At the January 2020 meeting of EASC, Members will recall that Cwm Taf Morgannwg as host body for the EAS Committee was reviewing its approach to the development of a risk register and therefore it was suggested that the Committee adopt the same approach and report at the next meeting. However, the progress has been delayed due to the need to respond to the Covid-19 pandemic.
- 2.6 The development and implementation of an integrated risk management framework for EASC underpins delivery of the Model Standing Orders. The framework would manage both risks and maximise the opportunities that may affect EASC's strategic objectives and the work it is accountable to deliver. It seeks to strengthen the control environment and sustain good corporate governance, implement effective internal controls and monitoring activities which support the running of EASC and the delivery of strategic commissioning plans.
- 2.7 The EASC Management Group received a report on the development of a risk register at the meeting in June. As time was limited for an in-depth discussion it was agreed that further time was required before a report would be ready for the EAS Committee.

It was anticipated that this would be developed in time for the next meeting and would concentrate on the risks relating to commissioning for EASC.



2.8 Members are reminded that as at 28 January 2020, there were 3 risks categorised as Extreme / High these being:

Risk Reference	Description of risk identified	Initial Score	Current Score	Mitigating Actions
EASC 07	Failure to progress WAST staffing roster changes across Wales in alignment with demand patterns identified within the ORH report.	15	15	<ul style="list-style-type: none"> <li>Demand and Capacity Report approved</li> <li>To agree implementation plan</li> </ul>
EASC 08	Failure to provide alternative services	12	15	<ul style="list-style-type: none"> <li>EASC to coordinate from Jan 2020</li> <li>Agreed by Chairs of HBs</li> <li>Letter sent to Andrew Goodall</li> <li>Included in Taskforce terms of reference</li> </ul>
EASC 13 (added July 2018)	Failure to ensure the commissioning of emergency ambulance services is appropriately clinically categorised	15	15	<ul style="list-style-type: none"> <li>Further investment in Clinical desk</li> <li>Lessons learned from previous work on red category</li> <li>Implementation of Amber Review</li> </ul>

### Sub Group Reporting

#### EASC Management Group

- 2.9 The EASC Management Group Members have received two draft versions of their Annual Report which is attached at **Appendix 3**. Due to time restrictions at the last meeting the Group will need further time to undertake the effectiveness survey which will be reported to the next EAS Committee meeting.
- 2.10 The Annual Report also includes the Terms of Reference which the EAS Committee is asked to approve.

#### Non-Emergency Patient Transport Group Delivery Assurance Group Annual Report 2019-2020

- 2.11 The NEPTS DAG have produced their first Annual Report on the work undertaken over 2019-2020 and is attached at **Appendix 4**.
- 2.12 The Annual Report also includes the Terms of Reference which the EAS Committee is asked to approve.
- 2.13 The NEPTS DAG members will also complete the effectiveness survey which will be reported to the next EAS Committee meeting.



- 2.14 Members are also asked to note the Internal Audit Report on NEPTS which has been received at the Audit and Risk Committee at Cwm Taf Morgannwg University Health Board.

Emergency Medical Retrieval and Transfer Service Cymru Hosted Bodies Annual Report 2019 -2020

- 2.15 At the last meeting of the EMRTS Delivery Assurance Group the Members received and approved the EMRTS Cymru Hosted Bodies Annual Report for 2019-2020 attached at **Appendix 5**.
- 2.16 Further work to develop an Annual Report on the Delivery Assurance Group's work is underway and will be presented at the next Committee meeting.

**Plans to improve public access to the Committee meetings**

- 2.17 Members will be aware that the Welsh Government officials had written to Chairs of health boards seeking assurance that the public had access to the board meetings. To date, most boards have either live streamed or recorded meetings and posted on line for the public to access. It is therefore likely that the Joint Committee will also need to consider this approach for future meetings.

**Declarations of Interest**

- 2.18 Members will be aware that a new approach has been taken this year to capture declarations of interest for the Committee. Members and nominated deputies have been requested to complete a form and this will be presented at the next meeting. Similar work is ongoing within the Committee Sub Groups and will be included within the report.

**3. KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE**

- 3.1 The EASC Management Group are working on the risk register for the Committee and a report will be provided at the next meeting.
- 3.2 Note that this is the first time that the Committee has received an Annual Report with an aim to assess the effectiveness.
- 3.3 Note that additional information will be provided to the Committee from the Sub Groups to outline the ongoing work including the effectiveness survey
- 3.4 Additional information will be provided from the EMRTS DAG in due course.



## 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Commissioning Intentions</b>	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.
<b>Link to Main WBFG Act Objective</b>	Commitment to corporate social responsibility and improving health & social equity, work with our staff, partners and communities to build strong local relationships and solid foundations of the past

## 5. RECOMMENDATION

- 5.1 The Emergency Ambulance Services Committee is asked to:
- **DISCUSS** and **NOTE** the report
  - **APPROVE** the EASC Committee Annual Report for 2019-2020
  - **RATIFY** the EASC Annual Governance Statement 2019-2020
  - **APPROVE** the EASC Management Group Annual Report for 2019-2020 and the Terms of Reference
  - **APPROVE** the NEPTS DAG Annual Report for 2019-2020 and the Terms of Reference and **NOTE** the Internal Audit Report.
  - **RATIFY** the EMRTS Hosted Bodies Annual Report for 2019-2020.

# **The Emergency Ambulance Services Committee**

## **Annual Report 2019-2020**

# **EMERGENCY AMBULANCE SERVICES COMMITTEE**

## **ANNUAL REPORT 2019-2020**

### **1. FOREWORD**

As Chair of the EASC, I am pleased to commend this annual report, which has been prepared for the attention of the EAS Committee and reviews the work of this Committee for the financial year 2019 - 2020.

### **2. INTRODUCTION AND SCOPE OF RESPONSIBILITY**

In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.08), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1 April 2014, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

In establishing the Emergency Ambulance Services Joint Committee (EASC) to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup> make provision for the constitution of the "Joint Committee" including its procedures and administrative arrangements. The Joint Committee is a statutory committee established under sections 11, 12(3), 13(2) (c) and (4) (c) and 203(9) and (10) of and paragraph 4 of Schedule 2 to the National Health Service (Wales) Act 2006(1). The LHBs are required to jointly exercise the Relevant Services.

In December 2015, the Welsh Ministers directed the Health Boards under the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)<sup>2</sup> to be responsible for commissioning Non-Emergency Patient Transport (NEPT) services via the Emergency Ambulance Services Committee from April 2016. The Cwm Taf Morgannwg University Health Board (CTUHB) is the identified host organisation. It provides administrative functions for the running of EASC in line with the Directions and has established the Emergency Ambulance Services Committee Team (EASCT) and appointed the Chief Ambulance Services Commissioner as per Direction 8(4), 3 of the Emergency Ambulance Services Committee and related Regulations.

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<sup>1</sup> The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup><http://www.wales.nhs.uk/sitesplus/documents/1134/Welsh%20Statutory%20Instrument%20for%20EASC%202014%20No%20566%20%28w67%29.pdf>

<sup>2</sup> the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)  
<http://www.wales.nhs.uk/sitesplus/documents/1134/2016%20No%208%20%28W8%29%20The%20EASC%20%28Wales%29%20%28Amendment%29%20Directions%202016.pdf>

The Emergency Medical Retrieval and Transfer Service went live on the 27 April 2015. The service was commissioned “to provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility.” The service represents a joint partnership between NHS Wales, The Wales Air Ambulance Charity Trust (WAACT) and Welsh Government. The service was initially commissioned by the Welsh Health Specialised Services Committee; however, this function transferred to the Emergency Ambulance Services Committee on the 1 April 2016.

### **3. PURPOSE**

The Joint Committee has been established for the purpose of jointly exercising those functions relating to the commissioning of emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS) on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS) for residents within their area.

The Joint Committee’s role is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance services (EMS), non-emergency patient transport services (NEPTS) and the emergency medical retrieval and transfer services (EMRTS).
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHBs Integrated Medium Term Plans
- Agree the appropriate level of funding for the provision of emergency ambulance services, non-emergency patient transport services and emergency medical retrieval and transfer services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EAS Team) in accordance with any specific directions set by the Welsh Ministers
- Establish mechanisms for managing the commissioning risks

- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance services, non-emergency patient transport services and emergency medical retrieval and transfer services and take appropriate action.

In March 2014, the Joint Committee approved the revised Governance and Accountability Framework including the Standing Orders. These were reviewed and updated in November 2018 which included the Memorandum of Understanding and the Hosting agreement.

In November 2019, the Committee received and endorsed the use of the first Model Standing Orders for EASC provided by the Welsh Government. In accordance with related Regulations and Directions, each Local Health Board ('LHB') in Wales must then agree the Model Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee ("Joint Committee") proceedings and business.

These Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them.

Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee. The Standing Financial Instructions are in the process of development and should be available during 2020-2021.

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board UHB ("the Host LHB"), form the basis upon which the Joint Committee's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

A hosting agreement also exists between the Joint Committee and the host LHB (Cwm Taf Morgannwg) in relation to the provision of administrative and any other services to be provided to the Joint Committee.

#### **4. MEMBERSHIP**

The membership of the EASC in line with the Standing Orders comprises Chief Executives (or nominated deputies) from all health boards enabling the group to provide appropriate opportunities to make arrangements to fulfil the functions highlighted above. The Chief Executives of NHS Trusts in Wales are associate members of the Committee.

Chris Turner has been the Chair of the Committee for 2019-2020 and Members noted at the meeting held on 12 November 2019 that he had been appointed for a further year. Steve Moore, Chief Executive of Hywel Dda University Health Board has been the Vice Chair since February 2019, a two year appointment initially with an option to extend for a further two years (in line with the Standing Orders).

The Membership is attached as **Appendix 1**.

## **5. ATTENDANCE AT MEETINGS**

The attendance of members and their nominated deputies has been good at Committee meetings with all meetings being quorate. However, for the second year, two associate members of the Committee have not attended a single meeting. The Members attendance is attached at **Appendix 2**.

## **6. MAIN AREAS AND REPORTING LINES FOR EASC**

An agreed standard agenda format is used at meetings and the reporting mechanism to health boards includes forwarding the confirmed minutes to all health boards as well as a Chair's summary of the latest meeting. CTM, as the host organisation, is the board where the formal endorsement of the confirmed minutes takes place. The Chair and Chief Ambulance Services Commissioner also attend all health board meetings on an annual basis to share the work of the Committee directly with board members.

The agenda and reports to all meetings can be found on the EASC Website: <http://www.wales.nhs.uk/easc/meetings>.

The standard agenda included:

- Welcome and introduction
- Apologies for absence
- Declaration of interests
- Receive the unconfirmed minutes of the previous Committee meeting
- Action log
- Matters arising
- Chair's Report
- Chief Ambulance Services Commissioner Report
- Finance Report
- Provider issues by exception
- Forward Plan of business

A summary of specific items received by the Committee are as follows:

#### **14 May 2019**

- The Chief Ambulance Services Commissioner's (CASC) Report included a letter relating to the performance at the Welsh Ambulance Services NHS Trust (WAST)
- Ambulance Quality Indicators
- EASC Governance Update including the Annual Governance Statement, Internal Audit report on EASC Governance

#### **23 July 2019**

- CASC Report included
  - Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway Review
  - Update on Management Group Meeting
  - RED Performance
  - Mental Health
- Demand and Capacity Review of Emergency Medical Services at the Welsh Ambulance Services NHS Trust (WAST)
- Update on the Amber Review
- Update on Quarter 1 IMTP and return to the Welsh Government
- Regional Escalation
- 'A Healthier Wales' 1% Allocation for approval
- EASC Governance Update to endorse the Chair's action
- The Clinical Risk Review Final Report for approval

#### **10 September 2019**

- CASC Report included:
  - Amber Review Implementation Programme
  - Update on EASC Management Group
  - Risk Register development
  - EMRTS Gateway Review
- WAST Relief Gap for Emergency Ambulance Services – Reference Document
- WAST Report included Demand and Capacity Review
- Alternative pathways / Emergency Services map
- Ambulance Quality Indicators
- Regional Escalation
- 'A Healthier Wales' 1% allocation
- Establishment of the South, Mid and West Wales Trauma Network
  - Welsh Ambulance Services NHS Trust Business Case

#### **12 November 2019**

- CASC Report included
  - AMBER Review
  - Emergency Medical Retrieval and Transfer Service (EMRTS) update
  - Update on Mental Health Staff Clinical Desk
- Non-Emergency Patient Transport Progress Report

- Handover Delays and Escalation - Emergency Departments Quality Delivery Framework (EDQDF)
- Regional Escalation
- Ambulance Quality Indicators
- EASC Governance update to include approving the model Standing Orders and the risk register
- EASC Integrated Medium Term Plan (IMTP) Update and Commissioning Intentions

## **28 January 2019**

- CASC Report included
  - National Transfer Service for Critically Ill Adults
    - Ministerial Ambulance Availability Task Force
    - AQIs
    - Escalation
    - Performance dashboard
    - EMRTS: Gateway Review and progress on review of commissioning framework
    - Mental Health update
  - EASC IMTP for approval
  - Final Demand and Capacity Review for approval
  - Letter of support for the WAST IMTP
  - WAST Response to commissioning intentions
  - Non-emergency patient transport service progress report
  - EASC governance update to include the risk register and the plan for the sub groups to report to the Committee

## **10 March 2019**

- CASC Report included:
  - National Transfer Services including Critical Care
  - Ministerial Ambulance Availability Taskforce
  - Regional Escalation
  - EMRTS Expansion
  - Urgent Mental Health Access and Conveyance Review
  - Co-Chairing a task and finish group to explore opportunities to work closely with the Fire and Rescue Services
- Confirmed action notes from the EASC Sub Groups
- Strategic Commissioning Intentions
- EASC Governance Update
- Performance Report
- Focus on – Ambulance Quality Indicators

## **7. ACTION LOG**

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log that captures all agreed actions. This is an essential element of assurance to the EAS Committee and the Health Boards across NHS Wales.

## 8. SUB GROUPS

The Emergency Ambulance Services Committee has three sub groups:

1. EASC Management Group (first meeting in July 2019)
2. Emergency Medical Retrieval and Transfer Service Delivery Assurance Group
3. Non-Emergency Patient Transport Service Delivery Assurance Group

<b>EASC Management Group</b>	<b>Emergency Medical Retrieval and Transfer Service Delivery Assurance Group</b>	<b>Non-Emergency Patient Transport Service Delivery Assurance Group</b>
<p>The overall purpose of the Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services.</p> <p>Ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.</p>	<p><b>EMRTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the delivery, direction and performance of the EMRTS.</p>	<p><b>NEPTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the implementation of the NEPTS work programmes that deliver WHC 2007 (005) and the 2015 business case 'The Future of NEPTS in Wales'.</p>
<p>Members include:</p> <ul style="list-style-type: none"> <li>• Chaired by CASC representatives from Host Body</li> <li>• membership from health boards</li> <li>• Welsh Government representative</li> <li>• EASC Team</li> <li>• WAST Chief Executive</li> <li>• Representatives from WAST</li> <li>• Clinical representatives welcomed from health boards.</li> </ul>	<p>Members include:</p> <ul style="list-style-type: none"> <li>• Chaired by CASC representatives from Host Body</li> <li>• membership from health boards</li> <li>• Welsh Government representative</li> <li>• EASC Team</li> <li>• EMRTS National director and service manager</li> <li>• WAST</li> <li>• Contract and Performance lead.</li> </ul>	<p>Members include:</p> <ul style="list-style-type: none"> <li>• Chaired by a member of the EASC Team</li> <li>• EASC Team</li> <li>• NEPT Champion from every Health Board and Velindre NHS Trust</li> <li>• Director of Finance WHSSC representative from Welsh Renal Clinical Network and</li> <li>• Welsh Government.</li> </ul>

It should be noted that the sub-group structure changed in 2019/20 with the amalgamation of two former sub groups, the Planning, Development and Evaluation Group (PDEG) and the Joint Management Advisory Group (JMAg) into the single EASC Management Group reporting to the EASC Joint Committee.

All Sub Groups have developed an annual report for submission to the Committee for approval which in line with this report summarises the required functions and captures the work undertaken in 2019-2020.

## **9. OTHER GOVERNANCE**

### **Chief Ambulance Services Commissioner Quality and Delivery Meetings with the Welsh Ambulance Services NHS Trust**

Members will recall that that the Chief Ambulance Services Commissioner was asked by Welsh Government officials in December 2019 to hold the Quality and Delivery meetings with the Welsh Ambulance Services NHS Trust on their behalf. This change was made in line with the recommendations featured in the McClelland 'Strategic Review of Emergency Ambulance Services', and the Welsh Government were aiming to re-emphasise the need for simple governance and accountability for planning and delivery of emergency ambulance services.

### **EASC Quality and Delivery Meeting**

Members will be aware that the CASC and the EASC Team have bimonthly Quality and Delivery meetings with Welsh Government officials. Any issues arising from the WAST Quality and Delivery meeting are discussed with officials and EASC performance is reviewed. Updates from these meetings will be included in the CASC report to the EAS Joint Committee.

## **10. REVIEW OF THE GROUP'S EFFECTIVENESS**

The EAS Joint Committee aims to meet six times during the year with additional meetings being held as required. The role of the secretariat to the Committee is crucial to the ongoing development and maintenance of a strong governance framework for the EAS Committee.

The purpose of an effectiveness survey is to comply with the EASC Standing Orders and evaluate the performance and effectiveness of:

- the Committee
- the quality of the reports presented to the Committee
- the committee secretariat

Members of the Group need to consider the above by completion of a self-assessment questionnaire (**Appendix 3**) based the year 2019-2020.

**Chris Turner**

**Chair of the Emergency  
Ambulance Services Joint  
Committee**

**Stephen Harrhy**

**Chief Ambulance Services  
Commissioner**

**Date: 6 July 2020**

FINAL DRAFT

**Emergency Ambulance Services Committee Members  
and Nominated Deputies March 2020**

<b>Name</b>		<b>Role</b>
Chris Turner		Chair
Stephen Harrhy		Chief Ambulance Services Commissioner
<b>Member</b>	<b>Health Board</b>	<b>Nominated Deputy</b>
Judith Paget	Aneurin Bevan University Health Board (ABUHB)	Glyn Jones Director of Finance
Simon Dean	Betsi Cadwaladr University Health Board (BCUHB)	Gill Harris Director of Nursing
Len Richards	Cardiff and Vale University Health Board (CVUHB)	Steve Curry Chief Operating Officer
Sharon Hopkins	Cwm Taf Morgannwg University Health Board (CTMUHB)	Nick Lyons Medical Director
Steve Moore Vice Chair (Feb 19)	Hywel Dda University Health Board (HDdUHB)	Karen Miles Director of Planning
Carol Shillabeer	Powys Teaching Health Board (PtHB)	Jamie Marchant Director of Primary Community and Mental Health
Tracy Myhill	Swansea Bay University Health Board (SBUHB)	Sian Harrop-Griffiths Director of Planning
<b>Associate Members</b>		
Jason Killens	Chief Executive	Welsh Ambulance Services NHS Trust
Steve Ham	Chief Executive	Velindre NHS Trust
Tracey Cooper	Chief Executive	Public Health Wales

## Appendix 2

### Annual Attendance Register - Joint Committee Meeting

Organisation	Name	May	Jul	Sep	Nov	Jan	Mar	
<b>Voting Members</b>								
EASC	Chris Turner (Chair)	✓	✓	✓	✓	✓	✓	6/6
	Stephen Harrhy Chief Ambulance Services Commissioner (CASC)	✓	✓	✓	✓	✓	X	5/6
Cwm Taf Morgannwg UHB	Allison Williams Chief Executive	✓						1/1
	Sharon Hopkins Interim Chief Executive		✓	✓	✓	✓	✓	5/5
Cardiff and Vale UHB	Len Richards Chief Executive	X	✓	✓	X	✓	X	3/6
	Lee Davies (non voting)	✓						
	Steve Curry Chief Operating Officer (Nominated Deputy)				✓			
Betsi Cadwaladr UHB	Gary Doherty Chief Executive	✓ VC	✓	✓ VC	✓ VC	✓		5/5
	Simon Dean Interim Chief Executive						X	0/1
	Gill Harris Director of Nursing (Nominated Deputy)							
Hywel Dda UHB	Steve Moore Chief Executive (Vice Chair)	✓	X	✓ VC	✓	✓	X	4/6
	Karen Miles Director of Planning (Nominated Deputy)		✓					
Aneurin Bevan UHB	Judith Paget Chief Executive				✓	✓		2/6
	Glyn Jones Deputy Chief Executive (Nominated Deputy)	✓	✓				✓	
	Nicola Prygodicz Director of Planning (non voting)			✓				
Swansea Bay UHB	Tracy Myhill Chief Executive	✓		✓		✓	✓	4/6
	Sian Harrop Griffiths Director of Planning (Nominated Deputy)		✓		✓			
Powys tHB	Carol Shillabeer Chief Executive	✓	✓	✓		✓	X	4/6
	Jamie Marchant, Director of Primary Community and Mental Health (Nominated Deputy)				✓			

Organisation	Name	May	Jul	Sep	Nov	Jan	Mar	
<b>Associate Members</b>								
Public Health Wales	Tracey Cooper Chief Executive	X	X	X	X	X	X	0/6
Velindre NHS Trust	Steve Ham Chief Executive	X	X	X	X	X	X	0/6
Welsh Ambulance Services NHS Trust	Jason Killens Chief Executive	✓	✓	✓	✓ VC	✓	✓	6/6
<b>In attendance</b>								
EAS Team Hosted by Cwm Taf UHB	Robert Williams Committee Secretary	✓						1/1
	Stuart Davies Director of Finance	✓	✓	✓	✓	✓	✓	6/6
	Shane Mills Deputy CASC	✓	✓	X	✓	X	✓	4/6
	Ross Whitehead, Assistant CASC	✓	✓	✓	✓	✓	✓	6/6
	James Rodaway, Head of Commissioning	✓	✓	✓	✓	✓	✓	6/6
	Julian Baker, Director NCCU	✓	X	✓	✓	✓	X	4/6
	Gwenan Roberts Secretariat		✓	✓	✓	✓	✓	5/5
Welsh Ambulance Services NHS Trust	Rachel Marsh Director of Planning	✓	X	✓	✓	✓	✓	
	Lee Brooks Chief Operating Officer			✓				
	Brendan Lloyd Medical Director	✓						
Quorum	At least 4 voting members	8	9	8	9	9	4	

**EFFECTIVENESS SURVEY****EAS JOINT COMMITTEE**

The primary purpose of this annual self-assessment survey is to consider the effectiveness of the Committee. The survey is based on a committee effectiveness survey template used for all Board Sub-Committees and members are requested to answer all questions.

Please read the question fully and add a "✓" in the relevant box to confirm your response.

<b>Part A (The Committee)</b>				
<b>Composition and Establishment</b>				
	<b>Yes (✓)</b>	<b>No (✓)</b>	<b>Don't Know (✓)</b>	<b>Comments</b>
1. Does the Committee have written terms of reference that adequately and accurately define its role, purpose and accountabilities?		✓		EASC Directions 2014 EASC Regulations 2014 Explanatory memorandum for EASC Directions
2. Have the terms of reference been adopted by the Committee?		✓		Not applicable
3. Are the terms of reference reviewed annually to ensure they remain fit for purpose?		✓		
4. Does the Committee have an annual work plan in place? If yes, is it reviewed regularly?	✓			Forward plan At each meeting
5. Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively and objectively?				
6. Does the Committee monitor its attendance?	✓			Within the Annual Report
7. Is the Committee membership appropriate, in terms of available skills, expertise? If no, please elaborate within comments section.				
<b>Effective Functioning – Committee</b>				
	<b>Yes (✓)</b>	<b>No (✓)</b>	<b>Don't Know (✓)</b>	<b>Comments</b>
8. Is there effective challenge, scrutiny and learning lessons from all Members?				
9. Do the Health Boards review the progress and outputs of the Committee?				
10. Does the Committee report regularly to health boards and through action notes and make clear recommendations when necessary?	✓			All confirmed minutes and a Chair's summary are sent to all health boards following Committee meetings
11. Does the Committee periodically assess its own effectiveness?				
12. Can members give appropriate feedback on the effectiveness of the Chair and the Secretariat?				

	Yes (√)	No (√)	Don't Know (√)	Comments
13. Has the Committee determined the appropriate level of detail it wishes to receive from reports?				
14. Does the Committee receive the appropriate level of timely and accurate information to allow it to fulfil its role?				
15. Does the Committee have sufficient time to cover its business?				
16. Does the Committee effectively monitor – or ensure monitoring of - agreed actions?				
17. Are members particularly those new to the Committee, provided with training?		√		
18. Has the Committee formally considered how it integrates with other groups and meetings?		√		
19. Where they exist, does the Committee receive timely and appropriate feedback from its sub-groups ?				
20. Does the Committee provide clear direction to its sub-groups?				
21. Does the Committee produce an Annual Report of its work?	√			This is the first one
22. If yes (to Q 22) - Do all members contribute to and review the Groups Annual Report?	√			
<b>Compliance with the law and regulations governing the NHS</b>				
	Yes (√)	No (√)	Don't Know (√)	Comments
23. Does the Committee have a mechanism to keep it aware of topical issues?				
24. Does the Committee have a mechanism to keep it aware of any related legal / regulatory guidance?				
<b>Assurance</b>				
	Yes (√)	No (√)	Don't Know (√)	Comments
25. Does the Committee receive timely exception reports about the work of external regulatory and inspection bodies?				
26. Does the Committee receive timely information on performance concerns?				
27. Are all reports clear, concise, and readily understood?				
28. Is the Committee able to refer matters outside its own jurisdiction and if yes, is any feedback reviewed on such matters?				
29. If considered appropriate, does the Committee know the process to be followed should it need to escalate matters?				
30. In relation to the Risk Register, does the Committee appropriately review the risks assigned to it?				
<b>Other Issues</b>				
	Yes (√)	No (√)	Don't Know (√)	Comments
31. Does the Committee meet the appropriate number of times to deal with planned matters, development and liaison?				6 times a year
32. Are arrangements in place to call ad hoc meetings when necessary?				

	Yes (√)	No (√)	Don't Know (√)	Comments
33. Are Committee members notified of urgent matters when appropriate?				
34. Does the Committee make the EASC Team aware of issues of staff capacity and skills that impact on the running of the committee?				
<b>Administrative arrangements</b>				
	Yes (√)	No (√)	Don't Know (√)	Comments
35. Are the Committee's costs appropriate to the perceived risks and benefits?				
36. Are papers circulated in good time and are minutes and agreed actions, received as soon as possible after meetings?				
<b>Questions for Consideration &amp; Discussion</b>				
	Yes (√)	No (√)	Don't Know (√)	Comments
37. Does the Committee ensure that its work is fully conveyed to wider organisations?				
38. Is the work of the Committee's duplicated elsewhere? if yes, please elaborate.				
39. Do you consider the Committee to be effective in discharging its duties in line with the legislation?				
40. Do you have any suggestions on how the work of the Committee could be improved or strengthened?				
<b>PART B - Effective Functioning - individual members</b>				
	Yes (√)	No (√)	Don't Know (√)	Comments
41. What is your role on the Group? a. Member b. Designated deputy for the health board c. WAST CEO d. Representative from WAST e. Representative of other NHS Trust f. EASC Team • Other				
42. Do I have sufficient understanding and knowledge of the issues covered within the legal directors of the Committee?				
43. Do I appropriately challenge the Chair and other members of the group particularly on critical and sensitive matters?				

**Thank you for taking the time to complete this questionnaire. Please return completed forms to Gwenan Roberts**  
[Gwenan.roberts@wales.nhs.uk](mailto:Gwenan.roberts@wales.nhs.uk)



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

## **EMERGENCY AMBULANCE SERVICES COMMITTEE ANNUAL GOVERNANCE STATEMENT 2019-2020**

**To: Chris Turner,  
Emergency Ambulance Services Committee Chair  
Cwm Taf Morgannwg University Health Board (UHB)**

**cc: Emergency Ambulance Services Committee (EASC) Members**

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## 1. SCOPE OF RESPONSIBILITY

In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.08), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1 April 2014, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

In establishing the Emergency Ambulance Services Joint Committee (EASC) to work on their behalf, the seven Local Health Boards (LHBs) recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup> make provision for the constitution of the "Joint Committee" including its procedures and administrative arrangements. The Joint Committee is a statutory committee established under sections 11, 12(3), 13(2) (c) and (4) (c) and 203(9) and (10) of and paragraph 4 of Schedule 2 to the National Health Service (Wales) Act 2006(1). The LHBs are required to jointly exercise the Relevant Services.

In December 2015, the Welsh Ministers directed the Health Boards under the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)<sup>2</sup> to be responsible for commissioning Non-Emergency Patient Transport (NEPT) services via the Emergency Ambulance Services Committee from April 2016.

The Cwm Taf Morgannwg University Health Board (CTUHB) is the identified host organisation. It provides administrative functions for the running of EASC in line with the Directions and has established the Emergency Ambulance Services Committee Team (EASCT) and appointed the Chief Ambulance Services Commissioner as per Direction 8(4), 3 of the Emergency Ambulance Services Committee and related Regulations.

At the time of preparing this Annual Governance Statement (AGS), the EASC Committee and the NHS in Wales is facing unprecedented and increasing pressure in commissioning services to meet the needs of those who are affected by the Covid 19 Coronavirus pandemic.

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<sup>1</sup> The Emergency Ambulance Services Committee (EASC) (Wales) Regulations 2014 (SI 2014 No.566 (W.67))<sup>1</sup><http://www.wales.nhs.uk/sitesplus/documents/1134/Welsh%20Statutory%20Instrument%20for%20EASC%202014%20No%20566%20%28W67%29.pdf>

<sup>2</sup> the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)  
<http://www.wales.nhs.uk/sitesplus/documents/1134/2016%20No%208%20%28W8%29%20The%20EASC%200%28Wales%29%20%28Amendment%29%20Directions%202016.pdf>

The response required to the pandemic has meant that the Committee and the supporting team has needed to work very differently both internally with staff, partners and stakeholders and has been necessary to revise the way the governance framework has been discharged. Where relevant this has been explained within this AGS.

It is acknowledged that in these unprecedented times there are limitations on the Joint Committee and its sub groups being able to physically meet where this is not necessary and can be achieved by other means. The Joint Committee complies with the host body arrangements in line with the Public Bodies (Admissions to Meetings) Act 1960 to hold meetings in public. As a result of the public health risk linked to the pandemic Welsh Government (and UK Government) stopped public gatherings of more than two people and therefore it was not possible to allow the public to attend meetings of the Joint Committee from the start of the pandemic in March 2020. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were continued – information was posted on the website in advance of the Joint Committee meeting. An assessment was also made to ensure that decisions where time critical and could not be held over until it was possible to allow members of the public to attend meetings. As the duration of the pandemic and the measures required subsequently are not yet known this will be kept under review in line with the host body arrangements. The Sub Groups were postponed during March and arrangements are being made to restart the groups using virtual platforms.

