

## Bundle Emergency Ambulance Services Joint Committee 12 May 2020

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## **EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE**

A virtual meeting of the Joint Committee will be held at 13:30hrs  
On Tuesday 12 May 2020

**Skype meeting – joining instructions on meeting invitation**

### **AGENDA**

<b>Part 1- Preliminary Matters</b>			
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 10 March	Chair	Attachment
1.5	1.5.1 Action Log 1.5.2 Matters Arising not considered within the Action Log	Chair	Attachment
<b>Part 2 – Key items for discussion</b>			
2.1	Chief Ambulance Services Commissioner's Report	CASC	Attachment
2.2	Welsh Ambulance Services NHS Trust update	WAST CEO	Attachment
2.3	Forward Look	Chair	Attachment
<b>Part 3 – 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 09:30hrs On Tuesday 14 July 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  
10 MARCH 2020 AT THE NATIONAL COLLABORATIVE  
COMMISSIONING UNIT (NCCU) UNIT 1, CHARNWOOD COURT  
HEOL BILLINGSLEY, NANTGARW, CF15 7QZ**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Glyn Jones	Deputy Chief Executive, Aneurin Bevan ABUHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
<b>In Attendance:</b>	
Shane Mills	Deputy Chief Ambulance Services Commissioner
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
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) (Secretariat)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 20/20	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee. Members noted that the Chair had written to Gary Doherty to thank him for his support for the Committee's work and to wish him well for the future and a positive response had been received.</p>	
EASC 20/21	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Stephen Harrhy, Simon Dean, Carol Shillabeer, Steve Moore, Len Richards, Steve Ham and Tracey Cooper. Despite best efforts, Karen Miles was unable to join the meeting due to difficulties in connecting to the video conferencing site.</p>	

## AGENDA ITEM 1.4

[illegible]

	<p><b>EASC 19/79</b>  <b>WAST Service Transformation</b>          Jason Killens explained that this was part of the work related to pathway access and development and suggested this would be an important element for the Taskforce to consider shortly.</p> <p><b>EASC 19/97</b>  <b>Serious Adverse Incidents (SAIs)</b>          Members noted that SAIs would be discussed at the forthcoming Quality and Delivery meeting. More detail would need to be provided and Shane Mills confirmed that the reasons for incidents would be analysed over the next year.</p> <p><b>EASC 19/100</b>  <b>Emergency Department Quality and Delivery Framework</b>          An update would be provided at the next meeting.</p> <p><b>EASC 19/103</b>  <b>Governance</b>          Members noted that the Directors of Finance were developing Standing Financial Instructions across Wales for Health Boards and NHS Trusts. A version of the SFIs would be developed for the Welsh Health Specialised Services and, for the first time, for EASC. A further update would be provided when the draft SFIs had been received.</p> <p><b>EASC 20/12</b>  <b>Ministerial Ambulance Availability Taskforce</b>          Members noted that the membership of the Taskforce had been confirmed and invitations sent for the first meeting. Members noted that a draft Terms of Reference had been developed and would be shared for information.</p> <p><b>Emergency Medical Retrieval and Transfer Service</b>          A meeting was planned to take place before the end of March with the Air Ambulance Charity.</p> <p><b>Research related to triage tools</b>          Jason Killens gave an update on the 'breathing card' and also the work of the Academy in a further audit involving a larger group of patient calls. Once received the final information would be shared with the EASC Management Group.</p> <p><b>EASC 20/15</b>  <b>Finance Report</b>          Stuart Davies reported that 'A Healthier Wales' allocation had not quite been finalised. A further report would be provided in the next finance report.</p>	<p>Jason Killens</p> <p>Ross Whitehead</p> <p>Jo Mower/ Julian Baker</p> <p>Stuart Davies</p> <p>CASC</p> <p>Chair and CASC</p> <p>Jason Killens</p> <p>Stuart Davies</p>
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	<b>EASC 20/16</b> <b>EASC Governance Update</b> <p>Gwenan Roberts explained that the current risks had been identified and had been included in the Governance update report.</p> <p><b>Annual Reports for the Committee and Sub Group</b>  Members noted that plans were in place for the sub Group to develop annual reports to assist the Committee in assessing and evaluating its impact. In line with the Standing Orders the reports would be received during the summer.</p>	Gwenan Roberts
EASC 20/25	<b>MATTERS ARISING</b> <p>There were none.</p>	
EASC 20/26	<b>CHAIR'S REPORT</b> <p>The Chairs report was <b>received</b> by Members. In presenting the report, Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee. Members noted the change in the way information was presented to health boards which was being perceived as being helpful and informative.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's Report.</li> </ul>	
EASC 20/27	<b>FORWARD PLAN OF BUSINESS</b> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and suggested that arrangements for the approval of the IMTP would need to be brought forward to meet the timescales set by Welsh Government.</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <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>	Gwenan Roberts  Chair and CASC
EASC 20/28	<b>CONFIRMED ACTION NOTES FROM EASC SUB GROUPS</b> <p>Members received the following items:</p> <ul style="list-style-type: none"> <li>• EASC Management Group meeting 9 January 2020</li> <li>• Non-Emergency Patient Transport Delivery Assurance Group meeting date</li> <li>• Emergency Medical Retrieval and Transfer Service Delivery Assurance Group</li> </ul>	

	<p>Further discussion took place in relation to the:</p> <ul style="list-style-type: none"> <li>• Highlight Report EASC Management Group 21 February 2020</li> </ul> <p>Members noted that this was the first highlight report received from an EASC Sub Group with the aim of providing a brief summary of the key issues in the most recent management group. Members felt it was a useful summary and this approach would be adopted across all of the EASC Sub Groups. The highlight report would be additional to and not in place of the full minutes/notes (Action log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the action notes</li> <li>• <b>APPROVE</b> the highlight report for use by all Sub Groups.</li> </ul>	
EASC 20/29	<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 Shane Mills, Deputy CASC highlighted the following:</p> <ul style="list-style-type: none"> <li>• National Transfer Services including critical care – Members noted that work was ongoing with the Emergency Medical Retrieval and Transfer Service to take forward the work with a clinical lead and working closely with WAST to ensure that sufficient clinical teams were available which was considered key.</li> <li>• Ministerial Ambulance Availability Taskforce – Members noted that the membership had been confirmed and arrangements were underway to finalise the meeting dates; the draft terms of reference would be shared with Members</li> <li>• Escalation – the revised arrangements for the coordination and chairing of the daily regional escalation calls had progressed and WAST had established an Operational Delivery Unit which was fully operational on 2 March 2020. The detail of the arrangements would be discussed at the next meeting of the EASC Management Group.</li> <li>• Emergency Medical Retrieval and Transfer Service - the EMRTS Service Expansion Review was a key focus for the service and would commence from 1 April 2020, with the introduction of a 24-hour operation based at Cardiff Heliport. Further discussions would need to take place regarding infrastructure and the capital requirements (action log).</li> <li>• Urgent Mental Health Access and Conveyance Review – Members were pleased to note that 10,000 responses had been received. Shane Mills explained that the information was fascinating and work had commenced on writing the report which was due to be published in May 2020. The aim was to try and provide health board and regional level information. The Report would be discussed at the Mental Health Crisis Concordat meeting and would be shared with members of the committee in due course (action log).</li> </ul>	<p>CASC</p> <p>Jason Killens</p> <p>CASC</p> <p>Shane Mills</p>

	<ul style="list-style-type: none"> <li>Co-Chairing a Task and Finish Group to explore opportunities for fire and rescue and NHS services to collaborate – Members noted that Stephen HARRY had been asked to co-chair the group to optimise the clinical outcomes and experience for the people of Wales. Ministers would like to explore the potential role of fire and rescue services in providing emergency medical service support.</li> </ul> <p>It was expected that the task and finish group would include representation from Directors of Primary, Community and Mental Health; Public Health; and Therapies peer groups in addition to relevant representatives of the Welsh Ambulance Services NHS Trust. Members discussed that health boards had been asked to respond to the Minister on this matter. A further update would be provided at the next meeting (Action Log).</p> <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>	CASC
EASC 20/30	<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> <ul style="list-style-type: none"> <li>Performance – Members noted an improving position in January and the organisational data suggested that this had been maintained in February.</li> <li>Ambulance quality indicators would soon be provided on a monthly basis (Action Log)</li> <li>Demand and Capacity Review – progress continuing with the work to recruit the additional 136WTE and an additional number of staff for the new Grange hospital expected to be approximately 100. Members noted that there was currently a difference of opinion regarding the model being developed and Jason Killens would write to Judith Paget to outline his concerns. Members noted that when the turnover rates of staff were added this would equate to the requirement to recruit over 300 staff this year. The Chair asked how feasible this would be in view of previous information. Jason Killens reassured members that the type of staff required, such as urgent care staff, would be relatively quicker, easier and cheaper to recruit and train (Action log).</li> <li>Aneurin Bevan University Health Board (ABUHB) – Members noted that the ABUHB wanted to commission a service from the WAST and it was described as a huge requirement.</li> </ul>	Ross Whitehead



	<ul style="list-style-type: none"> <li>Members felt that if the service required a significant number of additional paramedics this would be an issue for the committee. It was agreed that the model choice may be beyond the local health board if this impacted on the wider system and any additional service would need to be presented to the Committee for consideration. Members wanted to understand the collective benefit and impact; in addition to work force requirements the fleet impact would also need to be clear.</li> <li>Recruitment – Members noted that WAST were now seeking to recruit 350 staff this year. The EASC Management Group would be asked to monitor the numbers of staff recruited.</li> <li>Coronavirus – ongoing work to reconfigure the organisation to prepare for Covid 19. This would likely delay other matters in the previously agreed plans.</li> <li>Major Trauma Network go live – Members noted that concerns had been raised at health board level and following discussion at the EASC Management Group this was now a standard item on its agenda.</li> <li>Readiness for WAST major trauma - Jason Killens explained that there were two aspects of the work, developing the desk and ensuring the awareness of the wider staff. Members noted that the staff had been recruited for the desk and training was taking place. Jason Killens agreed to inform the CASC of the numbers of staff recruited to date; the plan was to go live at the end of March 2020 although there was a slight risk relating to the training of staff, although a senior decision maker would always be available on the desk</li> <li>Safe cohorting of patients – Jason Killens was asked how the impact of this work would be measured – Members could understand the hard measure of lost hours but more difficult to quantify whether the patient experience was better. Members agreed it was important to learn lessons to share across NHS Wales; staff morale had significantly improved. EASC Management Group would be asked to coordinate the impact of safe cohorting of patients and share any learning. Internal communications were also considered to be important and positive for staff (Action Log).</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 20/31	<p><b>STRATEGIC COMMISSIONING INTENTIONS</b></p> <p>The Report on Strategic Commissioning Intentions was received; presented by James Rodaway the report highlighted the commissioning plan for the Integrated Medium Term Plan and the aim to develop the Emergency Ambulance Services Committee influence across NHS Wales in line with the quadruple aim of the Institute of Healthcare Improvement.</p>	

	<p>Members noted that meetings were taking place between the planning teams to develop the action plan and would be discussed in detail at the EASC Management Group. The key underpinning actions would be to develop a detailed delivery plans which were aligned with national programme plans and the Welsh Ambulance Services NHS Trust. Workstreams would be developed which would also identify key resourcing requirements.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the approach and work programme to deliver EASC Strategic Commissioning Intentions.</li> </ul>	
EASC 20/32	<p><b>FINANCE REPORT</b></p> <p>Members <b>received</b> the Finance Report which was presented by Stuart Davies and provided the monitoring report for Month 10 and 11 showing the breakeven position.</p> <p>Members were informed that a possible underspend on 'A Healthier Wales' 1% allocation had been identified and would be quantified by the end of March (Action Log).</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	Stuart Davies
EASC 20/33	<p><b>EASC GOVERNANCE UPDATE</b></p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members discussed the risks identified and suggested that further work was required to distinguish between issues and risks and ensure that risks are clearly identified and articulated. The updated risk register would be presented to the next EASC Management Group for further discussion and development (Action Log).</p> <p>Members noted that the work had commenced with the sub groups to ensure a consistent style and approach. The confirmed action notes had been received by the Committee and the highlight report welcomed to share information more easily. Members noted that each sub group would present an annual report for the Committee's approval during the summer months.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Governance Update</li> </ul>	<p>Committee Secretary</p> <p>Sub Group leads Committee Secretary</p>