## **2. GOVERNANCE FRAMEWORK**

In March 2014, the Joint Committee approved the revised Governance and Accountability Framework including the Standing Orders. These were reviewed and updated in November 2018 which included the Memorandum of Understanding and the Hosting agreement.

In November 2019, the Committee received and endorsed the use of the first Model Standing Orders for EASC provided by the Welsh Government. In accordance with related Regulations and Directions, each Local Health Board ('LHB') in Wales must then agree the Model Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee ("Joint Committee") proceedings and business. These Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them.

Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

The Standing Financial Instructions are in the process of development and should be available during 2020-2021.

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board UHB ("the Host LHB"), form the basis upon which the Joint Committee's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

## **2.1 Quality & Delivery Framework Agreements**

The Emergency Ambulance Services Committee (EASC) at its inaugural meeting in April 2014 sponsored the use of CAREMORE® and the creation of National Collaborative Commissioning, Quality & Delivery Frameworks ('Framework Agreement') to commission services. Currently EASC commissions the following services:

- Emergency Ambulance Services
- Non-Emergency Patient Transport Services
- Emergency Medical Retrieval Transfer Services.

### **Emergency Ambulance Services**

The Framework Agreement for Emergency Ambulance Services operational from 2015/16 is structured to support the following scope of services:

- a) responses to emergency calls via 999
- b) urgent hospital admission requests from general practitioners
- c) high dependency and inter-hospital transfers
- d) major incident response and urgent patient triage by telephone
- e) NHS Direct Wales Services.

This is in line with the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)), 10 March 2014.

### **Non-Emergency Patient Transport Services**

In line with the recommendations of the 2013 A Strategic Review of Welsh Ambulance Services and a Framework Agreement was developed to commissioning Non-Emergency Patient Transport Services. The scope of services covered by this Quality and Delivery Framework (operational from 2019/20) is commissioning arrangements for non-emergency patient transport services (NEPTS), including:

- a) all non-emergency patient transport provided by the Welsh Ambulance Services NHS Trust
- b) all non-emergency patient transport commissioned by Health Boards and NHS Trusts

- c) all non-emergency patient transport commissioned by the Welsh Health Specialised Services Committee (WHSCC) for the Welsh Renal Clinical Network.

### **Emergency Medical Retrieval Transfer Services**

The Framework Agreement for Emergency Medical Retrieval Transfer Services operational from 2020/21. The scope of services covered by this Quality and Delivery Framework is commissioning arrangements for Emergency Medical Retrieval & Transfer Service (EMRTS), including:

- a) all Emergency Medical Retrieval & Transfer Services provided by EMRTS;
- b) all Emergency Medical Retrieval & Transfer Services commissioned by Health Boards from EMRTS

### **CAREMORE®**

One of the main ambitions of EASC is to encourage and enable patients to access services through other, more appropriate means before their needs become urgent and/or life-threatening, and require a response from the emergency ambulance service. In 2015, EASC developed a new, citizen-centred pathway which describes a five-step process that supports the delivery of emergency ambulance services within Wales. Every service commissioned using the CAREMORE® methodology describes the five step model of care and service delivery.



The Ambulance Patient Care Pathway (referred to as the five-step model) is set out in Figure 1 below:

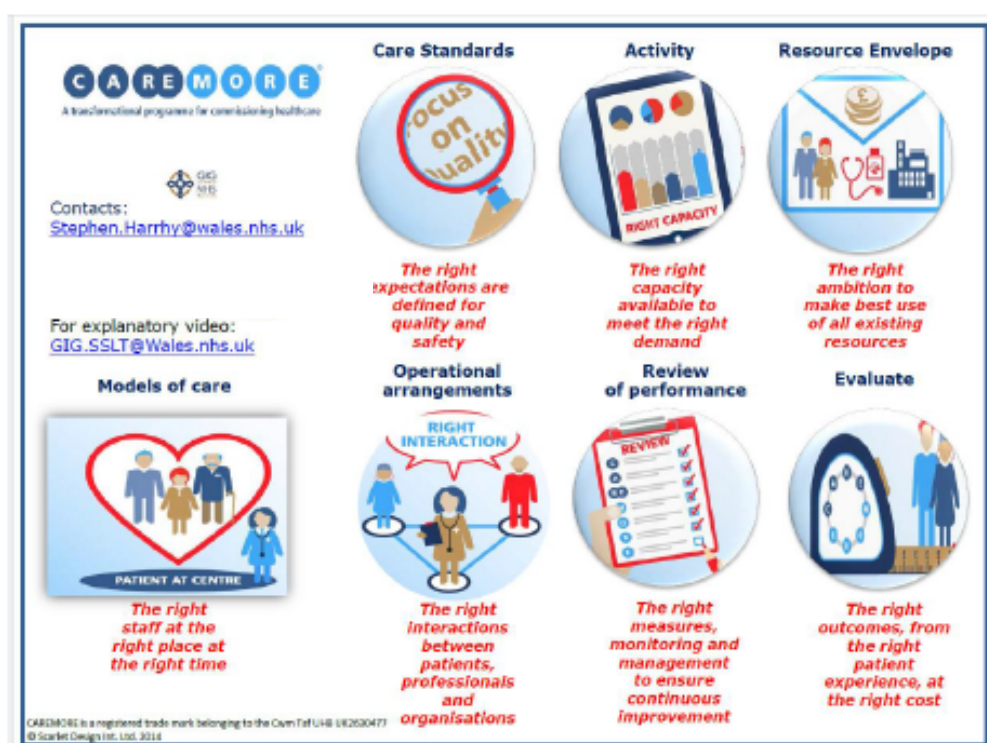
Figure 1 - CAREMORE® Emergency Ambulance Services 5 Step Model



The CAREMORE® model defines the expected care standards to be met for each of the five steps of the Ambulance Patient Care Pathway; as well as setting out activity, performance and resource management information available for each of the steps of the pathway.

It also details the outcomes required in pursuit of improving patient experience; improving patient's clinical outcomes and demonstrating value for money. The principles of the CAREMORE® model are set out in Figure 2 below:

Figure 2 – Principles of the CAREMORE®



## 2.2 The Joint Committee

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (relevant services), Emergency Medical Retrieval & Transfer Service (EMRTS) and Non-Emergency Patient Transport Service (NEPTS) and in accordance with their defined delegated functions.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of Emergency Ambulance Services; Emergency Medical Retrieval & Transfer Service and Non-Emergency Patient Transport Services.

The Joint Committee is accountable for internal control. As Chief Ambulance Services Commissioner NHS Wales, I have the responsibility for maintaining a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives and to report the adequacy of these arrangements to the Chief Executive of Cwm Taf Morgannwg University Health Board (CTMUHB).

Health Boards and NHS Trusts in Wales have collaborated over the operational arrangements for the provision of the emergency ambulance services and have agreed the terms of a Memorandum of Understanding to ensure that the arrangements are introduced and operate effectively by collective decision making, in accordance with the policy and strategy set out above determined by the EASC.

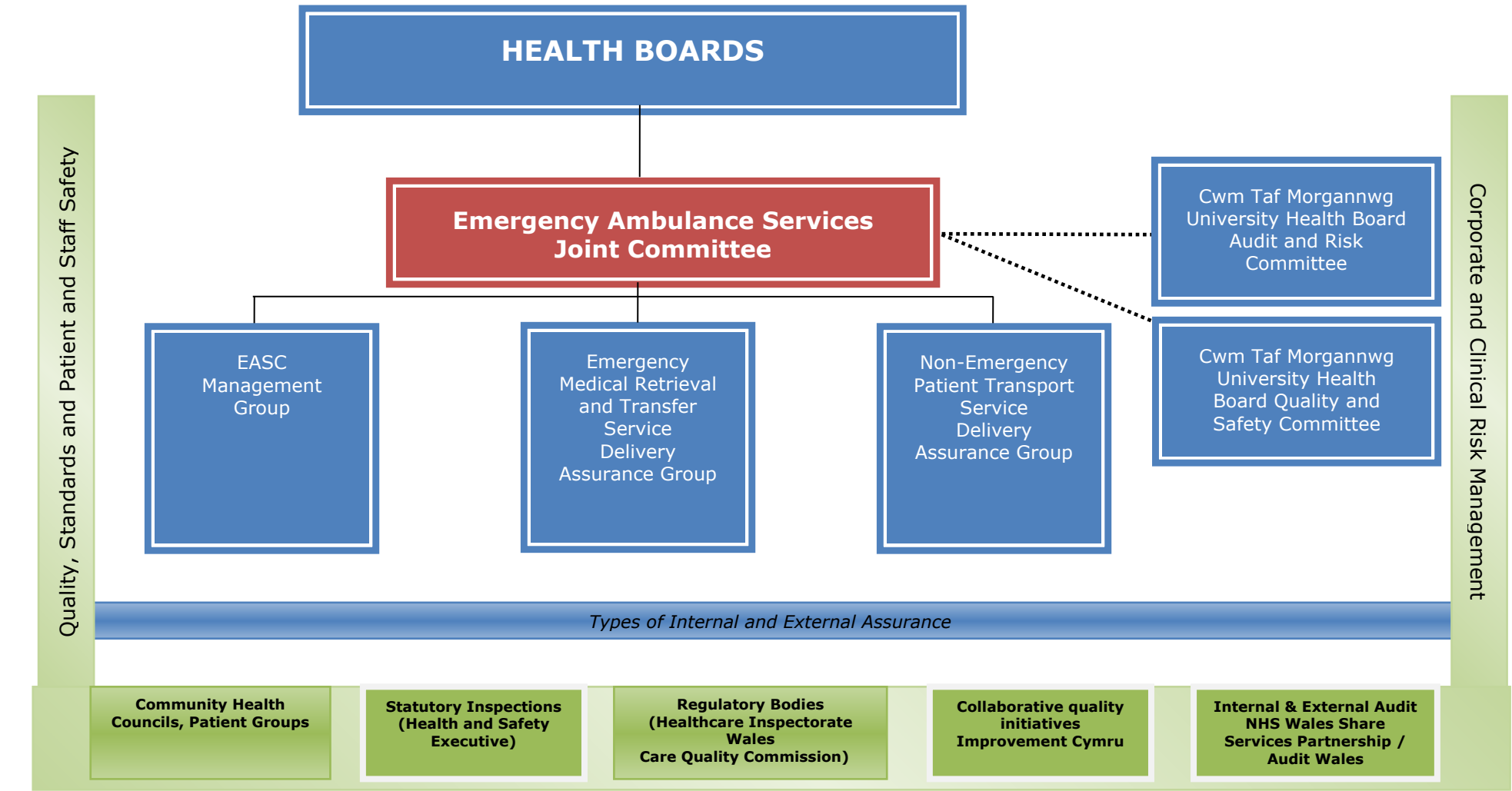
Whilst the EASC acts on behalf of the Health Boards and NHS Trusts in undertaking its functions, the responsibility for the exercise of the emergency ambulance functions is a shared responsibility of all NHS bodies in Wales.

Under the terms of the establishment arrangements, Cwm Taf Morgannwg University Health Board (UHB) is deemed to be held harmless and have no additional financial liabilities beyond for their own resident population.

The Joint Committee is supported by a Committee Secretary, who acts as the guardian of good governance within the Joint Committee.

The Governance framework for the operation of EASC is presented in Figures 3 and a flowchart outlining the current supporting sub groups is outlined in Figure 4.

Figure 3 - Governance Framework for EASC



It should be noted that the sub-group structure changed in 2019/20 with the amalgamation of two former sub groups, the Planning, Development and Evaluation Group (PDEG) and the Joint Management Advisory Group (JMAG) into the single EASC Management Group reporting to the EASC Joint Committee.

Figure 4 – Sub Groups of the EASC

<b>Emergency Ambulance Services Committee</b> (EASC) Sub groups		
<b>EASC Management Group</b>	<b>Emergency Medical Retrieval and Transfer Service Delivery Assurance Group</b>	<b>Non-Emergency Patient Transport Service Delivery Assurance Group</b>
<p>The overall purpose of the Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services, non-emergency patient transport services and Emergency Medical Retrieval &amp; Transfer Service.</p> <p>Ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.</p>	<p><b>EMRTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the delivery, direction and performance of the EMRTS.</p>	<p><b>NEPTS DAG</b> Established to support the production, ongoing development and maintenance of the interim Framework.</p> <p>Responsible for the implementation of the NEPTS work programmes that deliver WHC 2007 (005) and the 2015 business case 'The Future of NEPTS in Wales'.</p>
<p>Members include: Chaired by CASC; representatives from Host Body, membership from health boards; Welsh Government representative; EASC Team; WAST Chief Executive; Representatives from WAST; Clinical representatives welcomed from health boards.</p>	<p>Members include: Chaired by CASC; representatives from Host Body, membership from health boards; Welsh Government representative; EASC Team; EMRTS National director and service manager; WAST; Contract and Performance lead.</p>	<p>Members include: Chaired by CASC; EASC Team; NEPT Champion from every Health Board and Velindre NHS Trust; Director of Finance WHSSC; representative from Welsh Renal Clinical Network and from the Welsh Government.</p>

The EASC has in place a robust Governance and Accountability Framework including:

- Standing Orders
- A Hosting Agreement
- Memorandum of Understanding

The above documents set out the governance arrangements for the NHS Wales organisations and form the basis upon which the Joint Committee's Governance and Accountability Framework is developed. Together with the Cwm Taf Morgannwg University Health Board "Values and Standards of Behaviour framework" this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

The table in Figure 5 below outlines the Composition of the Joint Committee during the financial year 2019-2020.

**Figure 5 – Composition of the EASC Committee 2019-2020**

<b>Organisation</b>	<b>Name</b>	<b>Role</b>
University Health Board (UHB)		
Emergency Ambulance Services Committee	Chris Turner	Chair (Nov 2018)
Emergency Ambulance Services Committee	Stephen Harrhy	Chief Ambulance Services Commissioner
Chief Executive, Aneurin Bevan UHB	Judith Paget	Member
Chief Executive, Betsi Cadwaladr UHB	Gary Doherty	Member (to Feb 2020)
	Simon Dean (Interim CEO)	Member (from March 2020)
Chief Executive, Cardiff & Vale UHB	Len Richards	Member
Chief Executive, Cwm Taf Morgannwg UHB	Allison Williams	Member (to August 2019)
	Sharon Hopkins (Interim CEO)	Member (from Sept 2019)
Chief Executive, Hywel Dda UHB	Steve Moore	Member (Vice Chair)
Chief Executive, Powys Teaching HB	Carol Shillabeer	Member
Chief Executive, Swansea Bay UHB	Tracy Myhill	Member
Chief Executive, Welsh Ambulance Services NHS Trust	Jason Killens	Associate Member
Chief Executive, Public Health Wales NHS Trust	Tracey Cooper	Associate Member
Chief Executive, Velindre NHS Trust	Steve Ham	Associate Member

In accordance with the EASC Standing Orders, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

The purpose of the Joint Committee is to jointly exercise those functions relating to the commissioning of emergency ambulance services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance services for residents within their area.

The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of emergency ambulance non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services in Wales, in conjunction with the Welsh Ministers
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance service
- Produce an Integrated Medium Term Plan (IMTP), including a balanced Medium Term Financial Plan for agreement by the Committee following the publication of individual LHBs Integrated Medium Term Plans (IMTPs), which should also make reference to the EASC commissioning intentions
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers
- Establish mechanisms for managing the commissioning risks
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance, non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services and take appropriate action.

The EASC monitors performance on a quarterly basis against the key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance.

The Joint Committee ensures that the principles of good governance applicable to NHS organisations are followed consistently, including the oversight and development of systems and processes for financial control, organisational control, governance and risk management. The EASC assesses strategic and corporate risks through the Risk Register.

### 2.2.1 Joint Committee Meetings

The table in Figure 6 outlines dates of Joint Committee meetings held during 2019-2020 and attendance by Members. All meetings held were quorate. The Committee met 6 times and all agenda and reports are available here:

<http://www.wales.nhs.uk/easc/committee>.

Figure 6 – EASC Committee Attendance 2019-2020

University Health Board (UHB)	May	Jul	Sept	Nov	Jan	Mar
<b>Committee Members</b>						
Chair	✓	✓	✓	✓	✓	✓
CASC	✓	✓	✓	✓	✓	X
Aneurin Bevan UHB	✓*	✓*	✓**	✓	✓	✓*
Swansea Bay UHB	✓	✓*	✓	✓*	✓	✓
Betsi Cadwaladr UHB	✓(VC)	✓	✓(VC)	✓(VC)	✓	X
Cardiff & Vale UHB	✓**	✓	✓	✓*	✓	X
Cwm Taf Morgannwg UHB	✓	✓	✓	✓	✓	✓
Hywel Dda UHB	✓	✓*	✓(VC)	✓	✓	X
Powys Teaching HB	✓	✓	✓	✓*	✓	X
<b>Associate Committee Members</b>						
WAST	✓	✓	✓	✓	✓	✓
Public Health Wales	X	X	X	X	X	X
Velindre NHS Trust	X	X	X	X	X	X

X \* denotes CEO not present but the nominated Executive Director present

X \*\* denotes CEO not present but sent a representative (not nominated deputy)

(VC) denotes by Video Conference

The Chair of the Committee routinely emphasises the importance of attendance at the Joint Committee and escalates any matters of member non-attendance, as appropriate, with Members and/or Chairs of NHS organisations. The issue of non-attendance of organisation representatives at sub-group meetings has also been raised by the Chair and the CASC and discussed with Members at Joint Committee meetings. Dr Andrew Goodall, Director General / Chief Executive NHS Wales has also written out to Chief Executive Officers to remind them of their responsibilities in this regard.

## 2.2.2 Joint Committee Performance and Self-Assessment

During 2019-2020 the Emergency Ambulance Services Committee approved an annual forward plan of business, including:

### Standing items

- Chair's report
- Chief Ambulance Services Commissioner (CASC) report
- Finance Report
- Provider issues by exception
- Forward Plan of Business
- Implementation of the AMBER Review

### Planned items received on a regular basis

- Ambulance Quality Indicators Report (in line with quarterly reporting)
- AMBER Review
- EASC Governance Updates including risk register reporting
- Emergency Medical Retrieval and Transfer Services (EMRTS) including the business case
- EASC Integrated Medium Term Plan (IMTP) Quarterly reports
- Regional Escalation
- A Healthier Wales Allocation (1%)
- Demand and Capacity Review at the Welsh Ambulance Services NHS Trust
- Non-emergency patient transport progress report

### Other items included:

- Clinical Risk Review - Final Report
- WAST Relief Gap for Emergency Ambulance Services – Reference document
- Establishment of the South, Mid and West Wales Trauma network – WAST Business Case
- Outline WAST IMTP
- RED Improvement Plan
- Handover delays and escalation – emergency department quality delivery framework
- EASC Integrated Medium Term Plan (IMTP) and Commissioning Intentions
- Letter of support for the WAST IMTP
- WAST response to commissioning intentions
- Strategic Commissioning Intentions
- Performance Report

### Reports from EASC Sub Groups

- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group (EMRTS DAG)
- Non-Emergency Patient Transport Services Delivery Assurance Group (NEPTS DAG)
- EASC Management Group.

## **2.3 Sub Committees**

### **2.3.1 The Audit and Risk Committee of the Cwm Taf Morgannwg University Health Board**

The primary role of the Cwm Taf Morgannwg University Health Board Audit and Risk Committee (formerly known as Audit Committee) is to review and report upon the adequacy and effective operation of EASC's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of EASC's objectives. This role is set out clearly in the Audit and Risk Committee's terms of reference which were revised in 2017 to ensure these key functions were embedded within the standing orders and governance arrangements.

The Audit and Risk Committee reviews the effective local operation of internal and external audit, as well as the Counter Fraud Service. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that reporting lines can be effectively used.

The Audit and Risk Committee supports the Joint Committee in discharging its accountabilities for securing the achievement of the EASC objectives in accordance with the standards of good governance determined for the NHS in Wales.

The Cwm Taf Morgannwg University Health Board Audit and Risk Committee attendees during 2019-2020 comprised of Independent Members supported by representatives of both Internal and External Audit and Senior Officers of Cwm Taf Morgannwg University Health UHB. Where necessary, relevant officers are in attendance for the EASC components of the Cwm Taf Morgannwg University Health Board Audit and Risk Committee, and it is recognised that as the EASC continues to evolve and mature as a Joint Committee, there will be an increasing level of audit related activity.

### **2.3.2 EASC Management Group**

The overall purpose of the EASC Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services, non-emergency patient transport services and Emergency Medical Retrieval & Transfer Service.

The Group will underpin the commissioning responsibilities of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.

The Group will be responsible to EASC for undertaking the following functions:

- To agree, make recommendations and monitor the EASC IMTP and the commissioning framework
- To receive recommendations from sub groups and to make recommendations to the EASC regarding service improvements including investments, disinvestments and other service changes
- To monitor the delivery of the quality and delivery commissioning frameworks for EASC Commissioned Services
- To receive regular reports on performance monitoring and management and the main actions to address performance issues
- To undertake the role of Programme Board for specific work streams and monitor their implementation
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC members
- To ensure the development and maintenance of the needs assessment across Wales for Ambulance Services in accordance with the requirements of the Future Generations Act
- To consider, agree and recommend commissioning/service issues to the EASC which are to be considered as part of the EASC IMTP. This will include issues which will have an impact on the plan raised by other sub groups/advisory groups, the WAST IMTP and EASC's strategic commissioning intentions.

The EASC standing orders have been reviewed and the updated terms of reference for the EASC Management Group have been included in the document.

### **2.3.3 Emergency Medical Retrieval & Transfer Service (EMRTS)**

The EMRTS is commissioned by the Emergency Ambulance Service Committee (EASC) and is hosted by Swansea Bay University Health Board (SBUHB). The organisational governance structure consists of an EMRTS Delivery Assurance Group (DAG) which reports to the Chief Ambulance Service Commissioner and through to the EASC Joint Committee. The EASC Joint Committee delegates responsibility to the DAG for the delivery, direction and performance of the EMRTS. The Chief Ambulance Services Commissioner is a member of the SBUHB EMRTS Clinical Governance sub group.

The National Director is accountable to the EMRTS DAG for the delivery and performance of the EMRTS and to the SBUHB Chief Executive for organisational and clinical governance. There are a number of supporting agreed documents which underpin the organisational governance of the service as follows:

1. Memorandum of Agreement between SBUHB and EASC.

2. Terms of reference for the EMRTS Delivery Assurance Group
3. Collaborative agreement between AB SBUHB, the Wales Air Ambulance Charity Trust (WAACT) and the Welsh Ambulance Service Trust (WAST)
4. Memorandum of Understanding between SBUHB and other Welsh LHBs/NHS Trusts
5. Service level agreement between EMRTS and SBUHB for accessing supporting services
6. Terms of Reference for the EMRTS Clinical and Operational Board.

The Emergency Medical Retrieval and Transfer Service went live on the 27 April 2015. The service was commissioned “to provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility.” The service represents a joint partnership between NHS Wales, The Wales Air Ambulance Charity Trust (WAACT) and Welsh Government. The service was initially commissioned by the Welsh Health Specialised Services Committee; however, this function transferred to the Emergency Ambulance Services Committee on the 1 April 2016.

The EASC standing orders have been reviewed and the updated terms of reference for the EMRTS DAG have been included in the document.

### **2.3.4 Non-Emergency Patient Transport Service (NEPTS)**

The Non-Emergency Patient Transport Services Delivery Assurance Group is the mechanism through which the Health Boards and WAST will jointly plan and take collective action to deliver the NEPTS Commissioning Intentions and 2015 business case ‘The Future of NEPTS in Wales’. Ensuring a robust and collaborative approach is taken to develop and implement the key outcomes from the task and finish group.

The NEPTS Delivery Assurance Group will provide advice and make recommendations to EASC Management Group and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing non-emergency patient transport services.

The Group will underpin the commissioning responsibilities of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC Integrated Medium Term Plan (IMTP).

The Group will be responsible to EASC Management Group for undertaking the following functions:

- To receive recommendations and to make recommendations to the EASC Management Group regarding service improvements including investments, disinvestments and other service changes.

- To develop, establish and manage performance arrangements including a team with relevant expertise, which:
  - gives assurances on the adherence to agreed Care standards
  - reviews and reports on performance improvements
  - reviews and reports upon activity information
  - reviews and reports on resource utilisation and effectiveness
  - reviews delivery of agreed service change initiatives in line with agreed milestones
  - provides assurance that Framework Agreement is operating effectively between all parties i.e. health boards & NEPTS
  - evaluate patient outcomes, patient experience and cost impact - to inform learning & continuous improvement, plus, ongoing development of the Framework Agreement.
- To monitor the delivery of the quality and delivery commissioning frameworks for NEPTS
- To receive regular reports on performance monitoring and management and the main actions to address performance issues
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC members.

The EASC standing orders have been reviewed and the updated terms of reference for the NEPTS DAG have been included in the document.

## **2.4 Reviewing the Effectiveness of EASC**

The Audit and Risk Committee of Cwm Taf Morgannwg University Health Board advises and assures the Joint Committee on the effectiveness of its risk management arrangements, by reviewing its risk register and approach to risk management at each of its meetings. This was formerly undertaken by the Quality Safety and Risk Committee) (host body). It is also important to note that the risk register is aimed to be a routine feature of the business of the Joint Committee.

The Committee agreed to review the format of the risk register and that this should be discussed initially at a development session. A set of context perspectives for each risk was discussed and agreed at the meeting in January 2020. However, this work has not been progressed due to the impact of Covid 19 pandemic. Work is underway to review the risk register to report in July 2020. In the interim, key risks and issues have been included within the Chief Ambulance Services Commissioner report which is presented at each committee meeting.

The Quality and Safety Committee of the Cwm Taf Morgannwg University Health Board as host organisation advises and assures the Joint Committee on the provision of workplace health and safety for the EASC Team.

## **2.5 Standards of Behaviour**

The Welsh Government's Citizen-Centred Governance Principles apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

***"Public service values and associated behaviours are and must be at the heart of the NHS in Wales"***

The Joint Committee is strongly committed to EASC being value-driven, rooted in the Nolan principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

The Joint Committee expects all Members and employees to practice high standards of corporate and personal conduct, based on the recognition that the needs of service users must come first.

The "Seven Principles of Public Life", or the "Nolan Principles" form the basis of the Standards of Behaviour requirements for the EASC team.

The Cwm Taf Morgannwg Standards of Behaviour Policy, incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship, aims to ensure that arrangements are in place to support employees to act in a manner that upholds the Standards of Behaviour Framework as well as setting out specific arrangements for the appropriate declarations of interests and acceptance / refusal and record of offers of Gifts, Hospitality or Sponsorship. The Policy also aims to capture public acceptability of behaviours of those working in the public sector so that EASC can be seen to have exemplary practice in this regard.

All Members and Senior Managers and their close family members have declared any pecuniary interests and positions of authority which may result in a conflict with their responsibilities. No material interests have been declared during 2019-20, a full register of interests for 2019-20 is available upon request from the Committee Secretary. A register of interests is maintained and is available on request in line with the host body arrangements.

## **3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

### **3.1 External Audit**

During 2019-2020 there were no specific reports from external auditors.

As a hosted organisation under Cwm Taf Morgannwg University Health Board, the work of external audit is monitored by the Cwm Taf Morgannwg University Health Board Audit and Risk Committee through regular progress reports. Their work is both timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and our work on minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented. In addition to EASC matters, the Cwm Taf Morgannwg University Health Board Audit and Risk Committee has been kept apprised by its external auditors of developments across NHS Wales and elsewhere in the public service. These discussions have been helpful in extending the Audit and Risk Committee's awareness of the wider context of the work.

### **3.2 Internal Audit**

The Cwm Taf Morgannwg University Health Board Audit and Risk Committee regularly review and consider the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit have attended each meeting to discuss their work and present their findings. The Audit and Risk Committee are satisfied with the liaison and coordination between the external and internal auditors.

During the reporting period 2019-2020 the EASC were audited on:

- EASC Governance - Reasonable Assurance received by the Host Body's Audit and Risk Committee on 13 May 2019. The purpose of the review was to establish if appropriate governance and performance management arrangements are in place to ensure that EASC operates effectively and WAST performance is effectively monitored and managed.
- Internal Audit Report on Handover of Care at Emergency Departments Follow-up Health Board Related Recommendations - The Internal Audit Report was received at the host body Audit NS Risk Committee on 15 July 2019; the report was reported to the Welsh Ambulance Services NHS Trust (WAST) Board.

No reports received a "limited assurance" assessment rating.

### **3.3 Counter Fraud**

Counter Fraud support is incorporated within the hosting agreement with Cwm Taf Morgannwg University Health Board. Local Counter Fraud Plans relating to the role of the Host body, including matters relating to EASC, are considered via the Cwm Taf Morgannwg University Health Board Audit and Risk Committee.

### **3.4 Integrated Governance**

The Cwm Taf Morgannwg University Health Board Audit and Risk Committee is responsible for the maintenance and effective system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- Tracking of Audit Recommendations
- EASC Risk Register.

During 2019-2020, the Cwm Taf Morgannwg University Health Board Quality and Safety and the Audit and Risk Committee played a proactive role in communicating suggested amendments to governance procedures and the corporate risk register.

### **3.5 Quality**

#### **3.5.1 Ambulance Quality Indicators**

To support the measurement of the new Clinical Model a comprehensive suite of Ambulance Quality Indicators (AQIs) were developed in collaboration with Welsh Ambulance Services Trust and Welsh Government. The new AQIs were first published as part of a pilot in January 2016, and thereafter quarterly reports were presented to each EASC meeting.

The AQI reports for the 2019-2020 reporting period can be viewed on the link below:

- <http://www.wales.nhs.uk/easc/ambulance-quality-indicators>

Due to the ongoing impact of the COVID-19 pandemic, data gathering and release practices have been changed. The Ambulance Quality Indicators will not be published at this time. Releases of official statistics and research on Wales can be found at the following link: <https://gov.wales/statistics-and-research>.

#### **3.5.2 Quality and Patient Experience**

During 2019-2020, the Joint Committee has continued its commitment to assuring the quality of services by including a section on "Quality, Safety and Patient Experience" as one of the core considerations in the commissioning frameworks and also on the updated committee report template which directs the report author to consider the implications when drafting reports for EASC meetings.

The Chief Ambulance Services Commissioner (CASC) undertakes a monthly Quality and Delivery meeting with the Welsh Ambulance Services NHS Trust which is reported within the CASC report to the EASC Committee.

#### **4. CAPACITY TO HANDLE RISK**

As the Chief Ambulance Services Commissioner for NHS Wales, I have responsibility for maintaining a sound system of internal control that supports the achievement of EASCs policies, aims and objectives and need to be satisfied that appropriate policies and strategies are in place and that systems are functioning effectively, through the development implementation and review of Collaborative Commissioning Framework Agreements. The Joint Committee's Sub Groups have assisted in providing these assurances and I am supported by the Head of Internal Audit's related work, report and opinion on the effectiveness of our system of internal control.

As previously highlighted the need to plan and respond to the Covid 19 pandemic presented a number of challenges to the EASC Team. The business continuity arrangements of the host body as well as a plan for the EASC team has allowed for safe working. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer term commissioning for the Committee although I am confident that all appropriate action has been taken.

The Joint Committee aims to review the EASC Risk Register at each meeting and the key risks identified are aligned to delivery and are considered and scrutinised by the Cwm Taf Morgannwg University Health Board Audit & Risk Committee as a whole. It must be noted that responsibility for the commissioning of Emergency Ambulance Services, Emergency Medical Retrieval & Transfer Services and Non-Emergency Patient Transport Services remains that of individual health boards, discharged collaboratively through the Emergency Ambulance Services Joint Committee (EASC).

The joint Memorandum of Understanding (MoU) between the EASC; Welsh Government and the Chief Ambulance Services Commissioner was endorsed by the Joint Committee in March 2016 and was reviewed at the meeting in November 2018. The Model Standing Orders and the Hosting Agreement with the host body (Cwm Taf Morgannwg University Health Board) were endorsed in November 2019 for approval at all health board meetings to meet the requirements of the [Welsh Health Circular WHC 2019/027](#) (Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the issuing of Model Standing Orders for the Emergency Ambulance Services Committee).

## **5. THE RISK AND CONTROL FRAMEWORK**

Under the hosting agreement with Cwm Taf Morgannwg University Health Board, the EASC complies with the Risk Management Strategy, the Risk Management Policy and the Risk Assessment Procedure.

The aim of the Risk Management Policy is to:

- Ensure that the culture of risk management is effectively promoted to staff ensuring that they understand that the 'risk taker is the risk manager' and that risks are owned and managed appropriately
- Utilise the agreed approach to risk when developing and reviewing the Resource and Operational Plan
- Embed both the principles and mechanisms of risk management into the organisation
- Involve staff at all levels in the process
- Revitalise its approach to risk management, including health and safety.

Risk management relating to the activities of EASC has matured throughout the year and arrangements for reporting risks agreed and developed.

The Committee Risk Register forms part of the process in terms of the identification and management of strategic risks in relation to the commissioning of Emergency Ambulance Services and during this year has been on hold to comply with the new arrangements of the host body.

- The Risk Register continues to evolve and is a 'living' document and should be in a state of constant change to reflect increases, decreases and the elimination of risks
- The Risk Register will be subject to continuous review by the Chief Ambulance Services Commissioner and the work of the Joint Committee Sub Groups
- It is for the Joint Committee to determine whether there is sufficient assurance in the rigour of internal systems to be confident that there are adequate controls over the management of principal risks to the strategic objectives. The Committee agreed to review the format of the risk register and that this should be discussed initially at a development session. A set of context perspectives for each risk was discussed and agreed at the meeting in January 2020

## 5.1 Joint Committee Risk Register

As at 28 January 2020, there were 3 risks categorised as Extreme / High these being:

Risk Reference	Description of risk identified	Initial Score	Current Score	Mitigating Actions
EASC 07	Failure to progress WAST staffing roster changes across Wales in alignment with demand patterns identified within the ORH report.	15	15	<ul style="list-style-type: none"><li>• Demand and Capacity Report approved</li><li>• To agree implementation plan</li></ul>
EASC 08	Failure to provide alternative services	12	15	<ul style="list-style-type: none"><li>• EASC to coordinate from Jan 2020</li><li>• Agreed by Chairs of HBs</li><li>• Letter sent to Andrew Goodall</li><li>• Included in Taskforce terms of reference</li></ul>
EASC 13 (added July 2018)	Failure to ensure the commissioning of emergency ambulance services is appropriately clinically categorised	15	15	<ul style="list-style-type: none"><li>• Further investment in Clinical desk</li><li>• Lessons learned from previous work on red category</li><li>• Implementation of Amber Review</li></ul>

## 5.2 Policies and Procedures

The EASC follows the policies and procedures of Cwm Taf Morgannwg University Health Board, as the host organisation.

## 5.3 Information Governance

The EASC has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, where required from the Information Commissioner's Office (ICO). This includes legislation such as the Data Protection Act (2018) and the Caldicott Report (1997/2013) that covers the data that we collect and the processing of this to ensure that we only use it for compatible purposes and it remains secure and confidential whilst in our custody.

The EASC receive information governance support from Cwm Taf Morgannwg University Health Board on areas such as the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, new guidance documentation and training materials, areas of concern and latest new information and law including the implementation of the General Data Protection Regulation (GDPR).

The Director of Corporate Services & Governance / Board Secretary at Cwm Taf Morgannwg University Health Board is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for the EASC and, due to our hosted status; the Caldicott Guardian for Cwm Taf Morgannwg University Health Board is the Executive Medical Director.

#### **5.4 Integrated Medium Term Plan (IMTP)**

The basis for the EASC's planning has been the original national collaborative commissioning quality and delivery framework which all seven Health Boards have signed up to. The framework provides the mechanism to support the recommendations of Professor Siobhan McClelland in the "A Strategic Review of Welsh Ambulance Services" published in 2013. The framework puts in place a structure which is clear and directly aligned to the delivery of better care. The framework introduces clear accountability for the provision of emergency ambulance services and sees the Chief Ambulance Services Commissioner (CASC) and the Emergency Ambulance Services Committee (EASC) acting on behalf of health boards and holding WAST to account as the provider of emergency ambulance services. Each Health Board is required to demonstrate their ambition of the framework through making reference to the collaborative work of the EASC within individual Health Board IMTPs.

The EASC prepared and submitted a Board Approved Integrated Medium Term Plan (IMTP) for 2019-20 – 2021-22, which was approved by Welsh Government officials. The Committee received EASC Integrated Medium Term Plan (IMTP) Quarterly reports during 2019-20 and progress has been made in line with the plan. A letter was received on 19 March 2020 to confirm that the plan had been taken through a rigorous assessment by Welsh Government. Whilst it was not a statutory requirement for EASC under the NHS Finance (Wales) Act 2014 and therefore the plan does not require Ministerial approval, officials confirmed that it was satisfactory and consistent with the requirements of the NHS Planning Framework 2019-2022. However, in light of the challenges posed by the Covid 19 pandemic noted that a decision had been made to pause the IMTP processes and allow all resources to be redirected to sustaining and supporting key services. The EASC Team were redirected to assist and support services across NHS Wales.

#### **5.5 Health and Care Standards for NHS Wales**

The Welsh Government's "Health and Care Standards for NHS Wales<sup>3</sup>" provide a framework for consistent standards of practice and delivery across the NHS in Wales, and for continuous improvement.

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<sup>3</sup>Welsh Government's Health and Care Standards Framework, April 2015  
<http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>

In 2017-18 a revised set of Health and Care Standards were issued to NHS Wales. In particular, a new standard for Governance, leadership and Accountability was introduced. The EASC Team have considered that the following criteria has been met:

- Health services demonstrate effective leadership by setting direction, igniting passion, pace and drive, and developing people.
- Strategy is set with a focus on outcomes, and choices based on evidence and people insight. The approach is through collaboration building on common purpose.
- Health services innovate and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and delivery models, and manage performance and value for money.
- Health services foster a culture of learning and self-awareness, and personal and professional integrity.

The work of EASC is also included within the annual self-assessment that Cwm Taf Morgannwg University Health Board. At the time this report was being prepared, the Internal Audit review and Annual Health & Care Standard report had not been completed. COVID-19 has inevitably had an impact on the ability to complete the activity within the original timeframe.

## **5.6 Governance & Accountability Assessment**

The Governance & Accountability Assessment is more relevant to the host body, Cwm Taf Morgannwg University Health Board although the EASC will be cognisant of complying with any requirements.

## **5.7 Appointment of Independent Chair**

Dr Chris Turner received, and accepted, an invitation to stay on as Interim Chair for the Committee for a further year in November 2019.

# **6. MANDATORY DISCLOSURES**

The EASC is also required to report that arrangements are in place to manage and respond to the following governance issues:

## **6.1 Equality, Diversity and Human Rights**

Control measures are in place to ensure that the EASC's obligations under equality, diversity and human rights legislation are complied with. The EASC follows the policies and procedures of the Cwm Taf Morgannwg University Health Board as the host organisation.

As a non-statutory hosted organisation under Cwm Taf Morgannwg University Health Board, EASC is required to adhere to the Cwm Taf Morgannwg University Health Board Equality and Diversity policy which sets out the UHB's commitment to equality and diversity and the legal setting for doing so.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

## **6.2 Welsh Language**

The EASC is committed to ensuring that the Welsh and English languages are treated on the basis of equality in the services we provide to the public and other NHS partner organisations in Wales. This is in accordance with the Cwm Taf Morgannwg University Health Board Welsh Language Scheme, Welsh Language Act 1993 the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards (Health Sector) Regulations once approved by the National Assembly for Wales.

The work of the EASC in relation to Welsh language is included within the Cwm Taf Morgannwg University Health Board approved Welsh language scheme and their Annual Welsh Language Monitoring report to the Welsh Language Commissioner.

## **6.3 Handling of Concerns**

The EASC is committed to ensuring a professional and customer focussed service through the work of the Joint Committee and as a hosted organisation under Cwm Taf Morgannwg University Health Board adheres to its Concerns policy.

During 2019-2020 no formal complaints were received concerning the work of the EASC.

## **6.4 Freedom of Information Requests**

The Freedom of Information Act (FOIA) 2000 give the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector.

During 2019-2020, the EASC received one request for information under the provision of the Freedom of Information Act (FOIA).

## **6.5 Data Security**

The EASC is committed to ensuring that there are effective measures in place to safeguard information and as a hosted organisation under Cwm Taf Morgannwg University Health Board adheres to its Information Governance policies.

All information governance incidents involving data security are reviewed by the Information Governance team within Cwm Taf Morgannwg University Health Board.

During 2019-2020 no Information Governance breaches were reported for the EASC.

## **6.6 ISO14001 – Sustainability and Carbon Reduction Delivery Plan**

The Welsh Government have an ambition for the public sector to be carbon neutral by 2030. This ambition sits alongside the Environment (Wales) Act 2016 and Wellbeing of Future Generations (Wales) Act 2015 as legislative drivers for decarbonisation of the Public Sector in Wales. As a hosted organisation under Cwm Taf Morgannwg University Health Board the EASC is committed to managing its environmental impact, the organisation's carbon footprint and increasing its sustainability. Cwm Taf Morgannwg has undertaken risk assessments and **Carbon Reduction Delivery Plans** are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## **6.7 Business Continuity Planning/Emergency Preparedness**

The EASC is cognisant of the need to review the capability of the different organisations within NHS Wales to continue to deliver products or services at acceptable predefined levels following a disruptive incident. We recognise our contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a category 1 responder deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

The Joint Committee reviews the arrangements in place for cross border and cross boundary resource flows and that there are effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic
- Premises – denial of access to normal places of work
- Information Management and Technology (IM & IT) and communications/ICT equipment issues
- Suppliers internal and external to the organisation.

The EASC is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess and implement applicable legislation and regulation requirements related to the continuity of operations, services as well as the interests of interested parties.

## **6.8 UK Corporate Governance Code**

The EASC operates within the scope of the governance arrangements for the Cwm Taf Morgannwg University Health Board. The Cwm Taf Morgannwg University Health Board has provided disclosure statements within their Annual Governance Statement as follows:

Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, the Health Board considers that it is complying with the main principles of the Code where applicable, and follows the spirit of the Code to good effect and is conducting its business openly and in line with the Code. This has been informed by the Deloitte review undertaken during the period.

There have been no reported/identified departures from the Corporate Governance Code during the year. A detailed assessment will be undertaken against the code, however, this has been delayed due to the impact of the COVID-19 response. A full assessment against the Code utilising the framework developed by the Deputy Board Secretary Peer Group will be undertaken by December 2020.

## **6.9 Ministerial Directions 2019-2020**

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to EASC. Ministerial Directions issued throughout the year are listed on the Welsh Government website. During 2019-20 one only Direction was issued and this was not directly relevant to the EASC. Information on Ministerial Directions can be found on the Welsh Government website:

[https://gov.wales/publications?field\\_policy\\_areas%5B43%5D=43](https://gov.wales/publications?field_policy_areas%5B43%5D=43)

Welsh Health Circulars issued by Welsh Government are logged by the Governance Function. EASC has acted upon, and responded to all relevant Welsh Health Circulars (WHC) issued during 2019/20. A list of Welsh Health Circulars issued by Welsh Government during 2019-20 is available at: <http://howis.wales.nhs.uk/whcirculars.cfm>

## **7. CHIEF AMBULANCE SERVICES COMMISSIONER'S OVERALL REVIEW OF EFFECTIVENESS**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Chief Executives represented on the Joint Committee who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit reports.

As Accountable Officer I have overall responsibility for risk management and when required, report to the Cwm Taf Morgannwg University Health Board Audit and Risk Committee/Quality and Safety Committee regarding the effectiveness of risk management within the EASC. My advice to the Joint Committee is informed by reports on internal controls received from all of its Committee and sub-group meetings and the Cwm Taf Morgannwg University Health Board Audit and Risk Committee.

The Joint Committee has considered a range of reports relating to its areas of business during the last year, which have included internal and external audit reports and opinion. Each sub-group develops an annual report of its business and the areas that it has covered during the last year and these are reported in public to the EASC.

The internal control framework and internal and external related audit support is maturing and will continue to be strengthened going forward. I wish to highlight the following matters that are considered significant and have presented challenges in 2019-2020:

### **7.1 Emergency Medical Services (EMS)**

Implementation of the Amber review, commissioned in April 2018 by Welsh Government has been progressed but challenges remain in relation to the:

- Red response targets
- patients within the Amber category who were experiencing long waits for ambulance responses
- handover delays at some emergency departments.

These issues highlighted above all relate to resource availability (ambulances and response vehicles). To address these important issues, the Minister for Health and Social Care has asked me to establish a Ministerial Ambulance Availability Taskforce. The work of the Taskforce is due to report back during 2020-2021 but has been disrupted by the response required to the Covid 19 pandemic. In addition, EASC have supported the initial phases of an independently commissioned Demand and Capacity Review which will ensure that a minimum of 90 whole time equivalent front line staff will be recruited by the Welsh Ambulance Services NHS Trust by 2021. Work is underway with individual health boards to introduce measures which will reduce handover delays and this work is resulting in a reduction in handover hours lost.

### **7.2 Non-Emergency Patient Transport Service (NEPTS)**

The work of the NEPTS Delivery Assurance Group is overseeing the transfer of the commissioning arrangements for health boards to EASC:

2019-2020

- Hywel Dda University Health Board (UHB)
- Swansea Bay UHB

2020-2021

- Betsi Cadwaladr UHB
- Powys Teaching Health Board
- Cwm Taf Morgannwg UHB
- Aneurin Bevan UHB

### **7.3 Emergency Medical Retrieval and Transfer Service**

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru was established in April 2015. The business case for 24/7 operation was approved by the Committee and is included in the EASC IMTP and commissioning intentions. This will be used to support the implementation of the Major Trauma Centre and network.

## **8. LOOKING AHEAD**

As a result of its work during the year the Cwm Taf Morgannwg University Health Board Audit and Risk Committee/Quality and Safety Committee is satisfied that the EASC has appropriate and robust internal controls in place and that the systems of governance incorporated in the EASC Standing Orders are fully embedded within the Organisation.

Looking forward to 2020-2021 the Cwm Taf Morgannwg University Health Board Audit and Risk Committee and where appropriate it's Quality and Safety Committee will continue to consider and review the financial, management, governance and quality and risk issues that are an essential component to the success of the EASC.

Specifically they will:

- Continue to examine the governance and internal controls of the EASC
- review the format of the risk register and take into account of the set of context perspectives
- Oversee the implementation of the Demand and Capacity plan for emergency medical services (EMS)
- Continue to refine and review the commissioning intentions for EMS, NEPTS and EMRTS
- Consider the development of commissioning arrangements for a dedicated national transfer and discharge service
- Deliver the Strategic Commissioning Intentions
- Support the monthly publication of the Ambulance Quality Indicators
- Commission EMRTS and WAST to deliver the critical care transfer service
- Deliver the Ministerial Ambulance Availability Taskforce and its recommendations
- Deliver alternative pathways in line with the Ministerial request
- In light of the Covid 19 pandemic, revise the EASC IMTP to reflect the anticipated new normal

## **9. COVID 19 PANDEMIC**

At the time of preparing this statement the organisation and the NHS in Wales is facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by Covid 19.

The required response has meant that the EASC team work very differently both internally and with our staff, partners and stakeholders and it has been necessary to revise the way the governance and operational framework is discharged.

At the EASC meeting held on 10 March members agreed that they would:

- raise issues of service pressure in WAST with the national team at the Welsh Government
- link Health Board and WAST plans using an agreed mechanism
- ask the EASC Team to identify the key issues which will have an impact more widely on health boards
- be mindful of the need to be joined up and ensure collective decision making.

I discussed with the Chair the arrangements to comply with the Standing Orders as committee meetings could not be held in public and the need to ensure that providers were concentrating on providing services during this pandemic period. The EASC Sub Groups were temporarily stepped down during the initial emergency planning phase although all sub groups are now planning or have already reconvened (at the time of writing the report).

This was achieved by taking into account the work done by the NHS Wales Board Secretaries Group, in conjunction with Welsh Government, in developing a number of governance principles that were designed to help focus consideration of governance matters during the COVID-19 crisis. It also took into account Welsh Government's recently published COVID-19 guidance on ethical values and principles for a healthcare delivery environment.

The EASC team's response to the COVID-19 pandemic concentrated on the following areas:

- Business continuity for the team
- Contingency plans for critical functions
- Development of a priority work programme
- Support for the wider system response to COVID-19
- Postponement and pause of non-critical and priority work programmes
- Monitoring impact and risk assessment.

## **10. SIGNIFICANT GOVERNANCE ISSUES**

The disclosures given throughout this statement and the recommendations referred to in section 7.1 of this statement should be noted but did not relate to significant governance issues.

## **11. CONCLUSION**

During 2019-2020 no significant internal control or governance issues were identified.

As indicated throughout this statement, the need to plan and respond to the COVID-19 has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition the risks.

The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. I will ensure our Governance Framework considers and responds to this need.

As the Chief Ambulance Services Commissioner, I will ensure that through all reasonable endeavours, robust management and accountability frameworks, significant internal control problems do not occur in the future. However, if such situations do arise, swift and robust action will be taken, to manage the event and to ensure that learning is spread throughout the organisation.

Signed:



Date: 18 June 2020

**Stephen Harrhy**

Chief Ambulance Services Commissioner, NHS Wales

**DRAFT**

**Emergency Ambulance  
Services Committee**

**EASC Management Group**

**Annual Report  
2019-2020**

# **EMERGENCY AMBULANCE SERVICES COMMITTEE EASC MANAGEMENT GROUP**

## **ANNUAL REPORT 2019-2020**

### **1. FOREWORD**

As Chair of the EASC Management Group the sub group of Emergency Ambulance Services Committee, I am pleased to commend this annual report, which has been prepared for the attention of the EAS Committee and reviews the work of this sub group for the financial year 2019 - 2020.

### **2. INTRODUCTION AND SCOPE OF RESPONSIBILITY**

The Emergency Ambulance Services Committee (EASC) Management Group is a joint committee of each LHB in Wales, established under the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) (the EASC Directions).

Members will recall discussions at the EASC meeting in February 2019 which led to the creation of the EASC Management Group which combined the Quality & Delivery Framework: Planning, Development & Evaluation Group (PDEG) and the Joint Management Assurance Group (JMAG).

The role of the EASC Management Group is:

- To support the Officers of EASC in the development and implementation of emergency ambulance, non-emergency patient transport services and the emergency medical retrieval and transfer services  
The governance arrangements of the host health board "Cwm Taf Morgannwg" will apply and this includes the audit arrangements as approved by the Management Group.
- All matters relating to specific Providers will be dealt via the respective approved commissioning frameworks
- All matters that have a service and/or financial impact will need to ensure that there is a balanced provider and commissioner view.

The Cwm Taf Morgannwg University Health Board (CTMUHB) is the identified host organisation for the Emergency Ambulance Services Committee and its sub groups.

### **3. PURPOSE**

The overall purpose of the Management Group is to make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing primarily of emergency ambulances, and cognisant of the work of the Non-Emergency Patient Transport Services Delivery and Assurance Group and the Emergency Medical Retrieval & Transfer Service Delivery Assurance Group for the purpose of jointly exercising those functions to support the EAS Committee.

The EASC Management Group underpins the commissioning of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The Group are responsible for undertaking the following functions:

- To agree, make recommendations and monitor the Annual Plan from the IMTP
- To receive recommendations from Programme Teams and to make recommendations to the EASC regarding service improvements including investments, disinvestments and other service change
- To coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation
- To oversee performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues
- To undertake the role of Project Board / Programme for specific work streams and projects / programmes as approved by EASC and its Members and monitor their implementation
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC members
- To ensure the development and maintenance of the needs assessment across Wales for Ambulance Services
- To agree and recommend commissioning/service issues to the EASC Committee which are to be considered as part of the Integrated Plan. This will include issues which will have an impact on the plan raised by other sub groups/advisory groups, including the WAST IMTP.

#### **4. MEMBERSHIP**

The membership of the EASC Management Group comprises members from all health boards enabling the group to provide appropriate opportunities to make arrangements to fulfil the functions highlighted above.

The Membership is attached as **Appendix 1**.

#### **5. ATTENDANCE AT MEETINGS**

The first meeting of the EASC Management Group took place on 12 July 2019 and has met on five occasions since and all meetings were quorate. Members will note that attendance has been variable at the EASC Management Group during the early development stages. The next stage will be to confirm with organisations who is representing the organisation and the identification of a nominated deputy (to mirror the arrangements for the EAS Committee). This will be completed by the start of the new financial year.

The attendance is attached at **Appendix 2**.

## **6. MAIN AREAS OF ACTIVITIES FOR THE EASC MANAGEMENT GROUP**

The agenda has been evolving with the aim to develop a standard format and a reporting mechanism for the EAS Committee.

A summary of the meetings is as follows:

### **12 July 2019**

The first meeting of the EASC Management Group took place (following on from the Joint Management and Assurance Group formerly a sub group of the EAS Committee).

Main areas discussed included:

- CVUHB, ABUHB, CTMUHB, SBUHB in attendance
- Main focus around 'A Healthier Wales' and 1% funding. (BCUHB and CTMUHB to revisit submissions)
- Date needed for workshop ahead of next management group (25 Sept) to clarify membership, group expectations and to approve Terms of Reference.
- Need to clarify Band 6 paramedic underspend

### **25 September 2019**

Main areas discussed included:

- The performance of the Welsh Ambulance Services NHS Trust (WAST)
- Winter Planning including early escalation and the regional conference call
- Approved national schemes
- 'A Healthier Wales' and 1% funding
- Finalising the Terms of Reference
- Meeting management including agenda development, forward planning and evaluation
- EASC Integrated Medium Term Plan (IMTP)
- The Demand and capacity review at the Welsh Ambulance Services NHS Trust

### **22 November 2019**

Main areas discussed included:

- The Demand and capacity review at WAST
- Commissioning Intentions 2021
- National Spread and Scale Initiatives
- Winter Pressures
- Critical pathways

### **20 December 2019**

Main areas discussed included:

- The Demand and capacity review at WAST
- Plans for the Grange University Hospital at Aneurin Bevan University Health Board

- Commissioning Intentions
- EASC Budget
- Establishing Resource Envelopes
- Commissioning intentions for Emergency Medical Services
- Commissioning intentions for Non-Emergency Medical Patient Transport Services
- WAST and EASC IMTP

## **9 January 2020**

Main areas discussed included:

- Handover delays
- Red performance
- Cohorting of patients at health boards
- Escalation Levels
- WAST IMTP
- Reporting to the EAS Committee

## **21 February 2020**

Main areas discussed included:

- EAS Committee issues for the EASC Management Group
- Action log implemented – including safe cohorting of patients, escalation, protocols of the International Academies of Emergency Dispatch (IAED)
- EASC IMTP
- Ambulance Quality Indicators
- Ministerial Ambulance Availability Taskforce
- Demand and Capacity in Emergency Medical Services
- Update on 'A Healthier Wales'
- Evaluation of Winter
- WAST IMTP
- Finance Report
- Launchpad
- Draft EASC Management Group Annual Report 2019-2020
- Forward Look implemented
- Response following the review of the EASC Committee issues
- Major Trauma WAST Readiness Assessment.

## **7. ACTION LOG**

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log following the meeting on 9 January 2020 that captures all agreed actions. This will provide an essential element of assurance both to the Group and to the EAS Committee onto the Health Boards across NHS Wales.

## **8. GOVERNANCE**

The EASC Management Group will report more robustly to the EAS Committee to provide an important element of the overall governance framework for NHS Wales.

## **9. REVIEW OF THE GROUP'S EFFECTIVENESS**

The mandate for the EASC Management Group is captured within the terms of reference (**Appendix 3**) and the purpose is available above.

The Group aims to meet seven times during 2020 with additional meetings being held as required.

The role of the secretariat to the Group is crucial to the ongoing development and maintenance of a strong governance framework for the EAS Committee, and is a key source of advice and support for the Chair and members of the group. The purpose of an effectiveness survey is to comply with the EASC Standing Orders and evaluate the performance and effectiveness of:

- the EASC Management Group members and the Chair
- the quality of the reports presented to the Group
- the committee secretariat

Members of the Group need to consider the above by completion of a self-assessment questionnaire (**Appendix 4**) based the year 2019-2020.

**Stephen Harrhy**  
**Chief Ambulance Services Commissioner**

**Date: 26 June 2020**

**Chair – EASC Management Group**

## Appendix 1

Representative	Organisation	Nominated Deputy
Stephen Harrhy	Emergency Ambulance Services Committee Team	Shane Mills
Nicola Prygodicz	Aneurin Bevan University Health Board	To be confirmed
Gill Harris	Betsi Cadwaladr University Health Board	Meinir Williams
Lee Davies	Cardiff and Vale University Health Board	Caroline Bird
Adele Gittoes	Cwm Taf Morgannwg University Health Board	Wayne Lewis
Andrew Carruthers	Hywel Dda University Health Board	Sarah Perry
Jaime Marchant	Powys Teaching Health Board	Jason Crawl
Craige Wilson	Swansea Bay University Health Board	To be confirmed
Chris Turner	Emergency Ambulance Services Committee Team	
Julian Baker	Emergency Ambulance Services Committee Team	Chris Moreton
James Rodaway	Emergency Ambulance Services Committee Team	Jonathan Jones
Ross Whitehead	Emergency Ambulance Services Committee Team	
Stuart Davies	Emergency Ambulance Services Committee Team	Kendal Smith
Chris Turley	Welsh Ambulance Services NHS Trust	Jason Collins
Claire Roche	Welsh Ambulance Services NHS Trust	Jonathan Turnbull-Ross or Wendy Herbert
Lee Brooks	Welsh Ambulance Services NHS Trust	To be confirmed
Rachel Marsh	Welsh Ambulance Services NHS Trust	Hugh Bennett or Alex Crawford
<b>Secretariat</b>		
Gwenan Roberts	Emergency Ambulance Services Committee Team	
Debra Fry	Emergency Ambulance Services Committee Team	

## Appendix 2

Name	Organisation	Role	July 2019	Sept 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020
Stephen Harray	EASC	Chief Ambulance Services Commissioner	✓	✓	✓	✓	✓	✓
Alexander Crawford	ABUHB	Planning		✓	✓	✓		
Claire Birchall	ABUHB	Chief Operating Officer					Apls	Apls
Kathryn Smith	ABUHB	Associate Director of Operational Delivery						✓
Philip Meredith	ABUHB	Finance business partner						
Gill Harris	BCUHB	Director of Nursing and Midwifery		Apls				
Meinir Williams	BCUHB	Managing Director Ysbyty Gwynedd			✓	✓		✓
Adele Gittoes	CTMUHB	Assistant Director Medicine			✓	✓	✓	✓
Wayne Lewis	CTMUHB			✓				
Lee Davies	CVUHB	Operational planning Director			✓	✓	✓	✓
Chris Turner	EASC	Chair of EASC			✓		✓	✓
Andrew Carruthers	HDdUHB	Turnaround Director				Apls	Apls	✓
Joe Teape	HDdUHB			Apls				
Sarah Perry	HDdUHB	General Manager Unscheduled Care			✓			
Chris Moreton	NCCU	Head of Finance			✓	✓		✓
Debra Fry	NCCU	Administrator NCCU		✓	✓	✓	✓	✓
James Rodaway	NCCU	Head of Commissioning and programme management	✓	✓	✓	✓		Apls
Jonathan Jones	NCCU	Project Lead	✓	✓	Apls	✓		Apls

## Appendix 2

Name	Organisation	Role	July 2019	Sept 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020
Julian Baker	NCCU	Director National Collaborative Commissioning				√		Apls
Ross Whitehead	NCCU	Asst Dir Quality & Performance			√	√	√	√
Gwenan Roberts	NCCU	Assistant Director Corporate						√
Andrew Grogan	ORH				√			
Jamie Marchant	PtHB	Director of Primary, Community and Mental Health					√	√
Craig Wilson	SBUHB	Deputy Chief Operating Officer			√	Apls	√	√
Jan Thomas	SBUHB			Apls	Apls			
Kirsty Joseph	SBUHB				Apls			
Charlie Mackenzie	SBUHB					√		
Alexander Crawford	WAST							√
Chris Turley	WAST	Director of Finance		√	√	Apls	Apls	Apls
Claire Bevan	WAST	Director of Nursing		√		√		
Claire Roche	WAST	Asst Director of Quality, Governance and Assurance			√		√	
Claire Roche	WAST	Director of Nursing						√
Hugh Bennett	WAST	Head of Planning & Performance			√	√		√
Jason Collins	WAST					√	√	
Lee Brooks	WAST	Chief Operating Officer		√		√	√	Apls
Rachel Marsh	WAST	Director of Planning		√	√	√	√	Apls
Stuart Davies	WHSSC	Director of Finance			√		√	



**TERMS OF REFERENCE  
EMERGENCY AMBULANCE SERVICES COMMITTEE  
MANAGEMENT GROUP**

**1. Introduction**

The Emergency Ambulance Services Committee (EASC) is a joint committee of each LHB in Wales, established under the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) (the EASC Directions). The Committee has proposed to have a sub group - a Management Group.

The role of the Management Group is:

- To support the members of EASC in the development and implementation of Emergency Ambulance, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Services
- The governance arrangements of the Host Health Board "Cwm Taf Morgannwg" will apply and this includes the Audit Committee arrangements as approved by the EASC.
- All matters relating to specific Providers will be dealt via the respective approved commissioning frameworks
- All matters that have a service and/or financial impact will need to ensure that there is a balanced provider and commissioner view.