<p>EASC 20/34</p>	<p><b>INTEGRATED PERFORMANCE DASHBOARD</b></p> <p>The Integrated Performance Dashboard report was received; in presenting the report Ross Whitehead apologised to members that the interactive demonstration was not available. However, Members noted the progress made in developing the dashboard which followed improved access to source data across the 5 step ambulance pathway and which would also provide health board specific information. The aim would be to provide a broader understanding of flow through the system. Members noted the work and asked that the EASC Management Group oversee the ongoing development and refinement of the dashboard (Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Integrated Performance Dashboard and the plan that the EASC Management Group oversee the further development.</li> </ul>	<p>Ross Whitehead</p>
<p>EASC 20/35</p>	<p><b>AMBULANCE QUALITY INDICATORS</b></p> <p>The latest Ambulance Quality Indicators (AQI) published on Wednesday 29 January 2020 were received. The AQIs were for the period: 1 October 2019 to 31 December 2019 and described performance across the 5 Step Ambulance Care Pathway.</p> <p>In presenting the report, Ross Whitehead highlighted the following:</p> <ul style="list-style-type: none"> <li>• The agreement to publish the AQIs monthly which would allow better access to information in a more timely way to start in April 2020 (Action Log)</li> <li>• Members were asked to reconsider the AQIs and whether any needed to be added, amended or removed</li> <li>• The key aim is to make the AQIs more visual for members and generally more public facing</li> <li>• More work to be undertaken to focus on quality and less on performance and activity which would be included in the integrated performance dashboard.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Ambulance Quality Indicators and the plans for monthly report and public facing information.</li> </ul>	

<b>ANY OTHER BUSINESS</b>		
EASC 20/36	<b>CORONAVIRUS</b>	
	<p>Members noted that the CASC had written to WAST and the Emergency Medical Retrieval and Transfer Service to seek assurance regarding the pandemic plans for dealing with the coronavirus. In relation to WAST, Jason Killens explained that work was moving at pace to ensure readiness to respond to the requirements as far as possible.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• Triggered plan two weeks ago</li> <li>• Pandemic flu plan and mechanisms this week</li> <li>• Using the evidence that Covid 19 coming and triggered across organisation</li> <li>• Workforce sustainability - risk of increase in level</li> <li>• Personal protective equipment strand – logistic cell</li> <li>• Security – points of contact re 999/ 111 and controlling access</li> <li>• Considering size of control centres – maybe reduce to smaller sections to protect service</li> <li>• Home work for non essential staff</li> <li>• Redeploying and re training staff for 111 service</li> <li>• Decoupling 111 service and the clinical control centre service to start week after next</li> <li>• Emergency medical service (EMS) perspective developed and how decisions will be made about the resources deployed</li> <li>• Shared with Andrew Goodall’s team in Welsh Government</li> <li>• Will discuss the deployment of resources at the Board meeting at the end of the month</li> <li>• Range of cells / groups working together – looking at weekly and daily matters</li> <li>• Emergency planner coordinating key issues</li> <li>• Also part of the UK response</li> <li>• Will need a position when demand far outstrips capacity and how decisions will be made</li> <li>• Will need a pre approved mechanism</li> <li>• Plans include need for communication including social media messages</li> </ul> <p>Members discussed at length in relation to plans which included:</p> <ul style="list-style-type: none"> <li>• If WAST declaring major incident need to discuss the impact on health boards and how we co-ordinate actions</li> <li>• Need therefore to develop a coordination mechanism with health boards</li> </ul>	

	<ul style="list-style-type: none"> <li>• Need to use the Welsh Government arrangements for severe pressures; CEO calls</li> <li>• Meeting re impact on patient experience to be discussed by the Director of Nursing and CASC</li> <li>• Need a way of ensuring health boards are triggered to respond and the mechanism which can be used</li> <li>• Major incident information - discussion and pre agreed actions</li> <li>• Importance of gold command arrangements</li> </ul> <p><b>Actions agreed:</b></p> <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> <p>Members <b>RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> and thank the WAST Team for their work to date.</li> </ul>	
<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 20/19	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 May 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 12 May 2020

Minute	Action	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	<i>Stephen Harrhy</i>	<b>Agenda item CASC Report</b>
EASC 19/08 & EASC 19/21 & EASC 19/23 & EASC 19/92	<b>Emergency Medical Retrieval Service (EMRTS)</b> Refresh of the commissioning framework	<i>Julian Baker</i>	<b>Agenda item CASC Report</b>
EASC 19/12	<b>EASC Risk Register</b> Review of Risks and actions	<i>James Rodaway</i>	<b>July 2020</b>
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	<i>Shane Mills / Lead CEO</i>	<b>July 2020</b>
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>
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>	<i>Jason Killens</i>	<b>To be confirmed</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>To be confirmed</b>

Minute	Action	Lead	Progress
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	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> <li>Risk Register to be redeveloped in line with discussion meeting</li> </ul>	Stuart Davies James Rodaway	To be confirmed July 2020
EASC 20/11	<b>Forward Plan of Business</b> Annual Reports to be received from all sub groups	Sub Group leads	To be confirmed
EASC 20/12	<b>Chief Ambulance Services Commissioner's Report</b> Share terms of reference for Ministerial Ambulance Availability Task Force as soon as possible	CASC	Completed
	<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
EASC 20/15 & 20/32	<b>Finance Report</b> A Healthier Wales allocation to be quantified by the end of February-March	Stuart Davies	To be confirmed
EASC 20/16	<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	James Rodaway & Gwenan Roberts	July 2020
	<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	Gwenan Roberts Sub Group leads	To be confirmed
EASC 20/29	<b>Emergency Medical Retrieval and Transfer Service - the EMRTS Service Expansion Review</b> - Further discussions would need to take place regarding infrastructure and the capital requirements.	CASC	To be confirmed
	<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
EASC 20/28	<b>Highlight Reports EASC Sub Groups</b> To be adopted across all of the EASC Sub Groups.	Sub Group leads	To be confirmed

Minute	Action	Lead	Progress
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>
	<b>Safe Cohorting of Patients</b> EASC Management Group to coordinate impact and share learning	<i>CASC</i>	<b>To be confirmed</b>
EASC 20/34	<b>Integrated Performance Dashboard</b> To be developed by the EASC Management Group	<i>Ross Whitehead</i>	<b>To be confirmed</b>
EASC 20/35	<b>Ambulance Quality Indicators</b> To be provided on a monthly basis	<i>Ross Whitehead</i>	<b>Currently on hold CASC Report</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>





**AGENDA ITEM**

2.1

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

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

<b>Date of meeting</b>	12/05/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Chief Ambulance Services Commissioner
<b>Presented by</b>	Chief Ambulance Services Commissioner
<b>Approving Sponsor</b>	
<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>
(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).
- 1.2 Members will wish to join me in giving our thanks to the team at WAST and their staff in particular for the way in which they have responded to the unprecedented demands that the Coronavirus pandemic has placed on the health system. We are sincerely sorry and would wish to pass our condolences to the families and friends of the members of staff from WAST who have sadly lost their lives during this time.