**2. Purpose**

The overall purpose of the Management Group is to provide advice and make recommendations to EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval & Transfer Service. The Group will underpin the commissioning responsibilities of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC IMTP.

The Group will be responsible to EASC for undertaking the following functions:

- To agree, make recommendations and monitor the EASC IMTP and the commissioning frameworks

- To receive recommendations from sub groups and to make recommendations to the EASC regarding service improvements including investments, disinvestments and other service changes To monitor the delivery of the quality and delivery commissioning frameworks for EASC Commissioned Services
- To receive regular reports on performance monitoring and management and the main actions to address performance issues To undertake the role of Programme Board for specific work streams and monitor their implementation
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC members
- To ensure the development and maintenance of the needs assessment across Wales for Ambulance Services in accordance with the requirements of the Future Generations Act
- To consider, agree and recommend commissioning/service issues to the EASC which are to be considered as part of the EASC IMTP. This will include issues which will have an impact on the plan raised by other sub groups/advisory groups, the WAST IMTP and EASC's strategic commissioning intentions

### **3. Delegated Powers and Authority**

The Group is authorised to:

- Investigate or have investigated any activity for EASC Commissioned Services within its Terms of Reference
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to budgetary and other requirements;
- Establish Task & Finish Groups to support its work as appropriate, .

### **4. Sub Group**

The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of the business within its remit.

### **5. Membership**

The Membership of the Group will be determined locally but should as a minimum consist of LHB planning / commissioning representation and/or operations representative. The 7 LHBs will be required as a minimum to nominate a Member and a nominated Deputy to sit on the Group. Clinical representation will also be encouraged.

Membership will include representatives from Welsh Ambulance Services NHS Trust (WAST) and a nominated Deputy.

Other members may be appointed as deemed appropriate by the Group. Other members will be capped at a maximum of up to 4.

Members from the NHS Trusts in Wales and/or the provider arm of the Health Boards will be invited to attend meetings as required.

Group will be chaired by Stephen Harrhy, Chief Ambulance Services Commissioner (CASC). In the absence of the Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

Other staff may be invited to attend as and when the agenda requires.

## **6. Member Appointments**

The membership of the Management Group shall be determined by the EASC, based on the recommendation of the EASC Chair and Chief Ambulance Services Commissioner (CASC) – taking account of the balance of skills and expertise necessary to deliver the Management Group's remit and subject to any specific requirements or directions made by the Welsh Government.

Members have a responsibility to notify in writing their membership of the Group to the Chief Executive of their organisation.

Membership will be reviewed every three years or earlier if determined by EASC.

## **7. Support to Members**

The CASC, on behalf of the Chair of the EASC, shall arrange the provision of advice and support to the Group members on any aspect related to the conduct of their role

## **8. Meetings**

Meetings will be conducted in accordance with the following:

- **Quorum**

At least six Members, of which at least 4 of the LHBs must be represented to allow any formal business to take place at the Management Group.

- **Frequency of Meetings**

Meetings shall be held bi-monthly.

- **Dealing with Members' interests during meetings**

The Chair must ensure that the decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner.

In turn, individual members must demonstrate, through their actions, that their contribution to the decision making is based upon the best interests of the NHS in Wales.

The Group will make decisions based on a two thirds majority view held by the voting members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

- **Responsibilities of Members and Attendees**

Members have a responsibility to:

- a) Attend at least 75% of meetings (or ensure a nominated deputy attends), having read all the papers beforehand
- b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups and other networks
- c) Brief the Chief Executive of their respective organisations prior to the meeting of the EASC Committee
- d) Identify any agenda items to the **Debra Fry: Administrator – Quality & Delivery Frameworks, NCCU**, 10 working days before the meeting; and
- e) Prepare and submit the papers for the meeting 8 days before the meeting. The Chair (or nominated Deputy) will determine the final agenda for the meeting.

- **Withdrawal of Individuals in Attendance**

The Management Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

- **Circulation of Papers**

The National Collaborative Commissioning Unit will ensure that all papers are distributed at least 7 days prior to the meeting.

The National Collaborative Commissioning Unit will ensure that a briefing is circulated to Members following the meeting so this can be used as part of the local briefing mechanisms.

## **9. Relationship with EASC and its Management Group**

The Emergency Ambulance Services Committee (EASC) through the Management Group will exercise the functions set out in these terms of reference.

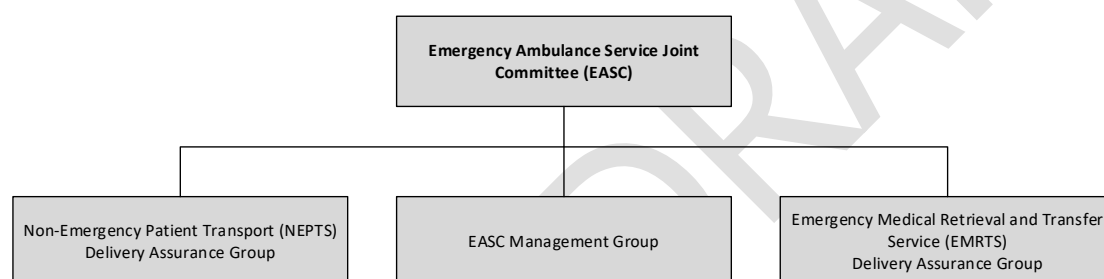
The Group through its Chair and Members shall work closely with its sub groups, to provide advice and assurance to EASC through:

- Joint planning joint commissioning and co-ordination
- Ensuring that any issues which have an impact on the IMTP are considered by the Management Group; and
- Sharing of information

This will contribute to the delivery of good governance and ensure that all sources of assurance are incorporated into the overall risk and assurance framework.

The Management Groups' standards, priorities and requirements e.g. equality and human rights, will be embedded through the conduct of its business.

#### EASC & EASC Sub-Groups



## 10. Reporting and Assurance Arrangements

The Chair of the Group shall:

- Report formally to the EASC on the Group's activities. This includes verbal updates on activity, the submission of the minutes and written reports
- Bring to the Management Group's specific attention any significant matters for consideration by the EASC
- Include in matters for decision, the formal views of the group, for consideration by EASC
- Ensure appropriate escalation arrangements are in place to alert the EASC Chair, Chief Executive or Chairs of other LHBs and relevant sub groups of any urgent/critical matters that may affect the operation and/or reputation of the LHBs or WAST

The Chair, Stephen Harray, Chief Ambulance Services Commissioner, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the group's performance and operation including that of any sub-groups that may have been established.

## **11. Applicability of Standing Orders to Committee Business**

The requirements for the conduct of business as set out in the (EASC) Standing Orders are equally applicable to the operation of the Group.

## **12. Review**

These Terms of Reference shall be adopted by the Management Group at its first meeting and subject to review at least on an annual basis thereafter.

### **FOR ANNUAL REVIEW**

Date of approval by the EASC Committee: TBC

Next review due: Summer 2021



**EFFECTIVENESS SURVEY**

**EASC MANAGEMENT GROUP**

**To follow**

FINAL DRAFT



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

**DRAFT**

# **Emergency Ambulance Services Committee**

## **Non-Emergency Patient Transport Services Delivery Assurance Group (NEPTS DAG)**

### **Annual Report 2019-2020**

# **EMERGENCY AMBULANCE SERVICES COMMITTEE**

## **NON-EMERGENCY PATIENT TRANSPORT SERVICE DELIVERY ASSURANCE GROUP NEPTS DAG**

### **ANNUAL REPORT 2019-2020**

#### **1. FOREWORD**

As Chair of the NEPTS DAG, a sub group of the Emergency Ambulance Services Committee, I am pleased to commend to you this annual report, which has been prepared for the attention of the EAS Committee and reviews the work of the sub group for the financial year 2019 - 2020.

#### **2. INTRODUCTION AND SCOPE OF RESPONSIBILITY**

The Emergency Ambulance Services Committee (EASC) is a joint committee of each LHB in Wales, established under the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) (the EASC Directions).

As a sub group of EASC, the role of the NEPTS DAG is:

- To support the Officers of EASC in the development and implementation of non-emergency patient transport services.
- The governance arrangements of the host health board "Cwm Taf Morgannwg" apply and this includes the audit arrangements as approved by the NEPTS DAG.
- All matters relating to specific providers will be dealt via the respective approved commissioning frameworks
- All matters that have a service and/or financial impact will need to ensure that there is a balanced provider and commissioner view.

The Cwm Taf Morgannwg University Health Board (CTMUHB) is the identified host organisation for the Emergency Ambulance Services Committee and its sub groups.

#### **3. PURPOSE**

The Non-Emergency Patient Transport Services Delivery Assurance Group is the mechanism through which the Health Boards and the Welsh Ambulance Services NHS Trust (WAST) jointly plan and take collective action to deliver the approved NEPTS Commissioning Intentions. The NEPTS DAG ensures that a robust and collaborative approach is taken to develop and implement the key outcomes.

The NEPTS DAG will provide advice and make recommendations to the Joint Committee of EASC to ensure that the seven LHBs in Wales continue to work jointly to exercise functions relating to the planning and securing non-emergency patient transport services.

The Group underpins the commissioning responsibilities of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the approved EASC Integrated Medium Term Plan (IMTP).

The Group are responsible to the Joint Committee of EASC for undertaking the following functions:

- To receive recommendations and to make recommendations to the EASC regarding service improvements including investments, disinvestments and other service changes.
- To develop, establish and manage performance arrangements including a team with relevant expertise, which:
  - gives assurances on the adherence to agreed Care standards.
  - reviews and reports on performance improvements.
  - reviews and reports upon activity information.
  - reviews and reports on resource utilisation and effectiveness.
  - reviews delivery of agreed service change initiatives in line with agreed milestones.
  - Provides assurance that Framework Agreement is operating effectively between all parties i.e. Health boards, Velindre NHS Trust, the Welsh Renal Clinical Network & the WAST NEPT service.
  - evaluates patient outcomes, patient experience and cost impact
    - to inform learning & continuous improvement, plus, ongoing development of the Framework Agreement.
- To monitor the delivery of the quality and delivery commissioning frameworks for NEPTS.
- To receive regular reports on performance monitoring and management and the main actions to address performance issues.
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC members.
- To ensure the development and maintenance of the needs assessment across Wales for Ambulance Services in accordance with the requirements of the Well-being of Future Generations (Wales) Act 2015.

#### **4. MEMBERSHIP**

The membership of the NEPTS DAG comprises members from all health boards Welsh Ambulance Services NHS Trust (WAST), Velindre NHS Trust, and the Welsh Renal Clinical Network enabling the group to provide appropriate opportunities to make arrangements to fulfil the functions highlighted above. The Membership is attached at **Appendix 1**.

#### **5. ATTENDANCE AT MEETINGS**

The NEPTS DAG is well established with consistent representation from Health Boards, Velindre NHS Trust, the Welsh Renal Clinical Network and WAST. The attendance is attached at **Appendix 2**.

## **6. MAIN AREAS OF ACTIVITIES FOR THE NEPTS DAG**

The work programme for NEPTS has been developed collaboratively and delivers the Ministerial expectation contained within the business case "The Future of NEPTS in WALES". It contains the transformational activities required to ensure that NEPTS provision is developed in line with the expectations within 'A Healthier Wales' and the Wellbeing of Future Generations (Wales) Act 2015.

The work programme is attached as **Appendix 3**. The key aspects of the work programme are:

- Commissioning Intentions and Quality Assurance
  - NEPTS Collaborative Commissioning Quality and Delivery Framework signed on October 2019.
  - Development of 2019/20 annual commissioning intentions.
  - Robust quality assurance service to improve patient safety and experience and to provide assurance on the delivery of the plurality model.
- NEPTS Service Development
  - Transfers of work from Health Boards to WAST. Hywel Dda University Health Board (UHB) and Swansea Bay UHB areas completed within 2019/20.
  - National call taking and single number for NEPTS improving experience for patients and delivering improved call taking performance.
  - Transport solutions delivering efficiencies across all 5 steps of the NEPTS 5 step pathway and promoting the 'shift left' philosophy.
- Enhanced Provision (Renal, Oncology & End of Life)
  - Delivering improved Renal performance.
  - Closer working with Welsh Renal Clinical Network, WAST and Health Boards.
  - Award winning end of life 'Wish Ambulance' Service.
- Governance and Planning
  - Ensuring the governance for the delivery of the work programme is aligned across WAST and Health Boards and the governance arrangements for the NEPTS DAG comply with the EASC Model Standing Orders.
  - Ensure alignment through the EASC and WAST IMTPs and providing NEPTS standard documentation for inclusion within Health Board IMTPs.
  - Supporting winter planning and delivery through the provision of increased NEPTS provision to improve patient flow.

- WAST Workforce
  - Development and implementation of WAST NEPTS demand and capacity review.
  - Dedicated NEPTS management team.
  - Development of team leaders and technology to support effective working.
- Performance, Activity and Measurement
  - Targeted performance improvements in discharges, abortions and cancellations on all booking requests.
  - Standardised Health Board and WAST meeting structure to support NEPTS local deliver across each Health Board footprint.
  - Development of local measures and the QlikSense dashboard to enable performance to be monitored and service provision amended to improve performance across at Health Board and local level.

## **7. ACTION LOG**

In order to monitor progress and any necessary follow up action, the NEPTS DAG records and monitors progress against agreed actions.

The NEPTS DAG utilises consistent corporate governance mechanisms such as the action log and forward look in line with the EAS Committee methods. This provides an essential element of assurance both to the NEPTS DAG and to the EAS Committee onto the Health Boards across NHS Wales.

## **8. GOVERNANCE**

The NEPTS DAG aims to report more robustly to the EAS Committee to provide an important element of the overall governance framework for NHS Wales.

In December 2019, the EAS Committee received the first NEPTS performance report on the activities of the subgroup.

The next stage will be to confirm with organisations who is representing the organisation and the identification of a nominated deputy (to mirror the arrangements for the EAS Committee). This will be completed by the end of quarter 2 2020/21.

## **9. REVIEW OF THE GROUP'S EFFECTIVENESS**

The mandate for the NEPTS DAG is captured within the terms of reference (**Appendix 4**) and the purpose is available above. The Group meets monthly with additional meetings being held as required.

The role of the secretariat to the DAG is crucial to the ongoing development and maintenance of a strong governance framework for the EAS Committee, and is a key source of advice and support for the Chair and members of the group.





The purpose of an effectiveness survey (**Appendix 5**) is to comply with the EASC Standing Orders and evaluate the performance and effectiveness of:

- the NEPTS DAG members and the Chair
- the quality of the reports presented to the Group
- the committee secretariat

An Internal Audit Report (**Appendix 6**) based the year 2019-2020 has given assurance on the work programme and programme management arrangements in place to support delivery on behalf of the subgroup. Members should note that the report was received by the Audit and Risk Committee of Cwm Taf Morgannwg University Health Board as the host body on 15 June 2020.

The audit review of NEPTS undertaken in 2016/17 of the progress with the transfer of responsibilities for NEPTS from the nine health boards and other health bodies to WAST found that there was still much work to do to clarify robust spend and activity figures for NEPTS.

In November 2018, a follow up review of the progress being made with the completion of the Quality and Delivery Assurance Framework and associated schedules was undertaken. The review concluded that, whilst a number of the schedules remained incomplete, the transfer of some organisations commissioning arrangements had taken place, with the other health boards due to transfer in the forthcoming months. This advisory second follow up report provided a summary of assurance given against the individual audit objectives as follows:

Assurance Summary		None	Limited	Reasonable	Substantial
1	Quality & Delivery Assurance Framework				
2	Project Plan			✓	
3	NEPTS Service Provider Checks			✓	
4	Quality Monitoring			✓	

**James Rodaway: Head of Commissioning and Programme Management**

**Date: 30 June 2020**

## Appendix 1: NEPTS DAG Membership

Organisation	Position	Name
EASC	Chief Ambulance Services Commissioner	Stephen Harrhy
National Collaborative Commissioning Unit (NCCU) / EASC	Director of National Collaborative Commissioning	Julian Baker
NCCU / EASC	Head of Commissioning and Programme Management	James Rodaway
NCCU / EASC	Assistant Director Corporate	Gwenan Roberts
NCCU / EASC	Project Lead: EASC	Jonathan Jones
NCCU / EASC	Administrator EASC	Debra Fry
WAST	Deputy Director of NEPTS	Mark Harris
WAST	WAST Finance Lead	Jason Collins
WAST	Planning and Commissioning Lead	Hugh Bennett
WAST	Business Development Manager	TBC
Aneurin Bevan UHB	Organisation NEPTS Representative & Nominated Deputy	Gareth Hughes/ Andrew Walsh
Betsi Cadwaladr UHB	Organisation NEPTS Representative & Nominated Deputy	Meinir Williams/ Gillian Milne
Cwm Taf Morgannwg UHB	Organisation NEPTS Representative & Nominated Deputy	Julie Keegan/ Wayne Lewis

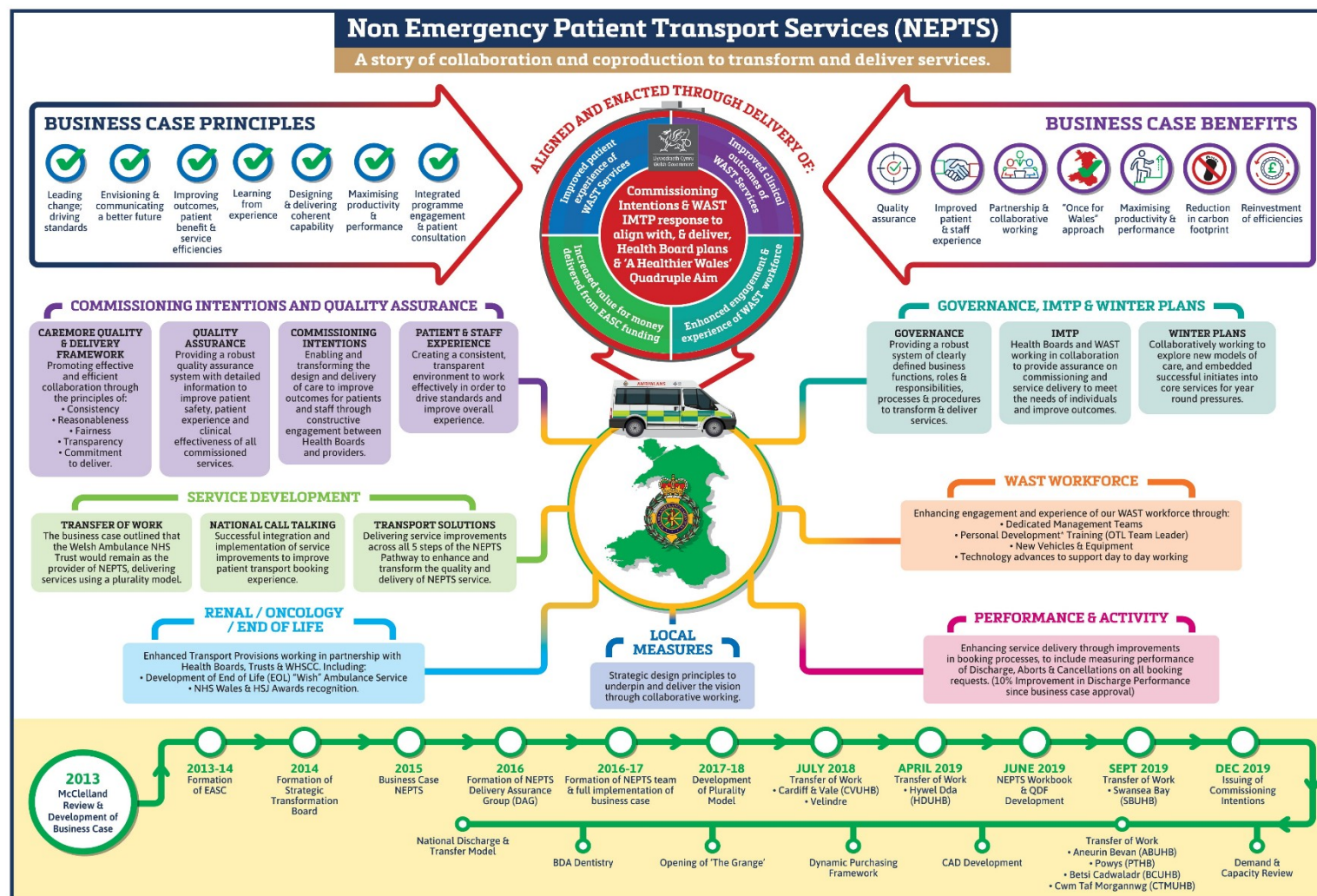
Organisation	Position	Name
Cardiff and Vale UHB	Organisation NEPTS Representative & Nominated Deputy	Melanie Wilkie/ Colin McMillan
Hywel Dda UHB	Organisation NEPTS Representative & Nominated Deputy	Gareth Rees/ Gareth Skye
Powys Teaching HB	Organisation NEPTS Representative & Nominated Deputy	Duncan Crawley/ Andrew Quarrell
Swansea Bay UHB	Organisation NEPTS Representative & Nominated Deputy	Joanne Jones/ TBC
Velindre NHS Trust	Organisation NEPTS Representative & Nominated Deputy	Jeff O'Sullivan/ TBC
Welsh Health Specialised Services Committee WHSCC & EASC	Director of Finance	Stuart Davies
Welsh Renal Clinical Network	Organisation NEPTS Representative & Nominated Deputy	Susan Spence/ TBC
Welsh Government	Assurance re NEPTS meeting Ministerial expectations	Aled Brown/ Sarah Bale

## Appendix 2: NEPTS DAG Attendance

Organisation	2019															
	25/03/2019	Apologies	29/04/2019	Apologies	03/06/2019	Apologies	24/06/2019	Apologies	22/07/2019	Apologies	24/09/2019	Apologies	22/10/2019	Apologies	03/12/2019	Apologies
Aneurin Bevan	1	0	1	1	0	0	0	0	1	0	1	0	1	0	1	0
Betsi Cadwaladr	1	0	0	5	1	0	0	0	0	1	0	1	1	0	0	0
Cardiff & Vale	1	0	0	1	1	0	1	0	1	0	0	0	0	0	1	0
Cwm Taf Morgannwg	0	2	1	3	1	0	0	0	1	0	1	0	0	2	2	0
Hywel Dda	1	0	0	1	1	0	1	0	1	0	1	0	1	0	1	0
NCCU	3	2	4	3	4	0	3	0	3	0	3	1	3	0	4	1
Powys Teaching	1	1	1	1	0	1	0	1	1	0	1	0	1	0	1	0
Swansea Bay	2	0	2	0	2	0	1	1	2	0	0	0	1	0	1	0
Velindre	0	1	1	2	0	1	1	0	0	1	1	0	1	0	0	1
WAST	5	1	4	5	5	2	7	0	6	1	8	1	12	1	10	4
WHSSC	1	1	0	2	1	0	1	0	0	0	0	0	0	1	0	2
Total	16	8	14	24	16	4	15	2	16	3	16	3	21	4	21	8

Organisation	2020															
	07/02/2020	Apologies	24/04/2020	Apologies	12/05/2020	Apologies	26/05/2020	Apologies	09/06/2020	Apologies	23/06/2020	Apologies		Apologies		Apologies
Aneurin Bevan	1	0	1	1	3	0	1	1	0	2	2	0				
Betsi Cadwaladr	0	0	2	0	2	0	1	0	1	0	1	0				
Cardiff & Vale	1	1	1	0	1	0	0	1	2	0	1	0				
Cwm Taf Morgannwg	2	0	0	2	1	0	1	1	0	0	0	1				
Hywel Dda	0	0	1	0	0	0	1	0	1	0	0	1				
NCCU	3	1	3	0	4	0	3	0	4	0	4	0				
Powys Teaching	1	0	0	0	0	1	0	1	0	1	0	0				
Swansea Bay	1	0	0	0	0	1	1	0	1	0	1	0				
Velindre	1	0	1	0	1	0	1	0	1	0	1	0				
WAST	12	3	9	2	8	1	7	3	7	1	8	0				
WHSSC	1	0	1	0	1	0	1	0	1	0	0	1				
Total	23	5	19	5	21	3	17	7	18	4	18	3	0		0	

## Appendix 3: NEPTS Work Programme



## Appendix 4: NEPTS DAG Terms of Reference



### **TERMS OF REFERENCE NON EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS) DELIVERY ASSURANCE GROUP**

#### **1. Introduction**

The 2013, the McClelland Review of Ambulance Services in Wales recommended that “the Patient Transport Services (PCS) should be locally responsive, cost effective and provided on clear eligibility and accessibility criteria; and that PCS should be disaggregated from the Emergency Medical Service (EMS) element of the Welsh Ambulance Services NHS Trust (WAST) delivery.

Following the McClelland Review, work began to explore the “The Future of Non-Emergency Patient Transport Services in Wales”. This culminated in the submission of a Business Case to the Minister for Health and Social Services and the announcement in January 2016 that the Emergency Ambulance Services Committee (EASC) would commission Non-Emergency Patient Transport Services (NEPTS) for all Health Boards in Wales.

The Emergency Ambulance Services Committee (EASC) is a joint committee of each LHB in Wales, established under the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) (the EASC Directions).

The Business Case outlined that the Welsh Ambulance Services NHS Trust (WAST) would remain as the major provider of NEPTS but would also deliver services using a “plurality model” with WAST becoming the sole commissioner for non-emergency patient transport services of behalf of NHS Wales.

#### **2. Purpose**

The Non-Emergency Patient Transport Services Delivery Assurance Group is the mechanism through which the Health Boards and WAST will jointly plan and take collective action to deliver the NEPTS Commissioning Intentions. Ensuring a robust and collaborative approach is taken to develop and implement the key outcomes from the task and finish group.

The NEPTS Delivery Assurance Group will provide advice and assurance to the Joint Committee of EASC and to ensure that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing non-emergency patient transport services.

The Group will underpin the commissioning responsibilities of EASC to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales in line with agreed commissioning intentions and the EASC Integrated Medium Term Plan (IMTP).

The Group will be responsible to EASC for undertaking the following functions:

- To receive recommendations and to make recommendations to the EASC regarding service improvements including investments, disinvestments and other service changes.
- To develop, establish and manage performance arrangements including a team with relevant expertise, which:
  - gives assurances on the adherence to agreed Care standards
  - reviews and reports on performance improvements
  - reviews and reports upon activity information
  - reviews and reports on resource utilisation and effectiveness
  - reviews delivery of agreed service change initiatives in line with agreed milestones
  - provides assurance that Framework Agreement is operating effectively between all parties ie Health boards & NEPTS
  - evaluates patient outcomes, patient experience and cost impact - to inform learning & continuous improvement, plus, ongoing development of the Framework Agreement.
- To monitor the delivery of the quality and delivery commissioning frameworks for NEPTS
- To receive regular reports on performance monitoring and management and the main actions to address performance issues
- To consider consultation outcomes and recommended pathway or services changes / developments before consideration by EASC members
- To ensure the development and maintenance of the needs assessment across Wales for Ambulance Services in accordance with the requirements of the Well-being of Future Generations (Wales) Act 2015.

### **3. Delegated Powers and Authority**

The Group is authorised to:

- Investigate or have investigated any activity for Non-Emergency Patient Transport within its Terms of Reference

- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to budgetary and other requirements
- Establish Task & Finish Groups to support its work as appropriate.

#### **4. Sub Group**

The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of the business within its remit.

#### **5. Membership**

The Membership of the Group will be determined locally but should as a minimum consist of:

- ☐ Representatives from Health Boards (LHBs) for planning / commissioning and/or operations representative. The 7 LHBs will be required as a minimum to nominate a Member and a nominated Deputy to sit on the Group. Clinical representation will also be encouraged.
- ☐ Representatives from Enhanced Services Group, including Welsh Renal Network & Velindre NHS Trust, to include nominated deputies.
- ☐ Representatives from Welsh Ambulance Services NHS Trust (WAST) to include nominated deputies.

Other members may be appointed as deemed appropriate by the Group.

Members from the NHS Trusts in Wales and/or the provider arm of the Local Health Boards will be invited to attend meetings as required.

Group will be chaired by a member of the EASC Team, currently the Head of Commissioning and Programme Management. In the absence of the Chair the members present shall elect an individual to chair the meeting.

Other staff may be invited to attend as and when the agenda requires.

#### **6. Meetings**

Meetings will be conducted in accordance with the following:

- **Quorum**

At least six members, of which at least 4 of the LHBs members or nominated deputies must be represented to allow any formal business to take place at the NEPTS Delivery Assurance Group.

- **Frequency of Meetings**

Meetings shall be held on a monthly basis. Unless extra ordinary circumstances dictate. In this instance, frequency will be agreed by the chair and Delivery Assurance Group members.

- **Dealing with Members' interests during meetings**

The Chair must ensure that the decisions on all matters brought before the sub group are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the decision making is based upon the best interests of the NHS in Wales.

The Group will make decisions based on a two thirds majority view held by the voting members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

- **Responsibilities of Members and Attendees**

Members have a responsibility to:

- a) Attend at least 75% of meetings (or ensure the nominated deputy attends), having read all the papers beforehand
- b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups and other networks
- c) Identify any agenda items to the **Administrator – Quality & Delivery Frameworks, NCCU**, 10 working days before the meeting; and
- d) Prepare and submit the papers for the meeting 7 days before the meeting. The Chair (or nominated Deputy) will determine the final agenda for the meeting.

- **Withdrawal of Individuals in Attendance**

The Chair of the NEPTS DAG may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

- **Circulation of Papers**

**Administrator – Quality & Delivery Frameworks, NCCU** will ensure that all papers are distributed at least 7 days prior to the meeting.

**Administrator – Quality & Delivery Frameworks, NCCU** will ensure that a briefing is circulated to Members following the meeting so this can be used as part of the local briefing mechanisms.

## **7. Reporting and Assurance Arrangements**

The Chair of the Group shall:

- Report formally to the EASC on the group's activities. This includes verbal updates on activity, the submission of the minutes and written reports
- Include in matters for decision, the formal views of the group, for consideration by EASC
- Ensure appropriate escalation arrangements are in place to alert the EASC Chair, Chief Executive or Chairs of other LHBs or WAST and relevant sub groups of any urgent/critical matters that may affect the operation and/or reputation of the LHBs or WAST.
- If Member or their nominated deputy fail to attend three consecutive months, the following escalation arrangements will be triggered:
  - NEPTS Delivery Assurance Group Chair to write to the Chief Executive in the first instance and report to EASC
  - EASC Chair to write to Chief Executive and Chair of the Health Board and if no response received this would be added to the EASC Risk Register

The Chair shall oversee a process of regular and rigorous self-assessment and evaluation of the group's performance and operation including that of any sub-groups that may have been established.

## **8. Review**

These Terms of Reference shall be adopted by the NEPTS Delivery Assurance Group at the next scheduled meeting and subject to review at least on an annual basis thereafter.

### **FOR ANNUAL REVIEW**

Date of approval: 14 July 2020

Next review due: 14 July 2021

**EFFECTIVENESS SURVEY  
EASC SUB GROUP  
NEPTS DAG**

The primary purpose of this annual self-assessment survey is to consider the effectiveness of the Group. The survey is based on a committee effectiveness survey template used for all Board Sub-Committees and members are requested to answer all questions.

Please read the question fully and add a "✓" in the relevant box to confirm your response.

<b>Part A (The Group)</b>				
<b>Composition and Establishment</b>				
	<b>Yes (✓)</b>	<b>No (✓)</b>	<b>Don't Know (✓)</b>	<b>Comments</b>
1. Does the Group have written terms of reference that adequately and accurately define its role, purpose and accountabilities?	✓			Attached
2. Have the terms of reference been adopted by the Committee?	✓			
3. Are the terms of reference reviewed annually to ensure they remain fit for purpose?				
4. Does the Group have an annual work plan in place? If yes, is it reviewed regularly?	✓			Forward plan At each meeting
5. Has the Group been provided with sufficient membership, authority and resources to perform its role effectively and objectively?				
6. Does the Group monitor its attendance?	✓			Within the Annual Report
7. Is the Group membership appropriate, in terms of available skills, expertise? If no, please elaborate within comments section.				
<b>Effective Functioning – Group</b>				
	<b>Yes (✓)</b>	<b>No (✓)</b>	<b>Don't Know (✓)</b>	<b>Comments</b>
8. Is there effective challenge, scrutiny and learning lessons from all Members?				
9. Does the EAS Committee review the progress and outputs of the Group?				
10. Does the Group report regularly to the EAS Committee verbally and through action notes and make clear recommendations when necessary?	✓			This has changed and more emphasis on providing key information from the EASC
11. Does the Group periodically assess its own effectiveness?	✓			
12. Can members give appropriate feedback on the effectiveness of the Chair and the Secretariat?				
13. Has the Group determined the appropriate level of detail it wishes to receive from reports?		✓		
14. Does the Group receive the appropriate level of timely and accurate information to allow it to fulfil its role?				

15. Does the Group have sufficient time to cover its business?				
16. Does the Group effectively monitor – or ensure monitoring of – agreed actions?				
17. Are members particularly those new to the Group, provided with training?				
18. Has the Group formally considered how it integrates with other groups and meetings?		✓		
19. Where they exist, does the Group receive timely and appropriate feedback from its sub-groups?	<b>Not applicable</b>			
20. Does the Group provide clear direction to its sub-groups?	<b>Not applicable</b>			
21. Does the Group produce an Annual Report of its work?	✓			
22. If yes (to Q 22) - Do all members contribute to and review the Groups Annual Report?	✓			
<b>Compliance with the law and regulations governing the NHS</b>				
	<b>Yes (✓)</b>	<b>No (✓)</b>	<b>Don't Know (✓)</b>	<b>Comments</b>
23. Does the Group have a mechanism to keep it aware of topical issues?				
24. Does the Group have a mechanism to keep it aware of any related legal / regulatory guidance?				
<b>Assurance</b>				
	<b>Yes (✓)</b>	<b>No (✓)</b>	<b>Don't Know (✓)</b>	<b>Comments</b>
25. Does the Group receive timely exception reports about the work of external regulatory and inspection bodies?				
26. Does the Group receive timely information on performance concerns?				
27. Are all reports clear, concise, and readily understood?				
28. Is the Group able to refer matters outside its own jurisdiction and if yes, is any feedback reviewed on such matters?				
29. If considered appropriate, does the Group know the process to be followed should it need to escalate matters to the EAS Committee?				
30. In relation to the Risk Register, does the Group appropriately review the risks assigned to it?				
<b>Other Issues</b>				
	<b>Yes (✓)</b>	<b>No (✓)</b>	<b>Don't Know (✓)</b>	<b>Comments</b>
31. Does the Group meet the appropriate number of times to deal with planned matters, development and liaison?				
32. Are arrangements in place to call ad hoc meetings when necessary?				
33. Are Group members notified of urgent matters when appropriate?				
34. Does the Group make the EASC Team aware of issues of staff capacity and skills that impact on the running of the committee?				

<b>Administrative arrangements</b>				
	<b>Yes (√)</b>	<b>No (√)</b>	<b>Don't Know (√)</b>	<b>Comments</b>
35. Are the Group's costs appropriate to the perceived risks and benefits?				
36. Are papers circulated in good time and are minutes and agreed actions, received as soon as possible after meetings?				
<b>Questions for Consideration &amp; Discussion</b>				
	<b>Yes (√)</b>	<b>No (√)</b>	<b>Don't Know (√)</b>	<b>Comments</b>
37. Does the Group ensure that its work is fully conveyed to the EAS Committee and wider organisation?				
38. Is the work of the Group duplicated elsewhere? if yes, please elaborate.				
39. Do you consider the Group to be effective in discharging its terms of reference?				
40. ✓ Do you have any suggestions on how the work of the Group could be improved or strengthened?				
<b>PART B - Effective Functioning - individual members</b>				
	<b>Yes (√)</b>	<b>No (√)</b>	<b>Don't Know (√)</b>	<b>Comments</b>
41. What is your role on the Group? a. Lead health board representative b. Designated deputy for the health board c. Director of WAST d. Representative from WAST e. Representative of other NHS Trust f. Welsh Government g. EASC Team • Other				
42. Do I have sufficient understanding and knowledge of the issues covered within the terms of reference of the Group?				
43. Do I appropriately challenge the Chair and other members of the group particularly on critical and sensitive matters?				

**Thank you for taking the time to complete this questionnaire. Please return completed forms to Gwenan Roberts**  
[Gwenan.roberts@wales.nhs.uk](mailto:Gwenan.roberts@wales.nhs.uk)

## **Non-Emergency Patient Transport Service - Follow-up 2**

### **Internal Audit Report**

**2019/20**

### **Emergency Ambulance Services Committee**

### **NHS Wales Shared Services Partnership**

### **Audit and Assurance Services**

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**Auditors:** Paul Dalton, Head of Internal Audit  
Emma Samways, Deputy Head of Internal Audit  
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**Executive sign off:** Stephen Harrhy, Chief Ambulance Service Commissioner

**Distribution:** Julian Baker, National Collaborative Commissioning Lead  
James Rodaway, Head of Commissioning & Programme Management

**Committee:** Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

## **ACKNOWLEDGEMENT**

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### **Please note:**

This report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Reports are prepared by the staff of the NHS Wales Shared Services Partnership - Audit & Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Emergency Ambulance Services Committee and no responsibility is taken by the Audit & Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## **1. Introduction and Background**

Our update review of Non-Emergency Patient Transport Services (NEPTS) was completed in line with the 2019/20 Internal Audit Plan.

In 2016, following the approval of the business case for the re-design of the NEPTS provision, the National Collaborative Commissioning Unit (NCCU) on behalf of the Emergency Ambulance Service Committee (EASC) began looking at transport provisions across Wales, with a view to transferring the commissioning arrangements and responsibilities from the nine organisations to EASC. EASC on behalf of NHS Wales will hold the Welsh Ambulance Services NHS Trust (WAST) to account to deliver against the standards, requirements, and performance and quality indicators contained within the Quality and Delivery Assurance Framework.

To help facilitate the transfer, during 2016/17 EASC requested a range of baseline information and data from the nine organisations in order to assess the activity position, and to aid the production of Quality and Delivery Assurance Framework schedules. The schedules are derived from the CAREMORE® approach for collaborative commissioning and focus on Care standards, Activity, Resource Envelope, Model of care, Operational arrangements, Review of Performance and Evaluation.

Our audit review in 2016/17 of the progress with the transfer of responsibilities for NEPTS from the nine health boards and other health bodies to WAST found that there was still much work to do to clarify robust spend and activity figures for NEPTS.

In November 2018 we undertook a follow up review of the progress being made with the completion of the Quality and Delivery Assurance Framework and associated schedules. Our review concluded that, whilst a number of the schedules remained incomplete, the transfer of some organisations' commissioning arrangements had taken place, with the other health boards due to transfer in the forthcoming months.

The relevant lead for the review is the Chief Ambulance Services Commissioner.

## **2. Scope and Objectives**

The objective of the audit was to evaluate and determine the adequacy of the systems and controls in place for NEPTS, in order to provide assurance to EASC that risks material to the achievement of system objectives are managed appropriately.

The areas that this review sought to provide assurance on were:

- Evidence can be seen of the work carried out since our original review and that there is now an agreed quality and delivery assurance framework and schedules in place to support the scheme.
- A project plan in place for the transfer of the remaining services to EASC, with monitoring against the plan and appropriate scrutiny around areas of slippage taking place.
- Appropriate checks are undertaken prior to commissioning NEPTS services from a provider.
- The monitoring of delivery against the standards, requirements and performance and quality indicators outlined in the Service Level Agreement for those services that have transferred their commissioning arrangements to date takes place.

## **3. Associated Risks**

The potential risk to WAST considered in this review was as follows:

- That the transfer of commissioning arrangements and responsibilities fails to happen within agreed timescales and / or fails to deliver the perceived benefits identified in the business case.

## KEY FINDINGS

### 4. Executive Summary

Responsibility for commissioning NEPTS formally transferred to EASC in April 2016. The collaborative commissioning process agreed by EASC develops national collaborative commissioning quality and delivery frameworks utilising the CAREMORE® methodology. The transfers from individual NHS health boards and trusts are undertaken using an agreed national transfer process. The process develops a baseline position utilising the previous two years' worth of data and associated spend. The process utilises WAST and Health Board governance structures to agree a transfer document ahead of transfer.

At the time of our previous audit, NCCU were in the process of developing the content of the collaborative commissioning quality and delivery framework schedules to enable the framework to be signed off. We provided a summary of the position at that time in respect of the various schedules against the identified goal in each of the CAREMORE® components of the framework. This showed that not all of the required workbook schedules had been fully developed. However, we note that all supporting schedules within the quality and delivery assurance framework have now been fully developed.

Since our previous audit, Swansea Bay UHB and Hywel Dda UHB have transferred their commissioning arrangements to EASC. Our review of the transfer documentation for these two health boards identified that whilst all the relevant documentation required to progress the transfer had been completed, a number of schedules had not been completed prior to transfer, and these were still outstanding at the time of our audit. We understand that the outstanding schedules will be completed as part of the 2020/21 commissioning intentions.

Whilst the quality and delivery framework continued to be developed with an initial 'Go Live' date of April 2017, a transfer timetable was also put in place. However there has been slippage in the timetable, and the first organisation (Cardiff & Vale UHB) did not transfer its commissioning arrangements until July 2018. This was followed by Velindre NHST in September 2018.

At the time of our last audit in November 2018, Betsi Cadwaladr UHB were the next organisation due to transfer, with a target date of the end of December 2018. The last organisation (Cwm Taf Morgannwg UHB) was due to transfer by the end of September 2019. However, since our last audit only two further health boards have transferred; Hywel Dda UHB in April 2019 and Swansea Bay UHB in September 2019.

Due to further slippage, the four remaining health boards were all due to transfer by the end of March 2020. However, at the time of our audit starting, the transfer of Powys THB had been further delayed to June 2020, and a revised transfer date for Betsi Cadwaladr UHB had not been agreed. As the audit progressed, we were informed that due to the onset of the Coronavirus outbreak, the transfer of Aneurin Bevan UHB and Cwm Taf Morgannwg UHB due at the end of March 2020, had been postponed, and there was likely to be an impact on the revised target date of June 2020 for Powys THBs transfer.

Whilst we acknowledge that the transfers are complex and entail a significant amount of work, progress has been slow, with transfer dates pushing further and further into the future. For example Betsi Cadwaladr UHB were originally scheduled to be the third organisation to transfer at the end of December 2018, but will now be the last to transfer although there is currently no agreed transfer date. The lack of representation by Betsi Cadwaladr UHB at DAG meetings between March and December 2019 and concerns raised at DAG meetings regarding the lack of progress with BCUHB would also suggest a recent lack of engagement by the Health Board.

In each health board area, WAST will not have the capacity and resource to deliver all of the NEPTS required. As a result some transport provision will be outsourced to private providers and the third sector, who will be able to bid for work via the 365 Response database, an integrated Dynamic Purchasing System (DPS) that allows suitable pre-approved providers to view and bid for work. Our review of documentation provided by the National Collaborative Commissioning Unit and posted to their on-line document repository identified that all non-WAST service providers must meet stringent quality and safety criteria before they are able to bid for work. Assessment, which will be an annual requirement, is undertaken through the verification of key documentation such as insurance certificates, and an inspection visit.

A database of all non-WAST providers is being compiled as part of the transfer process that will enable pre-approved providers to bid for work. However, our review identified some key data was missing from the database including the approval status, approval date and expiry date.

Under the 'Review of Performance' component of CAREMORE®, schedule R1 details a range of performance measures aligned with the Care Standards. Although many of the proposed performance measures contained within the R1 schedule had been defined, there were no specific targets or performance indicators. We were informed that whilst the collaborative commissioning ethos is one of continuous improvement, and the annual commissioning intentions set an expectation of WAST performance improvements, the approach is not target based. There is an agreed monitoring structure in place, at a national level (Tier 1) through the NEPTS

Delivery Assurance Group, and at a health board and local level (Tier 2 and Tier 3) where performance is to be reviewed on a monthly basis. To enable that monitoring to take place, health boards, through WAST, have access to a QlikSense reporting dashboard that is populated with the local performance data that the health boards have asked for.

## 5. Detailed Findings

In this section, we highlight our observations together with areas of good practice that we identified during our review under each audit objective. Our assessment is based on discussions with the National Collaborative Commissioning Unit and documentation provided by them in December 2019.

### **Objective 1 - Evidence can be seen of the work carried out since our original review and that there is now an agreed quality and delivery framework and schedules in place to support the scheme.**

We note the following areas of good practice:

- Two further health boards have transferred their NEPTS commissioning arrangements, with four in total now having transferred.
- There is now an approved Quality and Delivery Assurance Framework in place for the transfer of NEPTS to EASC. This was signed on behalf of EASC and WAST in October 2019.
- The Quality and Delivery Assurance Framework is underpinned by standard workbook schedules, following the CAREMORE® model that are completed prior to each transfer.

We make the following observation:

- For the transfers of Hywel Dda UHB and Swansea Bay UHB, in April and September 2019 respectively, the same five workbook schedules had not been completed. Although they were not required to be completed prior to transfer, they were still outstanding at the time of our audit. However we were informed that completion of the outstanding schedules will be undertaken as part of the 2020/21 commissioning intentions.

### **Objective 2 - A project plan is in place for the transfer of the remaining services to EASC, with monitoring against the plan and appropriate scrutiny around areas of slippage taking place.**

We note the following areas of good practice:

- A project plan for the transfer of the remaining services is in place, in the form of the commissioning intentions set out for each year.

- Progress against the plan is overseen by the EASC and the NEPTS Delivery Assurance Group.
- Progress against the plan is also monitored by the WAST Finance and Performance Committee.

We make the following observation:

- There has been significant slippage against the transfer timetable originally set. Since the start of the project in 2017, to date only four health boards have transferred with no definite timeframe in place for Betsi Cadwaladr UHB. A lack of engagement by Betsi Cadwaladr UHB would suggest a lack of commitment on their part to the transfer process.

**Objective 3 - Appropriate checks are undertaken prior to commissioning NEPTS services from a provider.**

We note the following areas of good practice:

- There is a stringent annual quality and safety assessment process in place for all prospective non-WAST providers that includes an inspection visit.
- All non-WAST providers must be assessed and approved before they can bid for work via the 365 Response database.

We make the following observation:

- Whilst it is acknowledged that the assessment of non-WAST providers is still work in progress, and the 2020/21 commissioning intentions make reference to this, some key information such as the approval status, approval date and renewal date is not being recorded in the database of approved non-WAST providers.

**Objective 4 - The monitoring of delivery against the standards, requirements and performance and quality indicators outlined in the Service Level Agreement for those services that have transferred their commissioning arrangements to date takes place.**

We note the following areas of good practice:

- Performance measures have been documented in the R1 workbook schedule and are aligned to the Care Standards.
- The requirement for WAST to meet monthly with each health board and quarterly with the health board and each non-WAST service provider is stipulated in the transfer document.
- There is an agreed structure in place through the NEPTS DAG to monitor performance locally. Tier 2 & Tier 3 meetings review

performance at local and Health Board level monthly for all organisations.





- Health Boards have access to a QlikSense dashboard through WAST that is populated with local performance data.

We make the following observation:

- Our review of the R1 schedule within the transfer documents for the two recent health board transfers noted that there are some 25 'required outcomes' within the schedule that are aligned with the Care Standards. Although many of the proposed performance measures contained within the R1 schedule, which it states will be reported using a 'Balanced Scorecard' approach, had been defined, there were no specific targets or performance indicators. However we were informed that commissioning arrangements will not follow a target based approach.

## 6. Conclusion

The summary of assurance given against the individual audit objectives contained within section 2 is described in the table below:

Assurance Summary		None 	Limited 	Reasonable 	Substantial 
<b>1</b>	Quality & Delivery Assurance Framework				✓
<b>2</b>	Project Plan			✓	
<b>3</b>	NEPTS Service Provider Checks			✓	
<b>4</b>	Quality Monitoring			✓	

Overall our audit has concluded that there is now an established Quality and Delivery Assurance Framework in place for the transfer of NEPTS from health boards and health bodies to EASC that meet the needs of all stakeholders.

Whilst there are detailed plans in place to deliver the transfers, the process of physical transfer has been slow. When the original business case was approved in 2016, the complexity of the governance arrangements and the details contained within the baseline assessments was underestimated. Coupled with the fact that during transfer processes, health boards are discovering detail about activity and spend that they were not previously sighted on, has caused significant slippage.

Previous plans aimed to have all transfers complete by September 2019, however at the time of our review, only four transfers had taken place. Work to transfer the remaining organisations is ongoing and is planned through annual commissioning intentions. Learning from past experience will be critical in ensuring that realistic transfer timeframes are set for the remaining health boards. Although progress is regularly monitored and scrutinised through the Delivery Assurance Group, slippage against the original timetable remains an area of concern, and the outbreak of COVID-19 will inevitably add further delay to the transfer process.

## **Appendix A - Assurance opinion ratings**

### **Audit Assurance Ratings**



**Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



**Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



**Limited assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



**No assurance** - The Board can take **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **high impact on residual risk** exposure until resolved.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



# **EMRTS (Cymru)**

## **Hosted Bodies Annual Report**

### **2019-2020**

## **1. DESCRIPTION OF SERVICE**

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru was established in April 2015. The service is hosted by Swansea Bay University Health Board (SBHB) and is commissioned by the Emergency Ambulance Service Committee (EASC). It is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales. The service works with the Wales Air Ambulance Charity to deliver an effective pan-Wales clinical emergency service.

### [Current Service Model](#)

The EMRTS is operational 12 hours per day 0800-2000, 7 days per week. It has four operational bases, these are Caernarfon airport, Cardiff Heliport, Llanelli airbase and Welshpool airport.

The EMRTS utilises Wales Air Ambulance aircraft and a fleet of five Rapid Response Vehicles. The service is delivered by Consultants from Emergency Medicine, Anaesthesia and Intensive Care Medicine, and EMRTS Critical Care Practitioners (CCPs).

A single Air Support Desk located at Vantage Point House, Cwmbran, tasks all four bases. An EMRTS CCP and an allocator (employed by the Welsh Ambulance Service) operate the ASD during existing EMRTS operational hours (0800-2000).

The ASD is the key to EMRTS dispatch and control. It controls all tasking and acts as the single point of contact for logistics, communications and coordination. This function is critical in supporting our crews and allowing them to focus on the clinical, operational and aviation elements of their roles.

A tier of 'Top Cover' EMRTS Consultants provide remote support and advice 24/7.

The mission statement for the EMRTS is "to provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time-critical specialist treatment at an appropriate facility."

The agreed clinical service model consists of:

- Responding to medical and traumatic emergencies at the scene
- Stabilisation and retrieval of time-critical patients from local hospitals to major centres
- Neonatal and maternal support for free-standing midwifery-led units and home births
- Air transfer of neonatal teams for time-critical cases
- Provision of medical support at major incidents and mass casualty events

#### Service Developments:

A number of developments have occurred since 'go live', these include:

- The addition of the EMRTS base at Caernarfon airport
- The introduction of a new H-145 aircraft fleet
- The addition of the Children's Wales Air Ambulance, funded by the Wales Air Ambulance Charity, and the new Helicopter Transfer Practitioner role
- A number of workforce initiatives in addition to core EMRTS workforce, these include Pre-Hospital Emergency Medicine (PHEM) Trainees, EMRTS Clinical Fellows and EMRTS Clinical Attendants

#### Going Forward

In line with the Strategic Outline Programme's preferred option (2014) and in response to the WG Gateway Review (2017) and a request from the Chief Executive, NHS Wales (2018), the EMRTS Service Expansion Review Document was finalised in December 2018.

The document recommended that, in addition to the existing 12 hour service across the Llanelli, Caernarfon and Welshpool bases (0800-2000), the service is expanded in a phased approach to include:

- 2000-0800: Consultant and CCP at a South Wales base with a Rapid Response Vehicle
- 2000-0800: Consultant and CCP in North Wales with a Rapid Response Vehicle
- Double pilot crew and aircraft available at the South Wales base to support transfers
- RRV including a Consultant and CCP operating 1400-0200 along the M4 corridor to meet the main peak of unmet demand

Phase 1 of the above has been approved, this includes an EMRTS Consultant and CCP, based at Cardiff Heliport from 2000-0800, with a Rapid Response Vehicle. The double pilot crew and aircraft is also being progressed by the Charity and the aircraft operator, this crew will be based at Cardiff Heliport and will support crews as required across Wales. This service development was ready to be launched on 1<sup>st</sup> April 2020 but has been postponed until the end of the COVID 19 crisis. Recruitment and training has now been completed so there should be no delay in launch when the external operating environment allows.

## **2. GOVERNANCE ARRANGEMENTS**

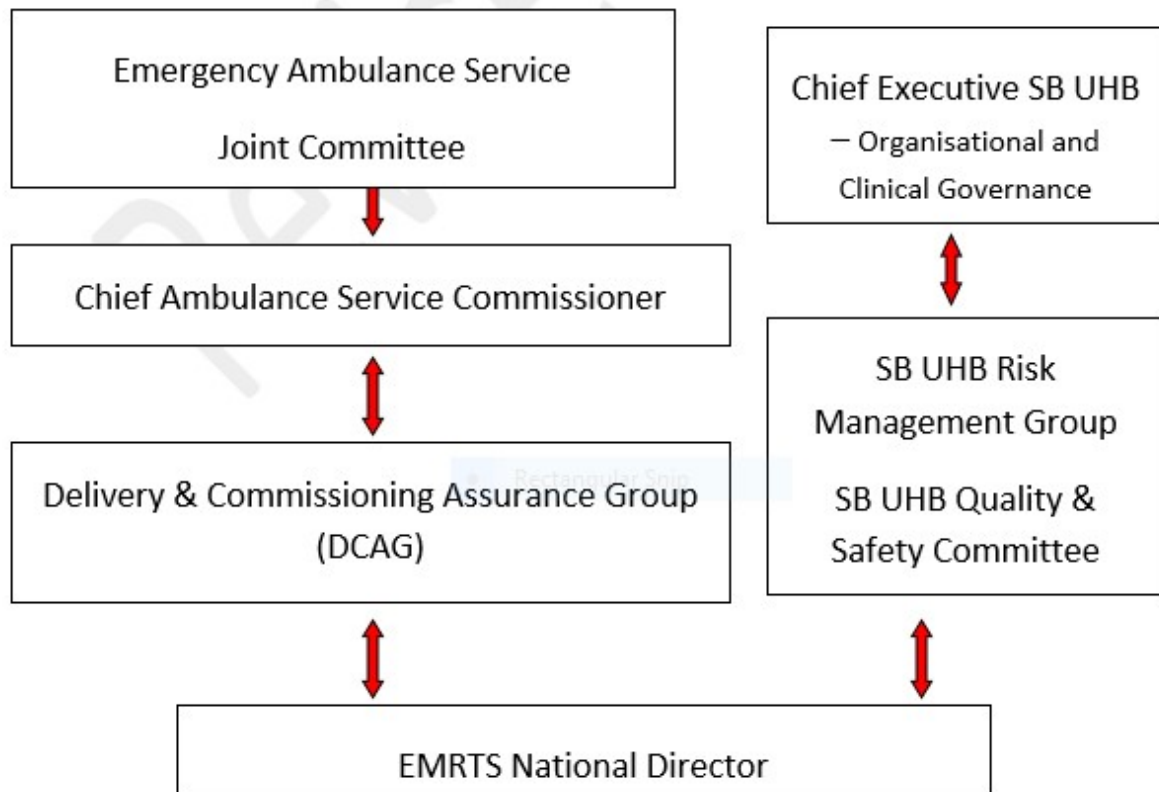
The EMRTS National Director is accountable to the SBUHB Chief Executive Officer for organisational governance. The EMRTS' organisational governance structure consists of an EMRTS Delivery & Commissioning Assurance Group (DCAG), this Group is chaired by the Chief Ambulance Service Commissioner who, in turn, reports to the EASC Joint Committee.

The EASC Joint Committee delegates responsibility to the EMRTS DCAG for the delivery, direction and performance of the EMRTS. The EMRTS National Director is accountable to the EMRTS DCAG for the delivery and performance of the EMRTS and to the ABMU HB Chief Executive for organisational and clinical governance.

There are a number of supporting agreed documents underpinning the organisational governance of the service as follows:

- National Collaborative Commissioning Quality & Delivery Framework - namely CAREMORE.
- Terms of reference for the EMRTS DCAG.
- Collaboration Agreement between SBUHB, the Wales Air Ambulance Charitable Trust (WAACT) and the Welsh Ambulance Service Trust (WAST).
- Memorandum of Understanding between SB UHB and other Welsh HBs/NHS Trusts.
- Service level agreement between EMRTS and SB UHB for accessing supporting services.
- Terms of Reference for the EMRTS Clinical and Operational Board.

The organisational structure is illustrated below:

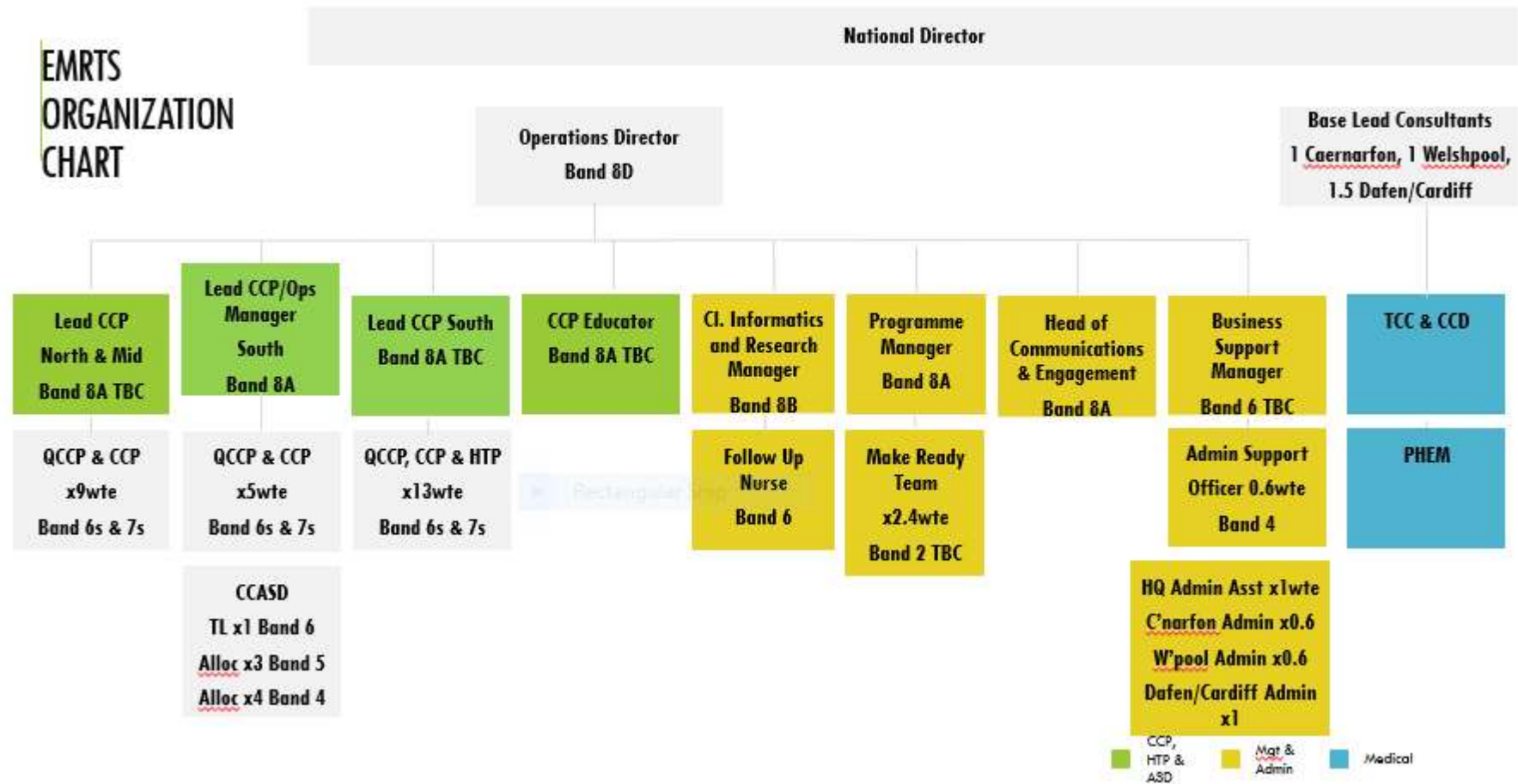


In terms of clinical governance, the EMRTS National Director is accountable to the SBUHB Medical Director.

As a hosted service, the EMRTS is part of the SBUHB's wider corporate governance arrangements.