## **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
  - Ministerial Ambulance Availability Task Force
  - Annual Governance Statement
  - Emergency Medical Retrieval and Transfer Service (EMRTS): commissioning framework
  - Integrated Medium Term Plan
  - Co-Chair a Task and Finish Group
  - Ambulance Quality Indicators
  - Meetings with WAST.

### **2.2 Year End Accounts**

Work is continuing towards completion of the Year end Accounts. Members will be pleased to note that no issues are anticipated in respect of the data completion of the accounts or any key risks within the accounts.

### **2.3 Ministerial Ambulance Availability Taskforce**

Members will be aware that the Minister announced on 16 January 2020: 'The Amber Review found that 'ambulance availability' was the single main determinant for the timeliness of Amber response. The review identified a range of issues that reduce the availability of ambulance resources and detailed a number of recommendations to enable improvement. Due to the pandemic the work has been put temporarily on hold and the Minister has been informed.



The Welsh Ambulance Services NHS Trust response to the pandemic has provided an opportunity to evaluate the potential impact of the implementation of the demand and capacity review and this will be used in the work to report to the Minister by the Taskforce. As and when health services start to return to more normal working the Taskforce will be reconvened and EASC Members will be kept informed of progress.

## 2.4 **Annual Governance Statement**

Members will be aware that an Annual Governance Statement is required and work is underway to complete this year's version. A copy will be sent to Members when complete.

## 2.5 **Emergency Medical Retrieval and Transfer Service (EMRTS): Gateway Review commissioning framework**

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru was established in April 2015. The service is hosted by Swansea Bay University Health Board and is commissioned by the Emergency Ambulance Service Committee. 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 a highly effective pan-Wales clinical emergency service.

### Quality and Delivery Framework

The Framework has been refreshed and will be presented to the next EASC Management Group meeting for discussion and agreement and will be presented to a future meeting of EASC for formal approval.

## 2.6 **Integrated Medium Term Plan IMTP**

Members will be pleased to note that the IMTP was approved by the Welsh Government, letter attached as appendix X. The plan will need to be modified to take into account of the pandemic requirements and also the return to the new normal. The plan will be refreshed and a further version will be presented for endorsement at a future committee meeting.

## 2.7 **Welsh Government request to Co-Chair a Task and Finish Group**

Members will recall that I was invited to co-chair a task and finish group intended to explore opportunities for fire and rescue and NHS services to collaborate and in doing so optimise the clinical outcomes and experience for the people of Wales.



As and when health services start to return to more normal working the Task and Finish group will be reconvened and EASC Members will be kept informed of progress.

## 2.8 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>

## 2.9 Meetings with WAST

During this pandemic period I have taken a lighter touch approach to the commissioning of ambulance services to enable WAST operationally to respond effectively and responsively to patient, staff and system needs.

Members should note that I have held weekly meetings with the Chief Executive of WAST during this pandemic period. 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.

The most recent Quality and Delivery Meeting took place on 7 May and the summary of the meeting will be shared with Members in due course.

As we return to the new normal 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 Members will wish to note the impact and disruption of the Coronavirus pandemic on ambulance services.
- 3.2 There is an assumption that EASC will receive an additional allocation of funding to cover all WAST costs associated with the response to the pandemic. These costs have been detailed in a return to the Financial Delivery Unit and I supported the submission. I have written to the Chief Executive of WAST on this matter and a copy of the letter is attached (Appendix 2).



#### 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>	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. This report focuses on all the above objectives, but specifically on <b>providing</b> strong governance and assurance.
<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

<b>Date of meeting</b>	12 May 2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Rachel Marsh, Director of Strategy, Planning and Performance (WAST)
<b>Presented by</b>	Jason Killens, Chief Executive WAST
<b>Approving Executive Sponsor</b>	Chief Executive
<b>Report purpose</b>	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
CTMUHB	Cwm Taf Morgannwg University Health Board
CCC	Clinical Contact Centre
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, which will concentrate for this meeting specifically on response during the COVID 19 pandemic.

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

### **CoVID-19**

#### **Pandemic Influenza Plan**

- 2.1 In early Mar-20, whilst a global pandemic was yet to be declared, it was clear and indeed inevitable that this would be the case and that the domestic impact of what was now known as CoVID-19 would be substantial. On 4 Mar-20 WAST triggered the arrangements within our existing Pandemic Influenza plan. In so doing, two clear corporate objectives were set and communicated widely. These were:
- Take all reasonable, necessary and proportionate measures in all the circumstances to fulfil the objectives set in our pandemic strategy; and
  - 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 The Plan was implemented with centrally agreed assumptions whilst retro-fitting modelling was undertaken using the advanced ambulance simulation modelling software available to WAST, combined with available forecasts. WAST commenced planning around six key areas of business:-
- i. Ambulance response (EMS, UCS and NEPTS) – arrangements to generate additional capacity to respond to growing demand;
  - ii. Fleet – arrangements to ensure maximum fleet and equipment availability;
  - iii. Information and Communication Technology – arrangements to protect mission critical systems and support remote and flexible working;





- iv. Supply chain – arrangements to ensure sufficient supplies of necessary equipment and materials such as Personal Protective Equipment (PPE) and enhancements to for emergency front line staff;
- v. Resource Centre - arrangements to facilitate greater numbers of staff being deployed and maintain core rostering services; and
- vi. Clinical Contact Centre (999, 111, CSD and NEPTS) – arrangements to protect mission critical control functions, grow their capacity and diversify tasks

2.3 A range of tactical options were developed to give effect to the overall strategy and to protect the delivery of these core service areas. These were most notably, but not limited to:-

- Training and redeployment of substantive staff into core service areas, particularly into call handling and CCC clinician posts;
- Deployment of overtime incentives;
- Use of university students via the bank scheme;
- Use of defence personnel as drivers;
- Extension of St John Ambulance Cymru support, as provided to WAST for winter;
- Contracts secured with private sector NEPTS providers to deliver expected support needed to field hospitals and surge capacity;
- Training and deployment readiness for Fire and Rescue Service personnel across Wales;
- Rapid establishment of additional clinical contact centres and training facilities;
- Rapid deployment of Office 365 across the organisation, and significant increase in home working capability;
- Rebranding of NHSDW website to 111.wales and deployment of new online COVID symptom checker achieving 1 million visits, including use of chatbot.