## 2.1 ORGANISATIONAL STRUCTURE

The following illustrates the EMRTS' organisational structure:



**Members of the Senior Management Team in post during the financial year 2019-20:**

<b>Title</b>	<b>Postholder</b>
National Director	<b>Prof David Lockey</b>
Operations Director	<b>Mark Winter</b>
Base Lead (Caernarfon)	<b>Dr John Glen</b>
Base Lead (Llanelli and Cardiff)	<b>Dr Ami Jones</b>
Base Lead (Welshpool)	<b>Dr Stuart Gill</b>
Clinical Informatics & Research Manager	<b>Dr David Rawlinson</b>
Programme Manager	<b>Matthew Edwards</b>
Head of Comms & Engagement	<b>Steve Stokes</b>
Operations Manager	<b>Jason Hughes</b>
Lead Critical Care Practitioner (Mid & North)	<b>Tracy Phipps</b>
Lead Critical Care Practitioner (South)	<b>Ben Seabourne</b>
Air Support Desk Dispatch Business Manager	<b>Greg Browning</b>
Procurement	<b>Suzyann Pritchard</b>
HR	<b>Carolyn Hodder</b>
Finance	<b>Geraint Norman</b>

### 2.1.1 Management Group/Service Meetings

#### EMRTS Clinical & Operational Board

The EMRTS COB manages the clinical and operational issues as both these elements often overlap. Membership consists of the National Director (Chair), Operations Director, Base Leads, Operations Manager, Lead CCPs, Clinical Informatics & Research Manager, Head of Communications & Engagement, Programme Manager and Support Officer. Representatives of SB UHB finance, procurement and HR departments with further services invited as required.

The Board has a formal structure with decision-making capacity and clear terms of reference. It meets bi-monthly in order to discuss the following issues:

- Review reports of service activity and performance (including compliance with key performance indicators and audit standards)
- Review report of concerns/complaint and incidents including investigations and future mitigation. Provide recommendations to improve patient care
- Decision making in any major changes in clinical and operational practice (e.g. new equipment, standard operating procedures)
- The Board may request the ECAG for independent review of any aspects of clinical care
- Ensure the financial management of the EMRTS service
- Reports directly to the EMRTS DCAG at least quarterly

#### Sub-groups of the Clinical & Operational Board

In order to distribute workload and ensure specific areas of interest get dedicated resource, a number of sub-groups have been established in the following areas:

- Equipment
- Transfer and Retrieval
- Research and Audit
- Medicines Management
- Education and Engagement
- Airway management group
- Blood management group
- Mass Casualty/Major Incident
- Air Support Desk

Each group has clear Terms of Reference, meet regularly and report to the Clinical & Operational Board.

### **2.1.2 Advisory Groups and Networks**

#### **EMRTS Delivery & Commissioning Assurance Group (DCAG)**

The EMRTS DCAG is responsible for the delivery, direction and performance of the EMRTS. The National Director is accountable to the EMRTS DCAG for the delivery and performance of the EMRTS.

#### **External Clinical Advisory Group (ECAG)**

The ECAG was established at the inception of the service in 2015. The ECAG provides benchmarking of Clinical Standard Operating Procedures, independently reviews significant adverse events and report findings back to the Clinical & Operational Board.

It is proposed that a new External Clinical Advisory Panel (ECAP) is established in place of the ECAG. This will require a review of membership with the new expert panel providing ad hoc advice on specialist issues when requested/ and providing input to a CG day when relevant issues are being presented. In addition, it is also proposed that an annual meeting / conference is held with the expert panel invited to contribute to this day.

#### **Leadership Roles**

In addition to the above, the following leads have been defined who also have the same lines of accountability to the Board. In most cases, a doctor and CCP will be in charge of each role.

### **3. SYSTEM OF INTERNAL CONTROL**

The SBUHB Board is accountable for good governance, risk management and the internal control processes of SBUHB. As a hosted service, we are required to work with the Board to maintain appropriate governance structures and procedures, to ensure that an effective system of internal control is in place and to report back into the HB governance system as required.

The National Director is accountable for organisational and clinical governance of the EMRTS. Our systems are designed to reflect the internal control processes of the HB and these include:

- Managing risk to a reasonable level rather than eliminating all risks
- Identifying and prioritising risks, evaluating the likelihood of risks being realised, the impact this would have and to manage them
- Escalating risks to the Health Board in line with policy

As mentioned above, there is a Service Level Agreement between EMRTS and SBUHB for access to supporting corporate services. As a service, we work closely with each of these: including:

- Caldicott Guardian
- Human Resources
- Finance
- Procurement
- Incident Reporting
- Concerns and Complaints/Patient Feedback
- Communications
- Digital Services (formerly IM&T)
- Medicine Management
- Blood Services
- Fleet Management

In terms of partnership, the service also has a duty to work with the Wales Air Ambulance Charity (WAACT), Emergency Ambulance Services Committee (EASC), Welsh Health Boards, Welsh Ambulance Service and appropriate clinical networks.

All of the above parties are represented on the EMRTS DCAG. The EASC Joint Committee delegates responsibility to the EMRTS DCAG for the delivery, direction and performance of the EMRTS.

It should be noted that formal agreements are in place to support the discharge of accountability arrangements and to provide the basis for the required collaborative working. Some of these are in the process of being refreshed to reflect current commissioning arrangements and the expanded nature of the service.

## **4. CAPACITY TO HANDLE RISK**

### **4.1 Risk Appetite**

The EMRTS aims to deliver high quality care to the population of Wales. Although pre-hospital care has unavoidable risks in terms of aviation, transport, scene safety and medical care delivered in adverse environments these are all managed to achieve the highest level of service with the lowest possible risk.

### **4.2 Managing Risk**

In line with the Health Board's Risk Management Policy, EMRTS' aim is to ensure a culture and environment which minimises and actively seeks to reduce risk and promotes the health, safety and well-being of patients, staff, visitors and the general public.

As part of the EMRTS hosting arrangements, EMRTS are represented at both the SBUHB Risk Management Group and Quality & Safety Committee.

In order to ensure an embedded and consistent risk management approach, the EMRTS Risk Register is considered at every other COB meeting. The COB considers each risk, the current and target risk level and the mitigating action planned or taken, each risk entry is then updated accordingly. The COB also considers newly identified risks in order to agree their addition to the risk register, current and target risk level as well as appropriate mitigating action to be undertaken.

### **4.3 Top Organisational Risks**

Currently, there are no EMRTS risks on the Health Board Risk Register. Should it be identified that there is an EMRTS risk that is deemed impossible or impractical to manage at a departmental or Management Team level or any risk that could adversely affect achievement of the Board's objectives then this would be brought to the immediate attention of the relevant Director. This would then be submitted for consideration by the Scrutiny Panel, in line with the robust process agreed by the HB Risk Management Group.

Presently, there are 18 risks on the EMRTS Risk Register, with current risk levels as follows:

- **High – 2 risks**
- **Significant – 3 risks**
- **Moderate – 7 risks**
- **Low – 6 risks**

The 2 high risks relate to:

- **COVID-19.** The risk here relates to the loss of staff through sickness or isolation, lack of infrastructure (lack of equipment, consumables, PPE etc) or hospitals being unable to receive patients. An escalation plan has been developed, the EMRTS COVID-19 Group meets twice weekly to consider the situation and to respond swiftly to challenges as they arise.

- **Helicopter landing sites (night operations).** A plan is in place, with the aircraft operator having assigned designated representatives to work with the Charity and EMRTS to identify, survey and approve appropriate landing sites. This work is ongoing.

#### 4.4 Annual Business Plan

The EMRTS currently jointly prepares a joint Annual Review with the Charity and also contributes to the EASC IMTP.

#### 4.5 Performance Dashboard

The service has agreed a final draft of the “CAREMORE” Quality & Delivery Framework (QDF) with commissioners. The QDF encompasses regular reporting of activity and the agreed template is embedded for information. It should be noted that regular reporting against the framework will commence following Q1 20/21.



EMRTS QDF Draft  
V4.docx

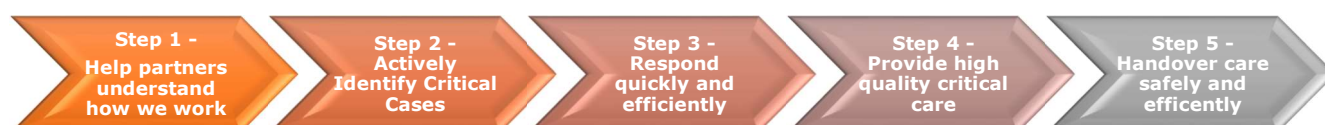
This QDF details the areas of service agreed between NHS Wales Health Boards and EMRTS through a Collaborative Commissioning process. It details:

- what is required (commissioning);
- how assurance is given for ‘what is required’ (quality); and
- how the ‘what is required’ will be achieved (delivery).

The areas covered are summarised by the acronym “CAREMORE”, these are:

- C Care standards
- A Activity
- RE Resource Envelope
- M Models of care
- O Operational arrangements
- R Review of performance
- E Evaluation

To describe Service Requirements from a patient’s perspective the EMRTS steps have been developed as follows:



The products in this 'Care Standards' section of the framework take the form of 'Schedules' which describe 'service' and 'core' requirements for Emergency Medical Retrieval & Transfer Services.

#### **4.6 Health and Care Standards**

The EMRTS is cognisant of the expectations placed upon it by this integrated framework of standards and the requirements of the QDF aim to help people in Wales to understand what to expect when they access health services and what part they themselves can play in promoting their own health and wellbeing.

In support of this, the EMRTS has established robust systems of governance, leadership and accountability in order to ensure the provision of high quality, safe and reliable care in line with the seven themes of staying healthy, safe, effective, dignified, timely and individual care and staff and resources.

#### **4.7 Other elements of control framework**

##### **4.7.1 Equality and Diversity**

In line with the HB approach to equality and diversity, the EMRTS is committed to reducing inequalities and embedding equality into service delivery, support the workforce and promote staff wellbeing.

Whilst this is an extremely broad area, this will include increasing diversity and quality of working lives of the workforce, treating patients with dignity and respect, ensuring patients have equity of access to services and supporting emotional and mental wellbeing of staff

##### **4.7.2 Data Security and Information Governance**

All data is held securely on approved infrastructure, in compliance with the General Data Protection Regulation (GDPR). Breaches are recorded through the DATIX incident reporting system. In addition, the service works closely with HB information security colleagues to ensure the correct methods are in place for secure data transfer, storage and processing.

The service is fully compliant with the HB information governance and security arrangements. This includes membership of the Information Governance Group (IGG), use of the HB Information Asset Register (IAR) and incident reporting. When required there is also engagement with NWIS IG leads. Relevant Training is monitored through the HB process and time is dedicated in new staff inductions to this.

##### **4.7.3 Counter Fraud**

The EMRTS works with the HB with regard to counter fraud and adhering to the basic principles of public sector organisations including the proper use of public funds and operating in line with the procedures that have been put in place by the HB and wider NHS Wales.

This includes:

- ensuring the effective and consistent application of all relevant policies and procedures
- raising awareness of the risk of economic crime with their staff
- ensuring that staff are aware of the correct course of action should they have a concern (i.e. contact the LCFS).

## **5. REVIEW OF EFFECTIVENESS**

**(Details of any internal audits and other regulatory inspections and or reviews.)**

### **5.1 Internal Audit**

Audit is integral to the clinical and operational model of the EMRTS in order to facilitate continuous service improvement as well as provide assurance to the COB, host, commissioners and external stakeholders. The frequency of audit is detailed in the CAREMORE return and will be reported quarterly. Some areas e.g. Emergency anaesthesia also have detailed periodical reports presented to the COB.

In terms of clinical audit, a rolling programme of key clinical and operational audits are in place, including

1. Blood product audit
2. Emergency Anaesthesia Audit
3. Procedural Sedation audit
4. PGD audit
5. Transfer audit
6. Paediatric audit
7. Monthly operational activity review

Many of these have HB oversight on a regular basis, and the transfer audit is conducted externally by the critical care network. In addition to the above, sub-groups of the COB regularly engage in new audits as required with these often forming part of an incident investigation or to improve practice, examples include:

1. "APP" medical calculator audit
2. Various equipment and drug use reviews
3. Weight of bags to reduce risk of personal manual handling injury.

There is also a regular programme of clinical governance and mortality & morbidity (M&M) reviews. Cases are flagged for these via DATIX and the clinical system.

The HB also facilitate regular drug and controlled drug audits of all sites.

## **6. SIGNIFICANT GOVERNANCE ISSUES**

Currently, the service is satisfied that the governance structure meets the appropriate standards and does not require any significant change. Going forward, the existing

governance processes will apply to any increases in workforce, hours of operation and estate as part of future phases of service expansion.

## **7. CONCLUSION**

It is felt that the above provides an appropriate overview of the governance processes and controls that are in place across the service and the required assurance for the SB UHB, as host body.

**Signed: Professor David Lockey**  
**Title: EMRTS National Director**  
**Date: 18<sup>th</sup> May 2020**

## Emergency Ambulance Services Committee Management Group

**Friday 21 February 2020**  
**09:30am to 12:00pm**

**Venue: National Collaborative Commissioning Unit**  
**1 Charnwood Court, Heol Billingsley, Parc Nantgarw CF15 7QZ**

### Notes of the meeting

#### Attendees

Stephen Harrhy, Chair- (SH, EASC)	Ross Whitehead – (RW, EASC)
Chris Turner – (CT, EASC)	Adele Gittoes – (AG, CTMUHB)
Debra Fry – (DF, NCCU)	Chris Moreton – (CM, NCCU)
Hugh Bennett – (HB, WAST)	Meinir Williams – (MW, BCUHB) (by VC)
Jamie Marchant – (JM, PTHB)	Claire Roche – (CR, WAST)
Lee Davies – (LD, Cardiff & Vale UHB)	Andrew Carruthers – (AC, HDdUHB)
Alex Crawford – (AC, WAST)	Craige Wilson – (CW, SBUHB)
Andrew Carruthers – (AC, HDdUHB)	Gwenan Roberts – (GR, EASC)
Kath Smith (KS, ABUHB)	

#### Apologies

Rachel Marsh – (RM, WAST)	James Rodaway – (JR, EASC)
Chris Turley – (CT, WAST)	Jonathan Jones – (JJ, EASC)
Julian Baker – (JB, NCCU)	Claire Birchall – (CB, ABUHB)
Lee Brooks – (LB, WAST)	

Item		Actions
1.	<p><b>WELCOME, INTRODUCTIONS &amp; APOLOGIES</b></p> <p>Stephen Harrhy welcomed all present and gave an overview of the meeting; he was pleased to note that all health boards were represented at the meeting. Members noted that to date the Group had been concentrating on the Integrated Medium Term Plan (IMTP) and Commissioning Intentions and now would concentrate on issues identified at the Emergency Ambulance Services Committee (EASC), the IMTP and the associated delivery plans.</p> <p><b>Current EAS Committee issues for the Management Group</b></p> <ul style="list-style-type: none"> <li>• Integrated performance dashboard</li> <li>• Implementation Demand &amp; Capacity Review</li> <li>• RED calls and clinical outcomes</li> <li>• Serious Adverse Incidents in the Welsh Ambulance Services NHS Trust (WAST)</li> <li>• Delivery plan for Integrated Medium Term Plan (IMTP).</li> </ul> <p>These would be considered during the course of the meeting.</p>	Ongoing

2.	<b>NOTES FROM LAST MEETING</b>  The notes from the previous meeting were confirmed as an accurate record.	Chair
	<b>Matters Arising</b> <b>ACTION LOG</b>	
3.	<p>The following updates were received:</p> <p><b>The International Academies of Emergency Dispatch (IAED):</b> Members noted that the IAED had clarified the protocols which would be followed. Members noted it was unlikely to further change the RED patient numbers which related to the categorisation of patients with 'breathing problems'.</p> <p>Members noted that the EASC had asked how this affected the outcomes for patients and how this could be demonstrated through the system; Lee Brooks would be asked to provide a report at the next meeting regarding RED performance and forecast how this would affect the implementation of the RED Improvement Plan in the future. A copy of the improvement plan would be circulated to members. Claire Roche also emphasised the importance of the patient experience and the quality of the service.</p> <p><b>The Safe Cohorting of Patients</b>  Members provided an overview of the progress made to date:</p> <p>Cwm Taf Morgannwg (CTMUHB) – work had a significant impact on waiting times in the Princess of Wales hospital and the surgical assessment unit had also opened.</p> <p>Aneurin Bevan (ABUHB) The 'POD' (Patient Offload Department) had been in place since 3 February and early indications had shown a significant positive impact on ambulance delays although this had not had an impact on 4 hour performance. Members noted good patient and paramedic feedback had been received.</p> <p>Swansea Bay (SBUHB) The mobile capacity vehicle had not yet progressed; it was anticipated that the sign off of the tender stage would take place early next week.</p> <p><b>Escalation</b></p>	<p>Lee Brooks</p> <p>Craigie Wilson</p>

	<p>Members noted the progress made and discussed the “triggers” and the importance of adopting a consistent approach. A template had been developed to inform the 11am calls which would be finalised and operational next week.</p> <p>Issues had been raised at the Chief Operating Officers (COO) meeting in relation to actions taken at high levels of escalation; it was felt that health boards still had to ask for assistance although it had been clear this was required on the call. Members noted that there were still ‘teething problems,’ although progress was being made. An update would be provided at the next meeting.</p> <p>Members <b>RESOLVED</b> :</p> <ul style="list-style-type: none"> <li>• To <b>NOTE</b> the update and the actions required.</li> <li>• That a copy of the RED Improvement Plan be circulated to Members</li> </ul>	<p>Lee Brooks</p> <p>WAST</p>
4	<p><b>EASC IMTP</b></p> <p>Members noted that the IMTP had been approved by the Joint Committee at the last meeting and had been submitted to the Welsh Government; a formal response was awaited.</p> <p>The IMTP delivery plan would form an important part of the EASC Management Group agenda at future meetings. The financial schedules would be updated with the latest information and circulated to Members. In the interests of good communication it was also agreed that the EAS Committee minutes would be sent to Members of the group as soon as they become available.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update and the actions required.</li> </ul>	<p>Chris Moreton</p> <p>Stephen Harrhy</p>
5	<p><b>AMBULANCE QUALITY INDICATORS (AQIs)</b></p> <p>Stephen Harrhy gave an overview of the work to date and Ross Whitehead presented the AQIs which had been released at the end of January 2020 and highlighted some new ways of presenting the information. Members noted:</p> <ul style="list-style-type: none"> <li>• Significant handover delays at the end of 2019</li> <li>• AQIs generally were difficult to read and they had been made available on the Stats Wales website which allowed for information to be provided by local area</li> <li>• Potential of using the PowerBI (business intelligence) interactive dashboard to provide more local information</li> </ul>	



	<p>would allow for comparison with the national lens against the operational requirements at a local level. Members were supportive of a monthly performance report and it was felt to be an iterative process where the report would be changed to accommodate specific areas and build to provide information as a modelling system.</p> <p>Ross Whitehead was thanked for the work to date.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the AQIs, presentation and plans to develop further and actions above.</li> </ul>	
6	<p><b>MINISTERIAL AMBULANCE AVAILABILITY TASKFORCE</b></p> <p>Stephen Harray provided an overview of the work to date for the Ministerial Ambulance Availability Taskforce. Members noted that a terms of reference for the Taskforce had been drafted and would be circulated as soon as the membership had been confirmed.</p> <p>Members noted that a steering group would be convened and the aim would be to support the work by using existing groups and meetings. However, it was expected that an expert reference or advisory group would also be set up to support the work.</p> <p>Members felt that the EASC Management Group would be in a good position to support the work of the Taskforce, especially as the health boards were all represented at the meeting. The approach would be whole system across health and social care and with the aim to achieving an improved performance using the enablers available.</p> <p>The timescales for the work of the Taskforce was confirmed by which an interim report would be required by end April and final report by end of June (summer) 2020. It was expected that regular communications would take place with key stakeholders and the public would also be asked for their views.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress to date in relation to the Ministerial Ambulance Availability Taskforce.</li> </ul>	
7	<p><b>DEMAND AND CAPACITY</b></p>	

	<p>The Demand and Capacity Report was received; Members <b>NOTED</b> that the third meeting of the Programme Board within the Welsh Ambulance Services NHS Trust (WAST) would take place on 3 March 2020. Key areas of focus were highlighted as:</p> <ul style="list-style-type: none"> <li>• Additional information would be made available from Optima Predict</li> <li>• The recruitment of 136WTE staff within the plan (Noted that within the Commissioning Intentions it was clarified as being a minimum of 90WTE)</li> <li>• Not all service changes were included in the remit of the Report</li> <li>• Readiness work was continuing on Major Trauma including recruitment; update to be received at the next meeting</li> <li>• Workshop on repatriations planned</li> <li>• Capital implications for estate and fleet</li> <li>• Need to separate the benefits in future years from the current year information</li> </ul> <p>Following discussion it was agreed that in order to understand the additionality of the Demand and Capacity review, WAST would report the baseline position for key metrics identified in the Programme plan for the year ending 2019/20. This should include as a minimum, actual and budget position for WTEs and finance including overtime, and other measures such as staff sickness rate, relief rate and abstraction rate.</p> <p>Members felt that it was also important to clearly set out the capital requirements for the D&amp;C review; although capital was funded directly by the Welsh Government and not allocated through the EAS Committee; however, it was important for EASC to fully understand the revenue implications for capital investment associated with the D&amp;C Review.</p> <p>Members discussed the impact of the additional staff and where they would be deployed. Concerns were raised about the possibility of staff joining inefficient roster lines and how new staff would be utilised potentially matching activity and resources. It was agreed that WAST would not simply deploy any of the additional staff up to 136 WTE staff to existing rosters but would come back to the Group with proposals on how they would ensure that these staff would be targeted at the current gaps identified in the D&amp;C Review.</p> <p>It was felt that the training plan was ambitious and that the narrative needed to explain what would be achieved with the additionality of the planned 136WTE extra staff. Members</p>	<p>WAST</p> <p>WAST</p> <p>WAST</p> <p>WAST</p> <p>WAST</p>
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	<p>noted the funding allocation would be provided on incurred costs of the additional new staff and the need to ensure the baseline position was clear.</p> <p>Further discussion took place on:</p> <ul style="list-style-type: none"> <li>the position for rostering on 36.5 hours per week and 37.5 hours per week</li> <li>a reasonable relief position (in line with the whole system)</li> <li>efficiencies in relation to the improvement in performance and what the expected improvement would look like</li> <li>the importance of clarifying both the budgeted and funded position</li> <li>the expectation within the IMTP that the shift would take place to increase the proportion of frontline staff</li> </ul> <p>In addition, Members felt that risks needed to be captured in relation to the work and the improvement in RED and AMBER performance.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the report and the actions set out below</li> <li><b>AGREE</b> the deployment of the additional staff as described above.</li> </ul> <p><b>Action:</b> A detailed finance plan would accompany the Programme plan and would be presented at the next meeting.</p> <p><b>Action:</b> Risks and assurance issues to be provided in detail to the Management Group</p>	<p>WAST</p> <p>WAST</p> <p>WAST</p>
8	<p><b>A HEALTHIER WALES UPDATE</b></p> <p>Alex Crawford presented the A Healthier Wales update report from the perspective of WAST and highlighted the ongoing work.</p> <p>It was noted that, whilst the commissioning allocations were clear, the underlying spend committed against the projects funded by A Healthier Wales was not and there was a need for an exercise to be completed prior to year-end to understand what spend has been incurred to date on these projects.</p> <p>Members noted the report and it was agreed a further update would be provided at the next meeting.</p> <p><b>Action:</b> Updated finance schedule to be provided before the end of March.</p>	<p>Kendal Smith</p> <p>Kendal Smith</p>

9	<p><b>EVALUATION OF WINTER</b></p> <p>Members received the overview report on the evaluation of the impact of the winter funding. It was anticipated that further information would be made available in the next few weeks. Members noted the style of approach that Welsh Government officials expected and the requirement to work more closely with the Regional Partnership Boards.</p> <p>WAST reported that they were working on a whole range of issues and would work with the EAS Team to be clear regarding what was required. Chris Turner expressed concern to the group that the messages were not always getting through to organisations and more work to highlight this was required.</p> <p><b>Action:</b> Jamie Marchant agreed to send information to Stephen Harray to clarify the range of requirements on health boards in relation to the evaluation of winter plan.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and the actions required.</li> </ul>	Jamie Marchant
10	<p><b>WAST IMTP</b></p> <p>Members received the presentation on the WAST IMTP. The following priorities were noted:</p> <ul style="list-style-type: none"> <li>• The implementation of the Demand and Capacity Review was the top priority for WAST</li> <li>• Key focus was to build on last year's achievements from patients, staff and commissioners and meet the quadruple aim</li> <li>• Commissioning Intentions were integrated in the plan</li> <li>• 30 key deliverables overseen by the WAST Transformation Board</li> <li>• Progress with the non-emergency patient transport service (NEPTS)</li> <li>• 111 – to be the call handler of choice</li> <li>• Support and develop staff important</li> <li>• Key service developments – Grange; Major trauma network requirements and repatriations</li> </ul> <p>Within the presentation it was agreed that the governance overview slide needed to be updated to include the EASC Management Group and to distinguish the commissioning</p>	WAST

	<p>responsibilities of EASC and the delivery responsibilities of WAST. In relation to Serious Adverse Incidents it was agreed that WAST would produce a detailed report at future meetings. Members noted that slide 4 provided the plan on a page and discussed the realism for delivery and how the value for the investment could be captured.</p> <p>Stephen Harrhy suggested that WAST as a commissioned organisation by the EAS Committee would need to ensure that the commissioning framework was being adhered to. There were specific issues within the IMTP and the progress against these would need to be captured; key would be performance trajectories and how the service could demonstrate progress for reporting to the EAS Committee through the EASC Management Group.</p> <p>Members <b>RESOLVED</b> to <b>NOTE</b> the report.</p> <p><b>Action:</b> Delivery plan to be developed to monitor progress.</p>	<p>WAST</p> <p>WAST</p>
11	<p><b>FINANCE REPORT</b></p> <p>Members received the monitoring report on finance which was submitted to the Welsh Government. In presenting the report, Kendal Smith explained that the report forecast was of breakeven position.</p> <p>A short discussion took place and members noted that the report would need to be developed and refined to be clear regarding the financial assumptions made. Members agreed that a finance report was essential to the Group's work and should include all of the financial information previously discussed.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and the plans to develop the monitoring report as a complete finance report</li> </ul>	<p>Stuart Davies</p>
12	<p><b>LAUNCHPAD</b></p> <p>Members noted that the Launchpad system was currently out of action due to a serious IT issue within WAST.</p> <p>Members expressed concern regarding the loss of the service as this was extensively used on a daily basis within the service.</p> <p>Members <b>NOTED</b> the position of the Launchpad service.</p>	

	<p><b>Action:</b> The WAST team were asked to provide a response to Stephen Harray outlining the timescale for the restoration of the service as soon as possible. A letter would be sent to the Chief Executive of WAST requesting a formal update as soon as possible.</p>	WAST
13	<p><b>DRAFT EASC MANAGEMENT GROUP ANNUAL REPORT 2019-2020</b></p> <p>The draft EASC Management Group Annual Report was received. Gwenan Roberts explained that it was a requirement for the Group to provide an annual report to the EAS Committee to comply with the Standing Orders. Members noted that the report would outline the membership, attendance, areas received by the group and the reporting mechanism to the Joint Committee. Members were also asked to complete the 'Effectiveness Survey'.</p> <p>Following discussion, on the suggestion of Chris Turner the Group agreed to complete the effectiveness survey together rather than individually at the next meeting. Members noted that attendance had been fluid over the last year and agreed to confirm the named representative for each health board and the nominated deputy to mirror the arrangements for the Joint Committee.</p> <p>Members discussed the highlight report to briefly outline to the EAS Committee of the key items discussed at the Management Group. It was agreed to use the highlight report at the next EAS Committee in March and receive feedback whether it would be helpful.</p> <p>Members noted the report and the requirement to submit the report before the end of June; a further iteration would be received at the next meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and the plans for the Annual Report and <b>AGREED</b> the use of the highlight report.</li> </ul>	<p>Gwenan Roberts</p> <p>Gwenan Roberts</p>
14	<p><b>FORWARD LOOK</b></p> <p>Members received the forward look for the Group. Members were offered the opportunity to forward any additional items prior to the next meeting.</p>	Chair

	<p>It was agreed that the Implementation plan of the Demand and Capacity Review would be the key agenda item at future meetings.</p> <p>The WAST Major Trauma Readiness Assessment would also be a standing agenda item for the foreseeable future.</p>	
15	<p><b>Review of the EAS Committee issues for the Management Group</b></p> <ul style="list-style-type: none"> <li>• Integrated performance dashboard – presentation received and actions agreed</li> <li>• Implementation Demand &amp; Capacity Review – information received, discussion and plans for more specific information at future meetings</li> <li>• RED calls and clinical outcomes -</li> <li>• Serious Adverse Incidents – agreed that WAST would produce a detailed report at future meetings</li> <li>• WAST IMTP and EASC IMTP agreed that the delivery plans would form a key role for the group.</li> </ul>	
<b>AOB</b>		
16	<p><b>Major Trauma – WAST Readiness Assessment</b></p> <p>It was agreed that this item would be added to the standing agenda items and would be discussed at the next meeting.</p>	Gwenan Roberts
<b>Future Meetings – Bi monthly</b>		
17	<p>Date of next meeting – 23 April 2020</p> <p>NCCU, Unit 1, Charnwood Court, Parc Nantgarw, Cardiff CF15 7QZ</p>	<p>SH</p> <p>All</p>

**Non-Emergency Patient Transport Services  
Delivery Assurance Group  
(NEPTS DAG)**

**Minutes/Action(s)**

**Friday 7 February 2020  
10:00am to 12:00pm**

**Venue: NCCU, 1 Charnwood Court, Nantgarw, CF15 7QZ**

**Attendees:**




James Rodaway – NCCU (JR) (Chair)	Nicola Bowen – WAST (NB)
Jonathan Jones – NCCU (JDJ)	Sharon Brown – WAST (SB)
Andrew Quarrell – PTHB (AQ)	Jeff O’Sullivan – Velindre (JoS)
Joanne Jones – SBUHB (JJ)	Melanie Wilkey – CVUHB (MW)
Phill Taylor – WAST (PT)	Mark Harris – WAST (MH)
Aaron Evans – WAST (AE)	Beth Roberts – WAST (BR)
James Haley – WAST (JH)	Karl Hughes – WAST (KH)
Jo Williams – WAST (JW)	Wayne Lewis – CTMUHB (WL)
Julie Keegan – CTMUHB (JK)	Olivia Barnes – WAST (OB)
Leanne Hawker – WAST (LH)	Katie Jones – NCCU (KJ)
Andrew Walsh – ABUHB (AW)	
Via Video Conferencing	
Susan Spence – WHSSC (SS)	Anita Owen – WAST (AO)


**Apologies Received:**


Doug Robb – WAST (DR)	Colin McMillian – CVUHB (CM)
Lyndon Powell – WAST (LP)	Deb Kingsbury – WAST (DK)
Debra Fry – NCCU (DF)	


**Acronyms:**

ABUHB	Aneurin Bevan University Health Board
CHC	Community Health Council
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
EMS	Emergency medical services
HCP	Health care professional
NEPTS DAG	Non-emergency patient transport service Delivery and Assurance Group
NCCU	National Collaborative Commissioning Unit
PECI	Patient engagement and community involvement
PTHB	Powys Teaching Health Board
SBUHB	Swansea Bay University Health Board
WAST	Welsh Ambulance Services NHS Trust
WHSSC	Welsh Health Specialised Services Committee
WTE	Whole time equivalent