2.4 In concert with other UK ambulance services, 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.





- 2.5 As we look ahead, there are a range of choices for WAST to take including redeployed staff being deployed back to core functions, the continued enhancements to PPE for emergency front line staff; the further use of defence personnel, the use of Fire and Rescue Service and the expansion of 111 and 999 call handling capacity (including estate).
- 2.6 WAST has maintained a weekly dialogue with the CASC on quality, performance, governance and financial commitments. Financial returns continue to be submitted to Welsh Government / Finance Delivery Unit (FDU) as required.
- 2.7 WAST is now turning its focus on planning for recovery, in parallel with the response phase of the pandemic plan. It is accepted and acknowledged that we would not want to return to business as “usual”, but that we will be moving towards a ‘new’ normal. WAST will continue to monitor the system’s requirement from an ambulance transport perspective and flex its capacity in response to changes in demand.
- 2.8 A formal debrief / lessons learnt in relation to this first phase of response is underway, due for completion by 31 May-20.

**EASC is asked to NOTE: WAST’s effective deployment of its Pandemic Influenza Plan and that the focus is now shifting to planning for flexible recovery.**

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

- 2.9 WAST continues to review and discuss potential SAIs at its Serious Case Incident Forum (SCIF). Following the outbreak of the Pandemic, WAST has witnessed 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.

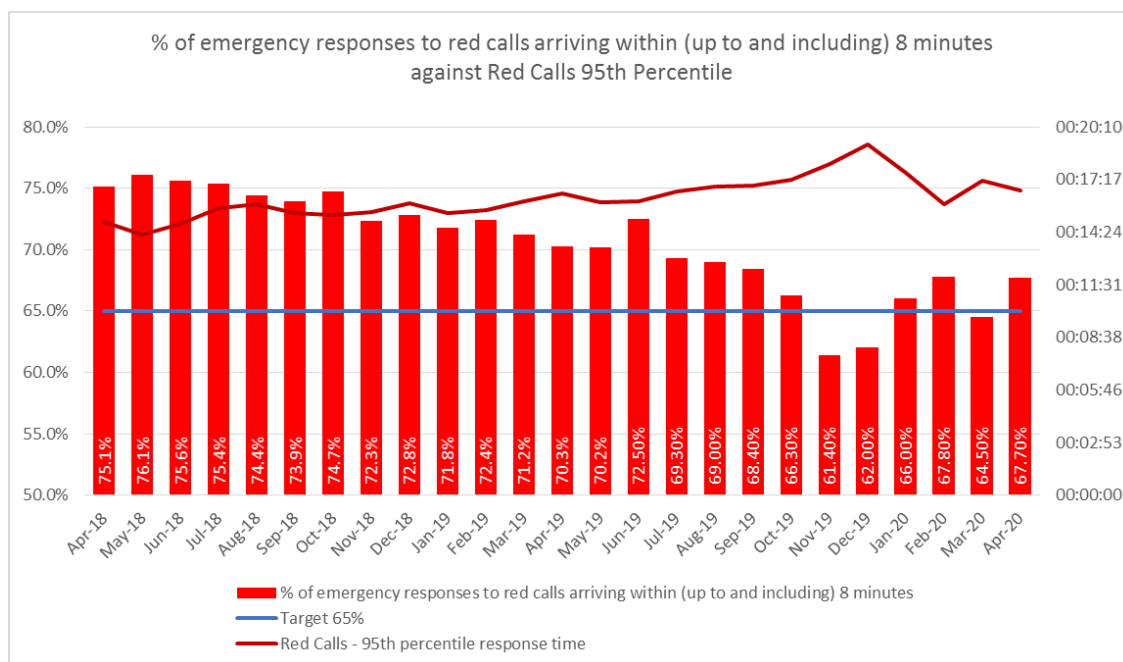
**EASC is asked to NOTE: that WAST’s quality, safety and patient experience monitoring arrangements have remained in place during the COVID 19 outbreak.**



## Activity and Performance

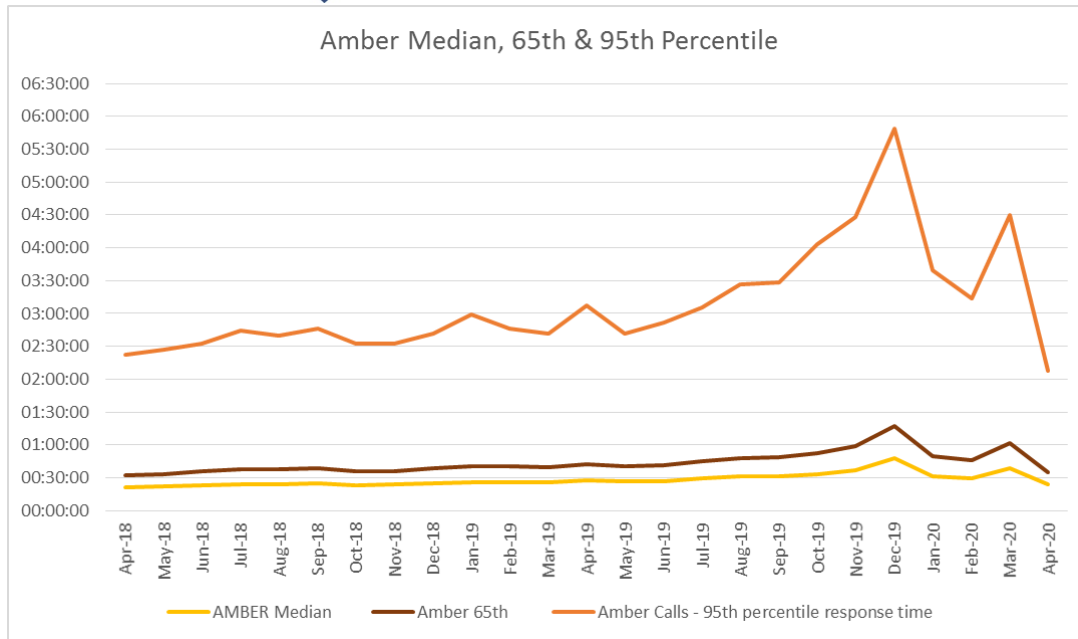
### Red Performance

2.10 Since the beginning of the year, performance has been above 65% in January, February and April, with further improvements being noted into May (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.