Item	Agenda	Actions / Comments	Further comments	Attachments
1.	<b>Welcome, Introductions &amp; Apologies</b> James Rodaway (Chair) welcomed all to the meeting and all present introduced themselves.			
<b>Action Notes of last meeting</b>				
2.	<b>Accuracy and progress against action notes</b>	<ul style="list-style-type: none"> <li>Minutes confirmed as accurate (Attachment: Item 1) [JJ 7.2.20]</li> </ul>		<b>Item 1:</b>  NEPTS DAG minutes 03 12 19.docx
<b>Patient Experience</b>				
3.	<b>WAST Patient Experience across the 5 Steps</b>	<ul style="list-style-type: none"> <li>NEPTS DAG Members welcomed Leanne Hawker to the meeting. LH discussed the proposed model (Attachment: Item 2) for capturing patient experience using the National Framework for Assuring Service Users Experience (2018). Currently undertaken for EMS across the 5 steps framework so would be looking to follow the same approach for NEPTS. <b>ACTION: LH to share 5 steps model for EMS with DAG members</b></li> <li>Previously used 'Happy or Not' however the data did not provide enough clarity. The ambition is to set in 'real time' and use the data to drill down to the real issues in order to get true value.</li> <li>MH to work with LH &amp; PECI Team to work through details and provide DAG members with regular feedback through reporting mechanisms via DAG. <b>ACTION: MH &amp; LH to provide update at the next DAG</b></li> <li>Patient Questionnaire to go live in March 2020 <b>ACTION: LH to share draft survey ahead of go live date in March.</b></li> </ul>	5 Step Model for EMS included (Attachment: Item 3) [JJ 13.2.20]	<b>Item 2:</b>  Patient Experience Proposal.docx  <b>Item 3:</b>  5 steps A4 (003).pptx
<b>NEPTS Quality &amp; Delivery Framework</b>				

4.	<p><b>a) 1% A Healthier Wales Transport Solutions</b></p> <p>- Progress to date</p>	<ul style="list-style-type: none"> <li>• Good progress being made with Transport Solutions: <ul style="list-style-type: none"> <li>○ Dedicated Work streams in place (Pre-contact, Contact, Analysis &amp; Review, Alternative Provision) all with a clear audit trail and robust reporting mechanisms. <b>ACTION: Summary of Workstreams to be sent to DAG members</b></li> <li>○ Regular updates to be provided to DAG members and EASC Joint Committee. <b>ACTION: JR to update EASC Joint Committee in March 2020 on current progress and request clarification from all Chief Executives as to the 'needs' from each Health Board.</b></li> <li>○ Internal Steering Group set up. <b>ACTION: Health Board representatives are invited to join the Steering group. Please email Sharon Brown if you wish to join: (<a href="mailto:Sharon.Brown4@wales.nhs.uk">Sharon.Brown4@wales.nhs.uk</a>)</b></li> <li>○ Group 1 looking at the key messages and developing communication plan. <b>ACTION: OB &amp; MH to share Communication &amp; Engagement plan and key messages at the next DAG (March'20)</b></li> </ul> </li> <li>• The Future Model will be rolled out to deliver Welsh Health Circular in full and to deliver improvements in line with Commissioning Intentions 2019/20. This will involve direct engagement with Welsh Government, CHC, and Executive Boards etc.</li> <li>• Overall aim to introduce a pan wales approach as each Health Board works slightly different. This will be in line with the NEPTS Business Case</li> <li>• Risk &amp; Impact assessments will be undertaken and form part of the Internal Steering Group.</li> <li>• MH gave update on progress with Group 2 (Attachment: Item 5). Patient Passport Scheme is being rolled out to establish eligibility and to improve</li> </ul>	<p>Work stream summary enclosed (Attachment: Item 4) [JJ 13.02.20]</p> <p>Joanne Jones (SBUHB) has offered to join the steering group. Other HB representatives also welcome [JJ 13.02.20]</p>	<p><b>Item 4:</b></p>  <p>Transport Solutions - Group Summary.doc</p>
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	<p>booking processes. The new process will be rolled out in two phases:</p> <ul style="list-style-type: none"> <li>○ Phase 1 – Direct patient contact</li> <li>○ Phase 2 – HCP Contact</li> </ul> <ul style="list-style-type: none"> <li>• Concerns were raised by DAG members regarding: <ul style="list-style-type: none"> <li>○ Terminology of 'passport' as a number of provisions are already in place within Health Boards using this terminology. <b>ACTION: MH &amp; AO to change terminology for Passport Scheme</b></li> <li>○ Avoiding duplication of work &amp; not to be a repetitive process for patients accessing the scheme. <b>ACTION: MH to provide clarity at next DAG around new process taking on board comments raised.</b></li> </ul> </li> <li>• Through the DAG, it will ensure that all Health Boards are kept informed on progress updates, and it will be an open and transparent process as we move towards a dedicated Transfer &amp; Discharge Service. Being able to model the benefits will provide assurance to front line staff and drive forward service improvements.</li> <li>• Internal working groups set up and in progress. <ul style="list-style-type: none"> <li>○ Reduce on the day cancellations</li> <li>○ Reduce on the day aborts</li> <li>○ Reduce on the day bookings</li> </ul> <b>ACTION: Highlight reports to be presented at next DAG</b> </li> </ul>		<p><b>Item 5:</b></p>  <p>Transport Solutions Project - Group 2 up</p>
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5.	<b>QlikSense Demonstration</b>	<ul style="list-style-type: none"> <li>QlikSense data was well received and DAG members thanked AE &amp; BR for the demonstrations. All members agreed to utilise the data at Tier 2 &amp; 3 meetings to identify where we can work together to reduce failed discharges, abortions &amp; cancellations.</li> <li>Important to feedback to EASC joint committee and include the data in summary reports. <b>ACTION: JR to link with AE to develop Performance report for EASC.</b></li> <li>JJ suggested it would be beneficial (especially for Tier 3 meetings) for Operational Managers to provide regular reports / handouts for the meeting to drill down to specific problem areas. <b>ACTION: AE to speak to operational colleagues to draft reports/handouts for each meeting.</b> <b>ACTION: AE to share example of reports used in Hywel Dda</b></li> <li>New Performance Measures Framework report agreed with WAST Management Group. <b>ACTION: MH to roll out to all Tier 3 meetings and share with DAG members</b></li> </ul>	Example reports used in Hywel Dda (Attachment: Item 6)	<b>Item 6:</b>  Carmarthen NEPTS Report Nov 2019 to
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### Tier 2 & 3 Meetings

6.	<b>Health Board current and future plan</b>	<ul style="list-style-type: none"> <li>NB thanked DAG members for providing up to date lists of Tier 2 &amp; 3 meetings held within their respective areas (Attachment: Item 7) as these meetings are needed in order to support the delivery of the joint work within the Commissioning Intentions. <b>ACTION: Health Board representatives are asked to contact their Local Operational Managers and develop an action plan &amp; schedule meetings for the next 12 months. Once confirmed please forward to <a href="mailto:Jonathan.Jones6@wales.nhs.uk">Jonathan.Jones6@wales.nhs.uk</a></b></li> </ul>		<b>Item 7:</b>  Carmarthen NEPTS Report Nov 2019 to
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### Transfer of Work

7.	Update on current progress	<ul style="list-style-type: none"> <li>Overall aim to improve confidence in the system and identify fears and anxieties. Benefits realisation captured on Air table and updated as transfers are completed. For the Health Boards that have transferred across, positive feedback received to date with no issues reported.</li> </ul> <p><u>Aneurin Bevan updates:</u></p> <ul style="list-style-type: none"> <li>'Go Live' date of 1<sup>st</sup> April. Currently liaising with finance teams over WTE figures but positive progress made to date.</li> </ul> <p><u>Cwm Taf Morgannwg updates:</u></p> <ul style="list-style-type: none"> <li>Currently awaiting Princess of Wales data. <b>ACTION – WL &amp; JK to support</b></li> </ul> <p><u>Powys updates:</u></p> <ul style="list-style-type: none"> <li>'Go Live' date of 1<sup>st</sup> April. Currently liaising with finance teams over what the final figure for in &amp; out of scope. Transfer documents &amp; communication plan produced to show complete transparency. Positive progress made to date.</li> </ul> <p><u>Betsi updates:</u></p> <ul style="list-style-type: none"> <li>No further progress updates to date. Further discussions to take place.</li> </ul> <ul style="list-style-type: none"> <li>NB wanted to thank DAG members for the level of support they, and their teams, have throughout the whole Transfer of Work process.</li> <li>At the last DAG (December'19) members were made aware of an External Audit being undertaken by Shared Services around the Transfer of Work. All documentation has been submitted and currently awaiting feedback.</li> </ul>		
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## Radiopharmaceuticals

8.	<b>New procedure for booking &amp; transporting patients from 1 April</b>	<ul style="list-style-type: none"> <li>Proposed changes for a new procedure for booking and transporting patients who may have received nuclear meds will be in place from April 1<sup>st</sup>. Documentation (Attachment: Item 8) <b>ACTION: Health Board representatives to share with Health Board Contacts and Leads.</b></li> <li>Supported by Julian McDonald, the proposed changes are evidence based, and all risk assessments etc. have been undertaken. Health Board colleagues should already be aware of the changes following discussions with medical colleagues, welsh government etc.</li> <li>700,000 patients conveyed in the last 12 months – additional 100,000 journeys were aborted (Attachment: Item 9). Majority 'C6 Patients'</li> <li>Concerns were raised by DAG members of stopping the 'Wait &amp; Return' process without having a transition plan in place. Request were made to urgently look into clinic hot spots and wish for further joint discussions to take place before changes are made. <b>ACTION: KH to provide report on all Health Boards 'Hot Spots' by end of February to support.</b> <b>ACTION: KH &amp; MH to liaise with Health Boards to take forward</b></li> </ul>	To become standard agenda item [JJ 14/2/20]	<p><b>Item 8</b></p>  <p>WALES NUCLEAR MEDICINE Ambulanc</p> <p><b>Item 9</b></p>  <p>wait and return 2019 v2.pptx</p>
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AOB



**Non-Emergency Patient Transport Services  
Delivery Assurance Group  
(NEPTS DAG)**

**Minutes/Action(s)**

**Friday 24<sup>th</sup> April 2020  
10:30am to 12:00pm**

**Attendees (Via Audio Conference):**



James Rodaway (JR) – NCCU	Jonathan Jones (JDJ) – NCCU
Debra Fry (DF) – NCCU	Mark Harris (MH) – WAST
Hugh Bennett (HB) – WAST	Gareth Skye (GS) – HDUHB
Andrew Walsh (AW) – ABUHB	Geraint Farr (GF) – BCUHB
Gillian Milne (GM) – BCUHB	Aaron Evans (AE) – WAST
Joanne Rees-Thomas (JRT) – WAST	Arwyn Thomas (AT) – WAST
Melanie Wilkey (MW) – CVUHB	Joanne Jones (JJ) – SBUHB
Joseph Lewis (JL) – WAST	Susan Spence (SS) – WHSSC
Olivia Barnes (OB) – WAST	Jeff o Sullivan (JS) – Velindre
Lyndon Powell (LP) – WAST	

**Apologies Received:**

Steve Bonser (SB) – ABUHB	Julie Keegan (JK) – CTMUHB
Wayne Lewis (WL) – CTMUHB	

**Acronyms:**

ABUHB	Aneurin Bevan University Health Board
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CVUHB	Cardiff and Vale University Health Board
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NEPTS DAG	Non-emergency patient transport service Delivery and Assurance Group
NCCU	National Collaborative Commissioning Unit
PTHB	Powys Teaching Health Board
SBUHB	Swansea Bay University Health Board
WAST	Welsh Ambulance Services NHS Trust
WHSSC	Welsh Health Specialised Services Committee

Item	Agenda	Actions / Comments	Further comments	Attachments
1.	<b>Welcome, Introductions &amp; Apologies</b> (Chair) welcomed all to the meeting and all present introduced themselves. Apologies received from staff listed above.			
<b>COVID-19 NCCU</b>				
2.	<b>NCCU updates to include:</b> a) Update on current position b) Welsh Government Guidance	<p>JR expressed his thanks to all Health Board &amp; WAST colleagues during this busy and extraordinary time. There is a strong wiliness to work together collaboratively to address any challenges and support the new way of working.</p> <p>NCCU (Chris Moreton) is working closely with colleagues in the FDU in relation to monitoring Health Board returns (finance expenditure) alongside Health Board Gold Plans during the pandemic, which are progressing at a fast pace.</p> <p>Guidance from Welsh Government (Attachment 1) was discussed confirming WAST will coordinate all non-emergency patient transport across Wales under the plurality model during the COVID-19 emergency response and to ensure there is capacity to support the patient movement requirements (for further details see Attachment 2).</p> <p>No issues or concerns raised around the guidance provided by Welsh Government. However it was requested that if there were any concerns by Health Boards to please feedback through the DAG forum and we can collaboratively work through any concerns and issues you may have with WAST, NCCU &amp; planning colleagues.</p>		<div> 20200417 - AS letter to HB COOs re COVI</div> <div><b>Attachment 1 – HB Letter</b></div> <div> covid-19-non-emergency-patient-transp</div> <div><b>Attachment 2 – Patient Transport Requirements</b></div>
<b>COVID-19 WAST</b>				
3.	<b>WAST updates to include:</b>  a) Changes over the last few weeks b) Update on current position	<p>MH also expressed his thanks to all Health Board &amp; WAST colleagues.</p> <p>Overall activity has reduced (This time last year 39,000 journeys, this year 19,000) which is a significant change to the way NEPTS operates. Priorities centred around supporting Discharge &amp; Transfers, Renal &amp; Oncology and priority Outpatients.</p> <p>One notable concern is the loss of the volunteer cars drivers (Last Year 20%, currently working at 6%) due to being in the high risk / vulnerable category. Loss in some areas from around 40-60 volunteers down to single figures, which is causing some slight issue.</p>	DAG members were asked to consider all information discussed and share back with Health Board Colleagues. NEPTS Transport looks very different to how it looked beginning of the year but with continued collaboration we can	

		<p>Overall performance is strong and maintaining:</p> <ul style="list-style-type: none"> <li>• Outward Journeys ↑ 12%</li> <li>• Overall Discharges ↓ 2%</li> <li>• Renal (arriving &lt; 30 mins) ↑ 4%</li> <li>• Renal outward journeys (leaving &lt; 30 mins after appointment) ↑ 9%</li> <li>• Oncology (arriving &lt; 30 mins) ↑ 6%</li> <li>• Oncology (leaving &lt;30 mins after appointment) ↑ 20%</li> </ul> <p>Key updates from NEPTS include:</p> <ul style="list-style-type: none"> <li>• NEPTS staff (including Renal Hub) have been redeployed to support in different roles e.g. Logistics around PPE to ensure all staff and providers have the necessary equipment.</li> <li>• NEPTS staff have been trained in Level 3 PPE (on top of the Level 2 training already received)</li> <li>• New Covid-19 procedures developed to support</li> <li>• New rosters being introduced and changes made to the Bed desk to deal with the increase in the number of transfers (to include field hospitals) to manage capacity.</li> <li>• Day to day linking with Military planners</li> <li>• 14% staff currently off work: <ul style="list-style-type: none"> <li>○ 7% shielding for 12 weeks</li> <li>○ 7% symptoms and/or self-isolating</li> </ul> </li> <li>• Decision to extend Renal reimbursement scheme with immediate effect to patients with own transport. Currently 150 patients have taken this up which is helping to reduce the strain on the system. SS also expressed thanks on behalf of the renal network r.e reimbursement and said that the Reimbursement scheme to be reviewed post covid-19 to ensure equity but also to consider other groups moving forward.</li> <li>• Additional / spare capacity will be used to support Renal &amp; Oncology patients and the rest will go directly to the field hospitals as they go live.</li> <li>• Uncertainty around health boards returning to 'business as usual' and what this will look like in terms of Social Distancing. <b>ACTION: Health Boards to link directly with WAST Colleagues on a regular basis</b></li> <li>• Agreement with St Johns to continue support, including support for field hospitals.</li> <li>• WAST exploring options for Community support vehicles</li> </ul>	<p>continue to meet demand, understand where we are and how to support those who need it most. <b>ACTION: MH to share slide pack containing all changes</b></p>	
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		<p>Covid-19 has had a significant impact on vehicles:</p> <ul style="list-style-type: none"> <li>• Number of vehicles have now been fitted with Perspex screens (additional 35 scheduled over the next few weeks)</li> <li>• Double Crews – no more than 2 person(s)</li> <li>• Car – no more than 1 person</li> <li>• Suspected Covid – only travel by ambulance (no more than 1 person)</li> <li>• In the process of obtaining newly commissioned vehicles, but also keeping the decommissioned vehicles (still in full working order) to fall back on should capacity increase.</li> </ul> <p><u>Changes to bookings</u> During these unprecedented times, there will be a temporary change to the booking procedures. All bookings will continue to be taken, with no blockage / impact to patients. However all bookings will be confirmed 3 days prior to travel for all bookings to ensure the right resources are available. This change is for outpatient appointments only and will not affect discharges and transfers. <b>ACTION: MH to write out to Health Boards to confirm changes.</b></p> <p><u>PPE</u> MH confirmed that the guidelines are clear that all staff should wear Level 2 PPE and renal patients should be offered level 2. At present there are no issues around availability of PPE but if staff are concerned please raise with your WAST Colleagues.</p>		
<b>COVID-19 Health Board</b>				
<b>4.</b>	<p><b>Health Board updates to include:</b></p> <p>a) Surge Hospitals b) Current plans</p>	<p><u>Aneurin Bevan</u></p> <ul style="list-style-type: none"> <li>• Postponement of the early opening of GUH due to sufficient capacity across the current system.</li> <li>• Currently working towards trying to move towards 'Business as Usual'</li> <li>• Decontamination areas set up across hospital sites, including Ysbyty Ystrad Fawr (YYF)</li> </ul> <p><u>Betsi Cadwaladr</u></p> <ul style="list-style-type: none"> <li>• Relooking at numbers due to modelling changes</li> <li>• Still forecasting use of field hospitals, but current capacity is good at all 3 sites</li> <li>• Facilities set up at all field hospital sites, including decontamination areas</li> </ul>	JR wishes to thank all Health Boards (and WAST) colleagues in the collaborative approach and ensuring everything is be open and transparent	

		<p><u>Cardiff &amp; Vale</u></p> <ul style="list-style-type: none"> <li>• Dragon Heart hospital to start taking patients w/c 27<sup>th</sup> April although currently sufficient capacity across the system.</li> <li>• Concerns around what 'Business as usual' will look like when things get back to normal. MW expressed the need for early engagement to support.</li> <li>• Joint consensus to reflect on the new arrangements and what incentives will be taken forward into the 'new world'</li> </ul> <p><u>Cwm Taf Morgannwg</u> No representation – apologies sent from JK and WL</p> <p><u>Hywel Dda</u></p> <ul style="list-style-type: none"> <li>• 9 field hospitals available</li> <li>• Currently good capacity across the system (55% occupancy)</li> <li>• Llanelli will open as planned but the rest are on hold until future discussions take place and monitoring of the situation</li> </ul> <p><u>Powys</u> No representation</p> <p><u>Swansea Bay</u></p> <ul style="list-style-type: none"> <li>• 2 field hospitals available <ul style="list-style-type: none"> <li>◦ LLandarcy to open 4/5/2020</li> <li>◦ Bay – no confirmed date</li> </ul> </li> <li>• Occupancy good across the hospital sites</li> <li>• 'Business as Usual' – Aim to start exploring opening surgical and normal activity, no confirmed date as yet</li> </ul> <p><u>Velindre</u></p> <ul style="list-style-type: none"> <li>• Drop in overall activity</li> <li>• Outpatients repatriated – all centred</li> <li>• Radiotherapy fairly static</li> <li>• Increased inpatient capacity (30 beds to 47 beds)</li> <li>• Acute oncology capacity</li> <li>• Moving towards 'Business as Usual' depends on Health Board Plans but remains fairly fluid</li> </ul>		
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AOB				
5.	Scheduled Meetings	Joint consensus from DAG members to hold more regular meetings during the current pandemic to share information and to discuss any concerns / issues they may have. Proposed fortnightly meetings for 1 hour via skype / audio conference with agenda to include surge hospitals and 'Business as usual' plans. <b>ACTION: JDJ &amp; DF to arrange</b>	DAG members encouraged to raise any concerns or issues through the DAG forum.	
Next Meeting				
<b>Tuesday 12<sup>th</sup> May – 10:30 til 11:30</b>  <b>Virtual – NEPTS DAG</b>  <b>Agenda and Conference Details to follow.</b>				

**Non-Emergency Patient Transport Services  
Delivery Assurance Group  
(NEPTS DAG)**

**Minutes/Action(s)**

**Tuesday 12<sup>th</sup> May 2020  
10:30am to 11:30am**

**Attendees (Via Audio Conference):**




<b>National Collaborative Commissioning Unit (NCCU)</b>	Debra Fry (DF) – NCCU
	Gwenan Roberts (GR) – NCCU
	James Rodaway (JR) – NCCU <b>[Chair]</b>
	Jonathan Jones (JDJ) – NCCU
<b>Welsh Ambulance Service Trust (WAST)</b>	Aaron Evans (AE) – WAST
	Arwyn Thomas (AT) – WAST
	Joanne Rees-Thomas (JRT) – WAST
	Jo Williams (JW) – WAST
	Lyndon Powell (LP) – WAST
	Mark Harris (MH) – WAST
	Olivia Barnes (OB) – WAST
	Phill Taylor (PT) – WAST
<b>Health Boards / Trusts / Committee</b>	Andrew Walsh (AW) – ABUHB
	Gareth Hughes (GH) – ABUHB
	Steve Bonser (ST) – ABUHB
	Gillian Milne (GM) – BCUHB
	Meinir Williams (MW) – BCUHB
	Wayne Lewis (WL) – CTMUHB
	Melanie Wilkey (MW) – CVUHB
	Jeff o Sullivan (JS) – Velindre
	Susan Spence (SS) – WHSSC

**Apologies Received:**

James Houston (JH) – WAST	Joanne Jones (JJ) – SBUHB
Andrew Quarrell (AQ) – PTHB	

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Item	Agenda	Actions / Comments	Further comments	Attachments
1.	<b>Welcome, Introductions &amp; Apologies</b> (Chair) welcomed all to the meeting and all present introduced themselves. Apologies received from staff listed above.			
Action Notes of Last Meeting				
2.	<b>Accuracy and progress against action notes</b>	<ul style="list-style-type: none"><li>Minutes confirmed as accurate (<i>Attachment: Item 1</i>) [JDJ 12.5.20]</li><li>NEPTS update from last meeting shared by MH (<i>Attachment: Item 2</i>)</li></ul>		<b>Item 1:</b>  NEPTS DAG Minutes_Action Notes <b>Item 2:</b>  nepts dag covid update.pptx
COVID-19: NCCU & WAST Updates				
3.	<b>a) NCCU updates:</b> <ul style="list-style-type: none"><li>Update on current position</li><li>Next Steps</li></ul> <b>b) WAST updates to include:</b> <ul style="list-style-type: none"><li>Update on current position</li><li>Next Steps</li></ul>	<ul style="list-style-type: none"><li>JR &amp; MH both expressed their thanks to all Health Board &amp; WAST colleagues during this busy and extraordinary time.</li></ul> <b>WAST Update:</b> <ul style="list-style-type: none"><li>Slide pack shared with the group providing NEPTS progress update (<i>Attachment: Item 3</i>)</li><li>Over 80 Covid+ patients conveyed per day in April and continuing through May. However overall activity levels remain flat.</li><li>Number of WAST Colleagues with Covid symptoms reducing, but still around 7% in the shielded group.</li><li>To ensure the safety of staff and patients, changes to the PNA/Allocation processes are needed for suspected covid patients:<ul style="list-style-type: none"><li>All bookings will be accepted if made within a 4 day window prior to travel</li><li>Call centres will be open Saturdays to support</li></ul></li></ul>		<b>Item 3:</b>  3. NEPTS DAG covid update - May 12 20.ppt

		<ul style="list-style-type: none"> <li>○ Call centre escalation levels in place for suspected covid patients through Team Leaders prior to bookings</li> <li>○ Escorts will only be for children and where medical need for a clinician to travel</li> <li>○ Renal patients process to be managed through a separate process in the hub</li> <li>○ Shielded patients will be attempted to be planned separately but advised prior to travel if not possible</li> <li>○ Proposed go live date 26<sup>th</sup> May – pending internal clinical / TPT approval.</li> </ul> <ul style="list-style-type: none"> <li>• WAST Operational Managers will be in touch with all Health Board representatives to ensure no patients are left isolated / effected due to the changes being made. <b>ACTION: MH to write formally to Health Boards to confirm changes</b></li> <li>• Requests were made by Health Board representatives for WAST guidelines for PPE to ensure the necessary arrangements can be made for ward staff to prepare patients for travel. <b>ACTION: MH to send through WAST guidelines based on National guidance.</b></li> <li>• WAST Intelligence Group are meeting daily to monitor surge capacity &amp; gather local intelligence from health boards, supported by modelling capacity.</li> <li>• Field Hospitals are mainly on hold at present, however if the situation changes, all spare capacity within NEPTS will go to support the field hospital sites as appropriate.</li> </ul> <p><b>NCCU Update:</b></p> <ul style="list-style-type: none"> <li>• Post Covid-19 plans are starting to develop, but transport planning needs to be front and centre. Requests were made by all to engage early with WAST colleagues in relation to 'Business as Usual' plans to ensure robust plans can be put in place. <b>ACTION: Health Board representatives to use the DAG forum to develop plans and link directly to WAST Operational Staff.</b></li> </ul>		
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COVID-19: Health Board				
4.	<p><b>a) Health Board updates to include:</b></p> <ul style="list-style-type: none"> <li>○ Update on current position (including field hospitals)</li> <li>○ Business as Usual developments</li> </ul>	<p><b>Aneurin Bevan UHB</b></p> <ul style="list-style-type: none"> <li>○ Postponement of the early opening of GUH due to sufficient capacity across the current system. Now aiming towards October 2020 opening, unless capacity needed.</li> <li>○ Currently working towards 'Business as Usual' with further conversations to take place later today with ABUHB Executives.</li> <li>○ Seeing a drop in Covid Numbers with plans in development for de-escalation of Red areas. However starting to see an increase in Non-Covid presentations</li> </ul> <p><b>Betsi Cadwaladar UHB</b></p> <ul style="list-style-type: none"> <li>○ Clinical model in development</li> <li>○ 3 x field hospitals now set up ready for use, but current capacity is good at all 3 sites so plans on hold at present</li> <li>○ Aim to start looking at re-establishing some non-covid activity across the health board.</li> <li>○ Expected to hit Covid peak in next 2 weeks.</li> <li>○ Flow issues of patients impacted due to the reluctance within care homes amongst the current pandemic. Working closely with partners to resolve this.</li> <li>○ Capacity in Community Hospitals to support patient flow.</li> </ul> <p><b>Cardiff &amp; Vale UHB</b></p> <ul style="list-style-type: none"> <li>○ Dragon Heart Hospital open and operational. Currently used as a Step Down facility.</li> <li>○ Business as Usual plans being drawn up with the aim of using different part of the hospital to bring online non-covid activity.</li> <li>○ <b>ACTION: MW to ensure WAST colleagues are involved in all planning.</b></li> </ul> <p><b>Cwm Taf Morgannwg UHB</b></p> <ul style="list-style-type: none"> <li>○ Vale Field Hospital ready to go. Bridgend approximately 1/52 of further work needed. At present, the additional capacity is not required. However it is suggested that Bridgend would be the first field hospital used.</li> <li>○ CTMUHB Transport Model has now been signed off</li> <li>○ Business as Usual plans being drawn up with discussions already taking place with WAST to manage expectations</li> </ul>		

		<p>with reduced capacity.</p> <p><b>Hywel Dda UHB</b></p> <ul style="list-style-type: none"> <li>○ No representation</li> </ul> <p><b>Powys THB</b></p> <ul style="list-style-type: none"> <li>○ No representation, apologies received from AQ who will be unable to attend DAG's for the foreseeable due to redeployment to support Covid activity but will share all documentation and information to PTHB colleagues.</li> </ul> <p><b>Swansea Bay UHB</b></p> <ul style="list-style-type: none"> <li>○ No representation – apologies received from JJ</li> </ul> <p><b>Velindre</b></p> <ul style="list-style-type: none"> <li>○ No further changes since last DAG</li> <li>○ Outpatients activity scaled down but seeing an increase in Outreach numbers</li> <li>○ Currently in the advance stages of recovery planning, including exec level meetings</li> </ul> <p><b>WHSCC</b></p> <ul style="list-style-type: none"> <li>○ No further changes since last DAG</li> <li>○ SS expressed thanks to WAST for the ongoing support and the provision of masks for Renal patients</li> </ul>		
<b>Innovations &amp; Changes</b>				
<b>5.</b>	<p><b>Lessons Learnt</b></p> <ul style="list-style-type: none"> <li>• Covid related innovations /changes to sustain</li> </ul>	<ul style="list-style-type: none"> <li>• Important to use this opportunity to develop the insights, innovations and changes made due to Covid-19. Keen to build and sustain the learning and we can take forward post covid.</li> <li>• DAG representatives were asked to document all learning opportunities and changes to services. <b>ACTION: JR &amp; JDJ to link with DAG members to capture the learning and insights</b></li> </ul>		
<b>AOB</b>				
<b>6.</b>	Business Partners WAST	<ul style="list-style-type: none"> <li>• WAST Colleagues are working with Health Board representatives to collaboratively work together to drive forward changes and ensure robust delivery of service provisions. DAG members were encouraged to link directly</li> </ul>		

		<p>with their local WAST Business Partners in relation to all service changes and activity:</p> <ul style="list-style-type: none"> <li>○ South East Region – Deborah Kingsbury</li> <li>○ North Region – Jo Williams</li> <li>○ Central &amp; West – James Houston</li> </ul>		
<b>Next meeting</b>				
<p>Tuesday 26<sup>th</sup> May – 12:00pm til 13:00pm</p> <p>Virtual – NEPTS DAG</p> <p>Agenda and Conference Details to follow.</p>				

**Non-Emergency Patient Transport Services  
Delivery Assurance Group  
(NEPTS DAG)**

**Minutes/Action(s)**

**Tuesday 26<sup>th</sup> May 2020  
12:00pm to 13:00pm**

**Attendees (Via Audio Conference):**


<b>National Collaborative Commissioning Unit (NCCU)</b>	Debra Fry (DF) – NCCU
	James Rodaway (JR) – NCCU <b>[Chair]</b>
	Jonathan Jones (JDJ) – NCCU
<b>Welsh Ambulance Service Trust (WAST)</b>	Aaron Evans (AE) – WAST
	Arwyn Thomas (AT) – WAST
	Karl Hughes (KH) – WAST
	Lyndon Powell (LP) – WAST
	Mark Harris (MH) – WAST
	Olivia Barnes (OB) – WAST
	Phill Taylor (PT) – WAST
<b>Health Boards / Trusts / Committee</b>	Andrew Walsh (AW) – ABUHB
	Gillian Milne (GM) – BCUHB
	Wayne Lewis (WL) – CTMUHB
	Gareth Skye (GS) – HDUHB
	Joanne Jones (JJ) – SBUHB
	Jeff o Sullivan (JS) – Velindre
	Susan Spence (SS) – WHSSC

**Apologies Received:**

Steve Bonser (SB) – ABUHB	Hugh Bennett (HB) – WAST
Melanie Wilkey (MW) – CVUHB	Julie Keegan (JK) – CTMUHB
Deborah Kingsbury (DK) – WAST	Amanda Williams (AW) – WAST
Andrew Quarrel (AQ) – PTHB	

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WHSSC	Welsh Health Specialised Services Committee

Item	Agenda	Actions / Comments	Further comments	Attachments
1.	<b>Welcome, Introductions &amp; Apologies</b> (Chair) welcomed all to the meeting and all present introduced themselves. Apologies received from staff listed above.			
Action Notes of Last Meeting				
2.	<b>Accuracy and progress against action notes</b>	<ul style="list-style-type: none"><li>Minutes confirmed as accurate (<i>Attachment: Item 1</i>) [JDJ 27.5.20]</li><li>Update on Actions:<ul style="list-style-type: none"><li>MH to write out later this week in relation to changes to the booking process and to share with DAG members the PPE Guidance Documentation</li><li>MW confirmed (by email) she had spoken to CVUHB Management team to ensure WAST are kept up to date in relation to Business as Usual activity.</li><li>Innovations/Changes – Health Board plans have now been received by NCCU. <b>ACTION - NCCU team to be in touch with DAG members over the coming weeks to work through the details and share insights and innovations.</b></li></ul></li></ul>		<b>Item 1:</b>   NEPTS DAG minutes_action notes
COVID-19: WAST Updates				
3.	<b>a) WAST updates to include:</b> <ul style="list-style-type: none"><li>Update on current position</li><li>Next Steps</li></ul>	<ul style="list-style-type: none"><li>JR &amp; MH both extended their thanks and continued support to all Health Board &amp; WAST colleagues during this busy and extraordinary time.</li></ul> <b>WAST Update:</b> <ul style="list-style-type: none"><li>Not much change from previous weeks; activity remains reduced across Wales (slightly up for core patients and Renal patients, and reduction in number of transfer &amp; discharges)</li><li>Field Hospitals: Dragon Heart is now open and moving very few patients. Plans on hold at present for opening of further field hospital sites, however this is being constantly reviewed.</li><li>Temporary rosters running in South East and North Wales delivering positive changes to support performance.</li><li>Staff sickness rates improving. Still a high number of staff in the 'Shielding Category'</li><li>Community First Responders (CFR's) are all now trained and are ready to join NEPTS bank operational service over the coming weeks to increase capacity</li></ul>		

		<ul style="list-style-type: none"> <li>• Spike being seen in North Wales (higher than other areas in relation to Covid)</li> <li>• Performance remains stable – Renal inwards work continuing. Ongoing work needed by WAST operational team as people are getting there for appointments too early which is having an impact.</li> <li>• Temporary PNA changes 'Go Live' Date 26<sup>th</sup> May. Call centres open Saturdays and bank holidays now to support 4 day window bookings</li> <li>• Plans for Qtr. 1 &amp; 2 have been submitted to Welsh Government. Focus for NEPTS will be around: <ul style="list-style-type: none"> <li>○ Business As Usual</li> <li>○ Transfer &amp; Discharge requirements supporting Grange.</li> <li>○ Demand &amp; Capacity review.</li> <li>○ Replacement of vehicles continuing.</li> </ul> </li> <li>• It was stated that the remaining Health Boards 'Transfers of work' are on hold at present and not due to be picked back up until Nicola Bowen's post is replaced (also not contained within WAST's the top 10 things confirmed going forward). Discussions to take place urgently to determine implications and to have the conversations with Health Boards as this piece of work is reliant on other factors.</li> <li>• 365 Rollout in progress.MH stated that there would be no difference to the service Health Boards receive, expect they may see different providers. Key dates include: <ul style="list-style-type: none"> <li>○ HDUHB Go Live next week (W/C 1<sup>st</sup> June)</li> <li>○ SBUHB aim for 15<sup>th</sup> June</li> <li>○ South East – aim for July</li> <li>○ Powys – to be confirmed</li> </ul> </li> </ul>		
<b>COVID-19: Health Board</b>				
<b>4.</b>	<b>a) Health Board updates to include:</b> <ul style="list-style-type: none"> <li>○ Update on current position (including field hospitals)</li> <li>○ Business as Usual developments</li> </ul>	<b>Aneurin Bevan UHB</b> <ul style="list-style-type: none"> <li>○ No further updates since last meeting</li> <li>○ Postponement of the early opening of GUH due to sufficient capacity across the current system. Aiming towards November 2020 opening, unless capacity needed.</li> <li>○ Currently working towards 'Business as Usual' with no confirmed dates at present</li> <li>○ Concerns raised around delays around Transfer of Work and will be picked up outside of the group</li> </ul>		

		<p><b>Betsi Cadwaladar UHB</b></p> <ul style="list-style-type: none"> <li>○ No further updates since last meeting</li> <li>○ Aim to start looking at re-establishing some non-covid activity across the health board.</li> <li>○ Currently working towards 'Business as Usual'</li> </ul> <p><b>Cardiff &amp; Vale UHB</b></p> <ul style="list-style-type: none"> <li>○ Apologies received from MW</li> </ul> <p><b>Cwm Taf Morgannwg UHB</b></p> <ul style="list-style-type: none"> <li>○ Both the Vale and Bridgend Field Hospital are set up and ready to utilise. At present, the additional capacity is not required, but this is constantly being reviewed</li> <li>○ CTMUHB Transport Model has now been signed off</li> <li>○ Business as Usual plans being drawn up with discussions already taking place with WAST to manage expectations with reduced capacity.</li> </ul> <p><b>Hywel Dda UHB</b></p> <ul style="list-style-type: none"> <li>○ Steady progress being made with field hospitals. Carmarthenshire Leisure Centre will Go Live 1<sup>st</sup> June. Plan to have 30 non-covid patients to act as a pilot to review model.</li> <li>○ Business as Usual plans being drawn up with Bronze command to bring services back online. No confirmed plans as yet.</li> <li>○ Exploring further options to turn Prince Phillip hospital into a Green Zone to support non-covid activity. Further details to be provided at the next DAG.</li> </ul> <p><b>Powys THB</b></p> <ul style="list-style-type: none"> <li>○ Apologies received from AQ</li> </ul> <p><b>Swansea Bay UHB</b></p> <ul style="list-style-type: none"> <li>○ Both field hospitals will be going into 'dormancy' stage this week. They are set up and ready to utilise, but at present the additional capacity is not required.</li> <li>○ Currently working towards 'Business as Usual' with no confirmed dates at present</li> <li>○ Surgical services being utilised at Singleton Hospital.</li> </ul>		
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**Non-Emergency Patient Transport Services  
Delivery Assurance Group  
(NEPTS DAG)**

**Minutes/Action(s)**

**Tuesday 9<sup>th</sup> June 2020  
12:00pm to 13:00pm**

**Attendees (Via Audio Conference):**



<b>National Collaborative Commissioning Unit (NCCU)</b>	Debra Fry (DF) – NCCU
	Gwenan Roberts – (GR) - NCCU
	James Rodaway (JR) – NCCU <b>[Chair]</b>
	Jonathan Jones (JDJ) – NCCU
<b>Welsh Ambulance Service Trust (WAST)</b>	Arwyn Thomas (AT) – WAST
	Bethan Roberts (BR) - WAST
	Joanne Rees-Thomas (JRT) – WAST
	Jo Williams (JW) - WAST
	Joseph Lewis (JL) - WAST
	Karl Hughes (KH) - WAST
	Mark Harris (MH) – WAST
	Sharon Brown (SB) - WAST
<b>Health Boards / Trusts / Committee</b>	Andrew Walsh (AW) – ABUHB
	Steve Bonser (SB) - ABUHB
	Gillian Milne (GM) – BCUHB
	Melanie Wilkey (MW) - CVUHB
	Gareth Skye (GS) - HDUHB
	Joanne Jones (JJ) - SBUHB
	Jeff o Sullivan (JS) – Velindre

**Apologies Received:**

James Houston (JH) - WAST	Andrew Quarrell (AQ) - PTHB
Gareth Skye (GS) - HDUHB	Susan Spence (SS) – WHSSC
Wayne Lewis (WL) - CTMUHB	



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Action Notes of Last Meeting				
2.	<b>Accuracy and progress against action notes</b>	<ul style="list-style-type: none"><li>Minutes confirmed as accurate (<i>Attachment: Item 1</i>) [JDJ 23.06.20]</li><li>Update on Actions:<ul style="list-style-type: none"><li>EASC Joint Committee Minutes and Chairs Summary shared with the group</li><li>Joint consensus to use Microsoft Teams for future meetings</li><li>WAST &amp; BCUHB colleagues involved in joint discussions to restart services and invited to future meetings</li></ul></li></ul>		<b>Item 1: Highlight Report 23 6 20</b>   2. NEPTS DAG minutes_action notes
Terms of Reference				
3.	<ul style="list-style-type: none"><li>Update June 2020</li></ul>	<ul style="list-style-type: none"><li>Terms of Reference for the NEPTS DAG to be refreshed in line with Annual Review.</li><li>Draft version shared with the group and updated to reflect DAG members comments.</li><li>Draft version will be shared with EASC Joint Committee 14<sup>th</sup> July for sign off</li></ul>		<b>Item 2: NEPTS Terms of Reference V4 Draft</b>   DRAFT NEPTS DAG ToR 2020 v4.docx
COVID-19: NCCU & WAST Updates				
3.	<b>a) NCCU updates to include:</b> <ul style="list-style-type: none"><li>Update on current position</li><li>Next Steps</li></ul> <b>b) WAST updates to include:</b> <ul style="list-style-type: none"><li>Update on current position</li><li>Next Steps</li></ul>	<ul style="list-style-type: none"><li>JR &amp; MH both extended their thanks and continued support to all Health Board &amp; WAST colleagues during challenging times.</li></ul> <b>WAST Updates</b> <ul style="list-style-type: none"><li>Starting to see a noticeable increase in demand with the focus on Transfer &amp; Discharges. (approx. 15% increase) which is increasing pressures across the service as a whole</li><li>Workforce Issues:<ul style="list-style-type: none"><li>50 staff currently shielding (including 10 for Track, Trace, Protect)</li><li>12 staff have been redeployed during Covid</li></ul></li></ul>		

		<ul style="list-style-type: none"> <li>○ Volunteer Drivers numbers are down 120 / 180</li> <li>○ Students have now left</li> <li>○ CFRS are supporting but have limited roles due to training restraints</li> </ul> <ul style="list-style-type: none"> <li>• Temporary PNA changes in place and working. Call centres open Saturdays and bank holidays now to support 4 day window bookings. MH expressed thanks to all Health Boards supporting this changes.</li> </ul>		
<b>COVID-19: Health Board</b>				
<b>4.</b>	<b>a) Health Board updates to include:</b> <ul style="list-style-type: none"> <li>○ Update on current position (including field hospitals)</li> <li>○ Business as Usual developments</li> </ul>	<b>Aneurin Bevan UHB</b> <ul style="list-style-type: none"> <li>○ Activity increasing to almost 'normal' levels – with some Covid related activity</li> <li>○ Julie Poole (ABUHB) &amp; Phill Taylor (WAST) are in joint discussions regarding restarting Outpatient capacity across the system.</li> <li>○ Trauma &amp; Orthopaedic and Surgery specialities have been single sited at Royal Gwent which is having some impact on services.</li> <li>○ Currently engaged in work streams relating to the Grange opening, with a board decision pending mid-July.</li> </ul> <b>Betsi Cadwaladar UHB</b> <ul style="list-style-type: none"> <li>○ No update provided. <b>ACTION: GM to ensure representatives from BCUHB are able to attend future meetings to provide updates on BAU activity.</b></li> </ul> <b>Cardiff &amp; Vale UHB</b> <ul style="list-style-type: none"> <li>○ Services are starting</li> <li>○ Cancer Services continuing to be provided at Spire</li> <li>○ Fracture Clinic to remain at Llandough Hospital.</li> <li>○ Ongoing discussions around changes to Unscheduled Care Services, with the launch of CAV 24-7.</li> <li>○ Currently working with colleagues across the organisation to ensure WAST are involved in all conversations relating to service change to minimise disruption.</li> </ul> <b>Cwm Taf Morgannwg UHB</b> <ul style="list-style-type: none"> <li>○ No representation, apologies received from WL.</li> </ul>		

		<p><b>Hywel Dda UHB</b></p> <ul style="list-style-type: none"> <li>○ No representation, apologies received from GS.</li> <li>○ JRT noted that Carmarthen Surge Site will be going live w/c 29<sup>th</sup> June.</li> </ul> <p><b>Powys THB</b></p> <ul style="list-style-type: none"> <li>○ No representation - Apologies received from AQ</li> </ul> <p><b>Swansea Bay UHB</b></p> <ul style="list-style-type: none"> <li>○ Both field hospitals now into the 'dormancy' stage. They are set up and ready to utilise, but at present the additional capacity is not required. However, the 'Bay' site will be used as a Testing site.</li> <li>○ Concerns raised over communication as a whole throughout the Health Board in relation to service changes / services restarting, which all DAG members agreed was a concern. <b>ACTION: JR to add to EASC Risk Register and raise at EASC Joint committee in order to mitigate the risk.</b></li> <li>○ 'Trial Mock Day' to be set up to monitor and to ensure patient flow. Further details to be provided at the next DAG as no confirmed date at present.</li> <li>○ All Tier 2 &amp; Tier 3 meetings have been cancelled due to Covid but as services restart, there is merit in restarting to maximise information sharing. <b>ACTION: JJ to explore re-opening Tier 2 &amp; 3 meetings within SBUHB</b></li> </ul> <p><b>WHSCC</b></p> <ul style="list-style-type: none"> <li>○ No representation - Apologies received from SS</li> </ul> <p><b>Velindre</b></p> <ul style="list-style-type: none"> <li>○ No substantive changes since last DAG</li> <li>○ Changes to the PNA system has led to some impact on patients, but working through solutions with WAST Colleagues</li> <li>○ Activity remains stable and referrals starting to pick back up slowly, but referrals for Radiotherapy and Chemotherapy are down.</li> <li>○ National screening Programmes to restart July 2020.</li> </ul>		
<b>Innovations &amp; Changes</b>				

5.	<b>Lessons Learnt</b> <ul style="list-style-type: none"> <li>o Covid related innovations / changes to sustain</li> </ul>	<ul style="list-style-type: none"> <li>• Important to use this opportunity to develop the insights, innovations and changes made due to Covid-19. Keen to build and sustain the learning and we can take forward post covid. It was agreed to use a future DAG session as a protected hour to work through the details <b>ACTION: JR &amp; JR to set up workshop for Innovations.</b></li> </ul>		
<b>AOB</b>				
6.	<b>a) NEPTS Patient Feedback – First Phase of Survey</b>  <b>b) Cardiac Service Group</b>  <b>c) NEPTS Demand &amp; Capacity (D&amp;C)</b>  <b>d) NEPTS internal Audit</b>	<ul style="list-style-type: none"> <li>• Due to Covid, work was delayed in completing the first phase of the survey work. WAST have now captured the results of the survey sent to 500 users of NEPTS across BCUHB. The 30% response rate is typical with postal surveys. Overall the comments were extremely positive about all aspects of the NEPTS service. Negative comments mainly relate to timeliness; waiting on a pick up and transport home. <i>(Item 4: NEPTS Survey Results BCUHB)</i></li> <li>• JW enquired if DAG Members if they had received emails in relation to requesting support for planning &amp; NEPTS support for a 7 day week service for the Cardiac Service Group. DAG members were unaware of any requests. <b>ACTION: JR to liaise with Ross Whitehead for further information</b></li> <li>• NEPTS D&amp;C held their first steering group meeting last week. Work is progressing well, albeit 3 months delayed due to covid. Once further details are available, feedback will be sought through the DAG forum.</li> <li>• August 2020 is the proposed date for the model to be completed so it can be trailed to develop predictions and support planning.</li> <li>• NEPTS Internal Audit 2019/20 completed with overall positive report back.</li> <li>• JR expressed his thanks to all DAG Members and the contents of the report are testament to the hard work and dedication of all DAG members <i>(Item 5: NEPTS Internal Audit 2019/20)</i></li> </ul>		<b>Item 4: NEPTS Survey Results BCUHB</b>   NEPTS Survey Results BCU 2020.pdf  <b>Item 5: NEPTS Internal Audit 2019/20</b>   CTU1920.50 NEPTS Follow-up Final Report
<b>Next meeting</b>				
Tuesday 7 <sup>th</sup> July 2020 – 12:00pm til 13:00pm Virtual – NEPTS DAG				

**Non-Emergency Patient Transport Services  
Delivery Assurance Group  
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**Minutes/Action(s)**

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3.	<ul style="list-style-type: none"><li>Update June 2020</li></ul>	<ul style="list-style-type: none"><li>Terms of Reference for the NEPTS DAG to be refreshed in line with Annual Review.</li><li>Draft version shared with the group and updated to reflect DAG members comments.</li><li>Draft version will be shared with EASC Joint Committee 14<sup>th</sup> July for sign off</li></ul>		<b>Item 2: NEPTS Terms of Reference V4 Draft</b>   DRAFT NEPTS DAG ToR 2020 v4.docx
COVID-19: NCCU & WAST Updates				
3.	<b>a) NCCU updates to include:</b> <ul style="list-style-type: none"><li>Update on current position</li><li>Next Steps</li></ul> <b>b) WAST updates to include:</b> <ul style="list-style-type: none"><li>Update on current position</li><li>Next Steps</li></ul>	<ul style="list-style-type: none"><li>JR &amp; MH both extended their thanks and continued support to all Health Board &amp; WAST colleagues during challenging times.</li></ul> <b>WAST Updates</b> <ul style="list-style-type: none"><li>Starting to see a noticeable increase in demand with the focus on Transfer &amp; Discharges. (approx. 15% increase) which is increasing pressures across the service as a whole</li><li>Workforce Issues:<ul style="list-style-type: none"><li>50 staff currently shielding (including 10 for Track, Trace, Protect)</li><li>12 staff have been redeployed during Covid</li></ul></li></ul>		

		<ul style="list-style-type: none"> <li>○ Volunteer Drivers numbers are down 120 / 180</li> <li>○ Students have now left</li> <li>○ CFRS are supporting but have limited roles due to training restraints</li> </ul> <ul style="list-style-type: none"> <li>• Temporary PNA changes in place and working. Call centres open Saturdays and bank holidays now to support 4 day window bookings. MH expressed thanks to all Health Boards supporting this changes.</li> </ul>		
<b>COVID-19: Health Board</b>				
<b>4.</b>	<b>a) Health Board updates to include:</b> <ul style="list-style-type: none"> <li>○ Update on current position (including field hospitals)</li> <li>○ Business as Usual developments</li> </ul>	<b>Aneurin Bevan UHB</b> <ul style="list-style-type: none"> <li>○ Activity increasing to almost 'normal' levels – with some Covid related activity</li> <li>○ Julie Poole (ABUHB) &amp; Phill Taylor (WAST) are in joint discussions regarding restarting Outpatient capacity across the system.</li> <li>○ Trauma &amp; Orthopaedic and Surgery specialities have been single sited at Royal Gwent which is having some impact on services.</li> <li>○ Currently engaged in work streams relating to the Grange opening, with a board decision pending mid-July.</li> </ul> <b>Betsi Cadwaladar UHB</b> <ul style="list-style-type: none"> <li>○ No update provided. <b>ACTION: GM to ensure representatives from BCUHB are able to attend future meetings to provide updates on BAU activity.</b></li> </ul> <b>Cardiff &amp; Vale UHB</b> <ul style="list-style-type: none"> <li>○ Services are starting</li> <li>○ Cancer Services continuing to be provided at Spire</li> <li>○ Fracture Clinic to remain at Llandough Hospital.</li> <li>○ Ongoing discussions around changes to Unscheduled Care Services, with the launch of CAV 24-7.</li> <li>○ Currently working with colleagues across the organisation to ensure WAST are involved in all conversations relating to service change to minimise disruption.</li> </ul> <b>Cwm Taf Morgannwg UHB</b> <ul style="list-style-type: none"> <li>○ No representation, apologies received from WL.</li> </ul>		

		<p><b>Hywel Dda UHB</b></p> <ul style="list-style-type: none"> <li>○ No representation, apologies received from GS.</li> <li>○ JRT noted that Carmarthen Surge Site will be going live w/c 29<sup>th</sup> June.</li> </ul> <p><b>Powys THB</b></p> <ul style="list-style-type: none"> <li>○ No representation - Apologies received from AQ</li> </ul> <p><b>Swansea Bay UHB</b></p> <ul style="list-style-type: none"> <li>○ Both field hospitals now into the 'dormancy' stage. They are set up and ready to utilise, but at present the additional capacity is not required. However, the 'Bay' site will be used as a Testing site.</li> <li>○ Concerns raised over communication as a whole throughout the Health Board in relation to service changes / services restarting, which all DAG members agreed was a concern. <b>ACTION: JR to add to EASC Risk Register and raise at EASC Joint committee in order to mitigate the risk.</b></li> <li>○ 'Trial Mock Day' to be set up to monitor and to ensure patient flow. Further details to be provided at the next DAG as no confirmed date at present.</li> <li>○ All Tier 2 &amp; Tier 3 meetings have been cancelled due to Covid but as services restart, there is merit in restarting to maximise information sharing. <b>ACTION: JJ to explore re-opening Tier 2 &amp; 3 meetings within SBUHB</b></li> </ul> <p><b>WHSCC</b></p> <ul style="list-style-type: none"> <li>○ No representation - Apologies received from SS</li> </ul> <p><b>Velindre</b></p> <ul style="list-style-type: none"> <li>○ No substantive changes since last DAG</li> <li>○ Changes to the PNA system has led to some impact on patients, but working through solutions with WAST Colleagues</li> <li>○ Activity remains stable and referrals starting to pick back up slowly, but referrals for Radiotherapy and Chemotherapy are down.</li> <li>○ National screening Programmes to restart July 2020.</li> </ul>		
<b>Innovations &amp; Changes</b>				

5.	<b>Lessons Learnt</b> <ul style="list-style-type: none"> <li>○ Covid related innovations / changes to sustain</li> </ul>	<ul style="list-style-type: none"> <li>• Important to use this opportunity to develop the insights, innovations and changes made due to Covid-19. Keen to build and sustain the learning and we can take forward post covid. It was agreed to use a future DAG session as a protected hour to work through the details <b>ACTION: JR &amp; JR to set up workshop for Innovations.</b></li> </ul>		
<b>AOB</b>				
6.	<p><b>a) NEPTS Patient Feedback – First Phase of Survey</b></p> <p><b>b) Cardiac Service Group</b></p> <p><b>c) NEPTS Demand &amp; Capacity (D&amp;C)</b></p> <p><b>d) NEPTS internal Audit</b></p>	<ul style="list-style-type: none"> <li>• Due to Covid, work was delayed in completing the first phase of the survey work. WAST have now captured the results of the survey sent to 500 users of NEPTS across BCUHB. The 30% response rate is typical with postal surveys. Overall the comments were extremely positive about all aspects of the NEPTS service. Negative comments mainly relate to timeliness; waiting on a pick up and transport home. <i>(Item 4: NEPTS Survey Results BCUHB)</i></li> <li>• JW enquired if DAG Members if they had received emails in relation to requesting support for planning &amp; NEPTS support for a 7 day week service for the Cardiac Service Group. DAG members were unaware of any requests. <b>ACTION: JR to liaise with Ross Whitehead for further information</b></li> <li>• NEPTS D&amp;C held their first steering group meeting last week. Work is progressing well, albeit 3 months delayed due to covid. Once further details are available, feedback will be sought through the DAG forum.</li> <li>• August 2020 is the proposed date for the model to be completed so it can be trailed to develop predictions and support planning.</li> <li>• NEPTS Internal Audit 2019/20 completed with overall positive report back.</li> <li>• JR expressed his thanks to all DAG Members and the contents of the report are testament to the hard work and dedication of all DAG members <i>(Item 5: NEPTS Internal Audit 2019/20)</i></li> </ul>		<p><b>Item 4: NEPTS Survey Results BCUHB</b></p> <p> NEPTS Survey Results BCU 2020.pdf</p> <p><b>Item 5: NEPTS Internal Audit 2019/20</b></p> <p> CTU1920.50 NEPTS Follow-up Final Report</p>

**Next meeting**

Tuesday 7<sup>th</sup> July 2020 – 12:00pm til 13:00pm  
Virtual – NEPTS DAG

# **EMERGENCY AMBULANCE SERVICES COMMITTEE FORWARD LOOK**

All meetings take place at WHSSC, Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL

Meeting	Standing items	Additional items	Governance	Development session
14 July 2020 09:30hrs	Minutes and action log Chair's report Chief Ambulance Services Commissioner's report Finance Report Forward Work Programme	Focus on – Emergency Medical Retrieval and Transfer Service Ambulance Quality Indicators (if available) Update from Ministerial Ambulance Availability Taskforce Committee Annual Report (to include Annual Reports from EASC Sub Groups)	Risk Register Confirmed notes from sub groups	TBC
08 September 2020 13:30hrs	Minutes and action log Chair's report Chief Ambulance Services Commissioner's report Finance Report Forward Work Programme	Ambulance Quality Indicators Update from Ministerial Ambulance Availability Taskforce Outline Commissioning Intentions Update on Emergency Department Quality and Delivery Framework (was July 2020) Focus on – TBC Draft EASC IMTP Draft WAST IMTP	Management Group Terms of Reference Risk Register Confirmed notes from sub groups	TBC
10 November 2020 09:30hrs	Minutes and action log Chair's report Chief Ambulance Services Commissioner's report Finance Report Forward Work Programme	Ambulance Quality Indicators Focus on – TBC EASC IMTP WAST IMTP	Risk Register Confirmed notes from sub groups	TBC
19 January 2021 13:30hrs	Minutes and action log Chair's report Chief Ambulance Services Commissioner's report Finance Report Forward Work Programme	Focus on – TBC	Risk Register Confirmed notes from sub groups	TBC
16 March 2021 09:30hrs	Minutes and action log Chair's report Chief Ambulance Services Commissioner's report Finance Report Forward Work Programme	Ambulance Quality Indicators Focus on - TBC	Risk Register Confirmed notes from sub groups	TBC

**Focus on topics** - Stroke Services/ NEPTS / Critical care transfers/ Neonatal Care Transfers / Telephone advice/ Community Working/ Handover delays /Advanced Paramedic Practitioners



**AGENDA ITEM**

4.2

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

**TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS,  
RESERVATION AND DELEGATION OF POWERS – LOCAL HEALTH  
BOARDS, NHS TRUSTS, WELSH HEALTH SPECIALISED SERVICES  
COMMITTEE, EMERGENCY AMBULANCE SERVICES COMMITTEE AND  
HEALTH EDUCATION AND IMPROVEMENT WALES**

<b>Date of meeting</b>	14/07/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Gwenan Roberts, Assistant Director Corporate
<b>Presented by</b>	Gwenan Roberts, Assistant Director Corporate
<b>Approving Executive Sponsor</b>	CHIEF AMBULANCE SERVICES COMMISSIONER
<b>Report purpose</b>	FOR APPROVAL

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>

**1. SITUATION/BACKGROUND**

- 1.1 Members will be aware that a Welsh Health Circular was published on 9 July 2020 which required NHS organisations to make the necessary temporary variations to Standing Orders and Reservation and Delegation of Powers with immediate effect.
- 1.2 The changes need to be made before 30 July 2020.



- 1.3 The temporary amendments will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020** at the end of that term, whichever is the later.
- 1.4 Regulation 10(1) of the Emergency Ambulance Services Committee (Wales) Regulations 2014 place a duty on each Local Health Board to agree Standing Orders for the regulation of meetings and proceedings of the joint committee. Regulation 15(5) of the Local Health Boards (Constitution, Membership and Procedures (Wales) Regulations 2009 also require that where a joint committee has been established, the Board must approve any Standing Orders that may be made by that committee.

## Background

- 1.5 Members will be aware that the membership regulations for NHS boards and committees in Wales, in most cases, restrict a person from being appointed for a period of no longer than four years and holding office as a member or an associate member for a total period of no more than eight years. Although the Commissioner for Public Appointments' Governance Code provides some flexibility to ensure the continued operation of NHS boards/committees, any person who is nearing the end of their maximum tenure of office, as prescribed in legislation, would be required to leave office as they will no longer be eligible for re-appointment.
- 1.6 A number of key appointments on health boards/committees are due to end their tenure during the next 9 months. Due to the temporary suspension of all public appointments in March 2020 in Wales and the time required to re-start the appointment process as the restrictions are lifted, board and committees would potentially have a number of key vacant positions. The **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020** will ensure that during such a critical and challenging period for the health sector in responding and recovering from the impact of COVID-19, boards and committees do not to carry vacancies, allowing them to function properly and support good and effective board governance.
- 1.7 The Regulations will dis-apply the statutory maximum tenure of office to ensure any board or committee member who is nearing the end of their statutory maximum tenure of office is eligible for re-appointment. Any re-appointments will be made in accordance with the Commissioner for Public Appointments' Governance Code which includes allowing an appointee to hold office for a maximum of ten years.



- 1.8 In relation to the EASC the Regulations temporarily dis-apply the following:
- Regulations 6(5) and 7(4) of the Emergency Ambulance Services Committee (Wales) Regulations 2014.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The Committee is asked to approve the temporary arrangements in order that they can be agreed by every health board before 30 July.
- 2.2 These temporary changes to the EASC Model Standing Orders are shown in italics:

### Page 16 – 1.4 Appointment and tenure of Joint Committee members

1.4.1 The *Chair*, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.2 The **Vice Chair** and two other **Independent Members** shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

## 3. KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE

- 3.1 There are no specific risks to the Committee, these changes are required across NHS Wales.



## 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Commissioning Intentions</b>	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.
<b>Link to Main WBFG Act Objective</b>	Work collaboratively with our public service partners and a broader range of partners to join up health and other services where this potentially represents better value for our residents and care users

## 5. RECOMMENDATION

5.1 The Emergency Ambulance Services Committee is asked to:

- **APPROVE** the changes for ratification at all Health Board meetings before the end of July 2020
- **NOTE** the temporary arrangements will cease to have effect on the 31 March 2021.