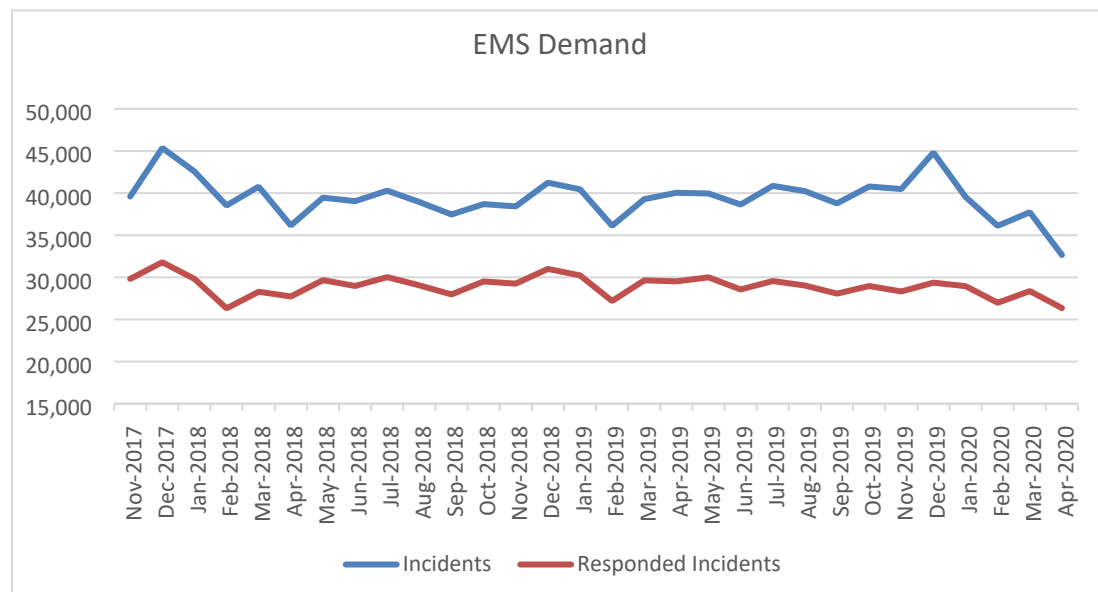
### Amber Response times

2.11 Through the COVID 19 response period to date, significant improvements have been seen in the amber response times, in particular, the Amber tail (the 95<sup>th</sup> percentile) which is sensitive to changes in demand and capacity.



## Demand

2.12 Demand changes are one of the main factors affecting performance for all categories of calls. The graph below demonstrates that there has been a reduction in overall incident demand and responded demand during the pandemic to date.



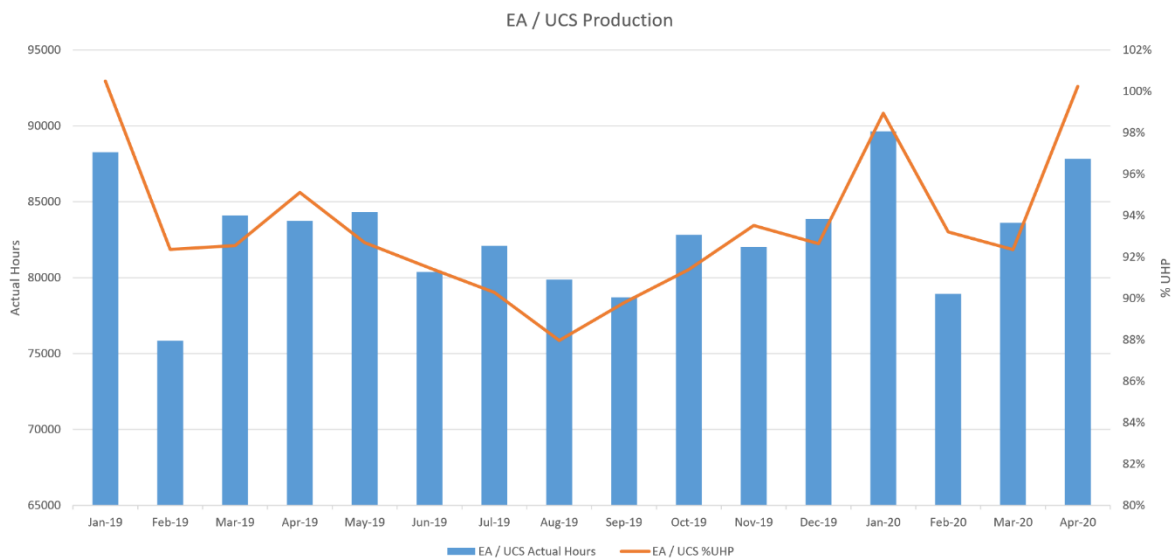


## Production

2.13 The number of hours produced by WAST is a second major determinant of performance. Through the pandemic period to date, despite staff absence due to COVID, production of Emergency Ambulance hours has been increased through ongoing overtime incentives, use of defence personnel, and by switching Paramedics from Rapid Response Vehicles (RRV) to Emergency Ambulances (EA). Over the period Feb-20 to Apr-20 WAST has produced 105,536 ambulance units, 110,236 ambulance units and 113,947 ambulance units respectively, whilst RRV unit hours has reduced from 17,228 to 12,238. The priority given to production of EA hours has been as a result of the modelled need for an increase in conveying response due to COVID 19. This model of increased EA hours and reduced RRV hours also mirrors the ORH modelling done as part of the D&C review.

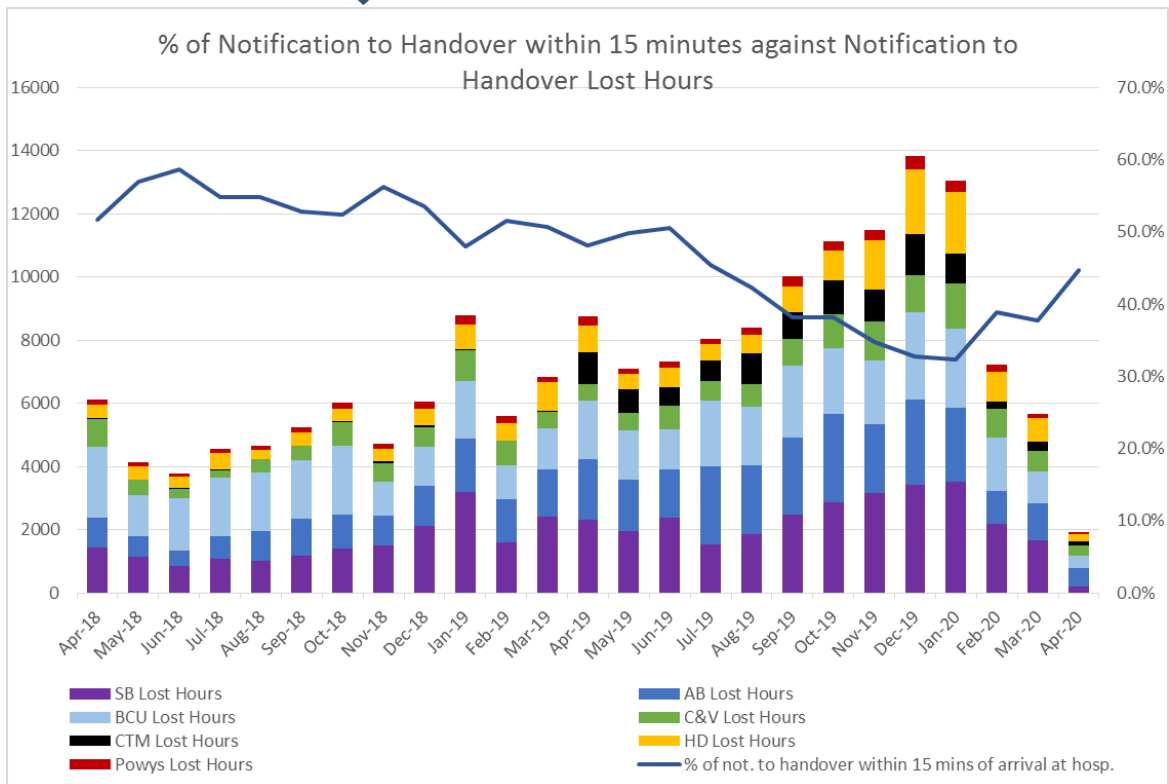
## Ambulance Production

Data correct 28/04/2020



## Lost Hours

2.14 The third key determinant of performance is handover lost hours. The graph below shows the increasing levels of lost hours over the past year, big improvements seen in AB and CTM UHBs as a result of the cohorting initiatives deployed in February, and then further dramatic reductions in March and Apr-20 as a result of the system focus on freeing up capacity for the unscheduled care system to respond to CoVID-19.



## Winter Planning

2.15 The evaluation of Winter 19/20 has been suspended due to COVID 19. However, discussions will need to continue in terms of planning for Winter 20, which will need to be done alongside modelling for further phases of the pandemic.

**EASC is asked to NOTE that: the Red 8 minute 65% target has been met 3 out of the last 4 months; amber response times have improved significantly; performance improvements are as a result of a combination of reduced demand, increased ambulance hours and reduced handover lost hours.**

## Demand and Capacity Review - Implementation

2.16 A more detailed report on the programme of work emerging from the Demand and Capacity Review was taken to the CASC Quality & Delivery Meeting (07 May-20). The key issues of note are summarised below.

2.17 WAST has established an EMS D & C Programme Board, with the NCCU represented, mirroring the collaborative approach adopted for the Review itself.



- 2.18 The Programme Board has identified eight inter-connected projects that form the programme with clear lines of reporting and accountability both within WAST and to EASC Management Group. Most of these projects have been suspended due to "lockdown", but the Recruitment & Training Project has continued.
- 2.19 EASC has agreed to fund an additional 136 FTEs, made up of 11.5 Paramedics, 102.4 Emergency Medical Technicians (EMTs) and 22.1 Unscheduled Care Staff (UCS) by March 2021. A Recruitment and Training Plan has been developed which provides sufficient recruits to cover expected turnover, internal promotions and the additional 136 FTEs. It does not include the impact of the opening of the Grange University Hospital or any other major service changes.
- 2.20 The Workforce & Organisation Development Department has demonstrated considerable creativity and innovation in switching the recruitment process to a virtual one and also making as much of the training programme as virtual as possible. As result WAST is on-target with 53.97% of the total FTE ask already secured and 30% of the EMS D & C Review FTE "ask" already secured.

**Totals 2020/21**

Role	Planned	Recruited	In training	Delivered	Cumulative R&T	This is % of Ask	Additionality secured	Additionality required
UCS	223	39	26	53	118	52.91%	34.00	22.10
EMT	250	10	59	6	75	30.00%	5.00	102.40
Para	98.5	106	0	9.41	115.41	117.17%	1.28	11.50
	<b>571.5</b>	<b>155</b>	<b>85</b>	<b>68.41</b>	<b>308.41</b>	<b>53.97%</b>	<b>40.28</b>	<b>136.00</b>

- 2.21 The virtual Paramedic Big Bang recruitment event provided the opportunity for WAST to slightly over recruit Paramedics, as a way of providing further assurance that the overall 20/21 recruitment and training plan will be delivered, including the additionality required for the Review. The 136 FTEs are being "landed" in line with the relief gap identified in the Review.
- 2.22 As previously mentioned, the above Recruitment and Training Plan FTEs do not include the impact of the Grange University Hospital (GUH). The exact numbers need to be commissioned by ABUHB, but are expected to be at least 84 FTEs. This is a significant additional impact on WAST's Recruitment and Training Plan and urgent discussions are ongoing with ABUHB to finalise the plans and way forward.



- 2.23 In order to make decisions about future FTE requirements, EASC and WAST need to agree on the targeted rate of abstraction, in particular, the treatment of continuing professional development (CPD). This will enable the supplier of the Review to recalculate the FTEs by year, by health board and by station. Further discussions are ongoing on this issue.
- 2.24 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. As the relief gap closes and we start to recruit over and above the relief gap WAST's estate and fleet could be a barrier to efficient recruitment, with the estate having much longer lead in times than fleet procurement and recruitment/training. WAST needs to update its strategic outline plan (SOP) for estate during 2020/21 to ensure this does not occur; key to this is agreement with EASC on future FTEs beyond 2020/21.

**EASC is asked to NOTE that: a programme management approach has been adopted to implement the recommendations of the EMS D & C Review; despite CoVID-19 good progress has been made on the Recruitment and Training Plan; and further discussions are now required with EASC on future years' FTEs in order to facilitate timely project initiation on estate changes required to support the increase in establishment.**

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

- 2.25 All health board service change work by WAST has been suspended as a result of COVID 19 response with the exception of the GUH.
- 2.26 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 (NCCU/WAST currently have 43 sites listed on our database).





- 2.27 WAST has forecast and modelled the transport requirements for these surge sites and has been closely monitoring the daily infection data, conveyance levels and bed utilisation information, in combination with intelligence from health boards, to guide whether to turn on the additional transport capacity WAST has had on standby for this eventuality.
- 2.28 Whilst the potential flow into these sites has proved low at this point in time, WAST, the NCCU and health boards will need to continue to collaborate in this area, particularly, as we start to plan for winter 2020/21. Clear revised clinical models for each health board which include transport and early engagement with WAST are key.

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

- 2.29 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.
- 2.30 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.
- 2.31 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.





- 2.32 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 include 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.
- 2.33 Following a pause in progress the trust has included the NEPTS Demand & Capacity review as one of its key programs of work within the recovery phase. The review will recommence in May and progress will be reported via the Management Group and through the NEPTS DAG.

### **IMTP 2020/23**

- 2.34 WAST's 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.
- 2.35 As part of enacting the trusts Pandemic Plan, the majority of the IMTP priorities were suspended along with the supporting governance and performance management structures, with the bulk of these staff being redeployed to boost core function capacity or strengthen areas for example, infection prevention control and on-line presence. A small number of IMTP priorities continued including: recruitment and training of additional staff in line with demand & capacity programme, ePCR and preparations for the opening of the Grange University Hospital.
- 2.36 WAST has identified the following work-streams for scaling back up in the next few weeks:-
- EMS D & C Review; recommence work on efficiencies as well as recruitment and training element;
  - NEPTS Demand & Capacity Review;
  - ePCR full business case and procurement;
  - 111 system procurement;
  - Clinical Contact Centre Clinical Review - delivery of recommendations;



- Cardiff Make Ready Depot (dependent on contractors);
- Putting Things Right / Safeguarding;
- Estate and fleet SOPs that support the demand & capacity reviews;
- Digital Strategy (we will need to recast this slightly in light of all the work that has been done to support the CoVID-19 response);
- Training School relocation capital scheme;
- Putting the Operational Delivery Unit on a permanent footing; and
- Workforce wellbeing and organisational development.

## **Regional Escalation**

2.37 CEOs and Chief Operating Officers (COOs) have previously agreed on the need for greater system leadership around escalation within unscheduled care.

2.38 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. As a result WAST is now developing an organisational structure to put the ODU on a permanent footing in preparation for next winter.

2.39 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. The procedure document is expected to be represented to the COO group for discussion and agreement as we seek to include a more rapid approach to resus capacity.

2.40 The ODU is, we believe, beginning to prove its potential, and if EASC want this model of approach to continue we need to determine the funding stream. Discussions will be taken forward with the CASC.



**EASC is asked to note that: close attention will need to be paid going forward by both WAST and health boards to the transport implications of revised clinical models/hospital footprints, so that the ambulance transport requirements can be delivered in a timely manner; NEPTS has continued to provide patient critical journeys as determined by health board clinicians ; that the majority of the IMTP priorities were switched off during Apr-20, but an agreed list will now being scaled back up in the coming weeks; and the ODU has continued to prove its worth and now needs to be put on a permanent footing in collaboration with the NCCU and health boards.**

### **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 arrangements have been effective, that WAST continues to work within the framework of these plans/arrangements, that the focus is now shifting to planning for a flexible recovery towards a 'new' 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 3 of the last 4 months.
- 3.4 There has been a significant improvement in Amber performance in Apr-20, 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 D & C Programme has been maintained during business continuity with excellent progress on delivery against plan.
- 3.6 The opening of the Grange University Hospital will have a significant impact on WAST's recruitment and training programme with a minimum further uplift of 84 FTEs.
- 3.7 WAST is monitoring health board requirements for additional ambulance transport required to service revised clinical models/hospital footprints in each health board.
- 3.8 Early engagement with WAST on transport needs is key.
- 3.9 NEPTS has continued to provide patient critical journeys as determined by health board clinicians.
- 3.10 WAST has implemented the ODU to support a system wide approach to escalation/patient flow, which has been well received by the system, and WAST is now working through how to put the ODU on a more permanent footing.



#### 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>	Governance, Leadership and Accountability
	And all health and care standards
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	Yes (Include further detail below)
	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.

### 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
12 May 2020 13:30hrs	Minutes and action log Chair's report Chief Ambulance Services Commissioner's report Finance Report Forward Work Programme	Ambulance Quality Indicators (from 29 April 2020) Update from Ministerial Ambulance Availability Taskforce Focus on – TBC Committee Annual Report	Risk Register Confirmed notes from sub groups	TBC
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 – TBC Update on Emergency Department Quality and Delivery Framework Ambulance Quality Indicators (from 29 April 2020) Update from Ministerial Ambulance Availability Taskforce Committee Annual Report	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 (from 29 July 2020) Update from Ministerial Ambulance Availability Taskforce Outline Commissioning Intentions 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 (from 29 October 2020) 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

Meeting	Standing items	Additional items	Governance	Development session
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 (from 27 January 2021) Focus on - TBC	Risk Register Confirmed notes from sub groups	TBC

**Focus on topics** - Stroke Services/ EMRTS / NEPTS / Critical care transfers/ Neonatal Care Transfers / Telephone advice/ Community Working/ Handover delays /Advanced Paramedic Practitioners