



AGENDA ITEM
3.1

EMERGENCY AMBULANCE SERVICES COMMITTEE

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT
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Date of meeting	28/01/2020
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Chief Ambulance Services Commissioner
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Presented by	Chief Ambulance Services Commissioner
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Approving Sponsor	
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Report purpose	FOR DISCUSSION / REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
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AQI	Ambulance Quality Indicators
CASC	Chief Ambulance Services Commissioner
EMRTS	Emergency Medical Retrieval and Transfer Service



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:

- National Transfer Service for Critically Ill Adults
- Ministerial Task Force
- Ambulance Quality Indicators (AQI)
- Escalation
- Performance dashboard
- Emergency Medical Retrieval and Transfer Service (EMRTS): Gateway Review and progress on review of commissioning framework
- Mental Health Update.

2.2 National Transfer Service for Critically Ill Adults

2.2.1 Members will note that EASC will receive a £1.7 million recurrent allocation to support the development of a national transfer services for critically ill adults. This allocation has been assumed in the EASC IMTP.

2.2.2 Proposals are being developed by the EASC commissioning team for the delivery of this service. A detailed proposal on this work will be provided to the Committee at the next meeting.

2.3 Amber Review and the Ministerial Ambulance Availability Task Force

2.3.1 Members will be aware that the Amber Review Implementation Programme was launched following the publication of the Amber Review in November 2018.

2.3.2 Members will recall that the Amber Review found that 'ambulance availability' was the single biggest determinant for the timeliness of Amber response. Good progress has been made against these recommendations, but more work is needed to realise the necessary improvements.

2.3.3 There have been a number of changes within the operating environment which need to be taken into account. The following areas are of particular relevance:



- Increasing Red demand due to altered practice in the Clinical Contact Centre (CCC)
 - Deterioration and increased variability in Red performance
 - Underlying operational capacity gap
 - Above average on scene times
 - Reducing conveyance
 - Significant increase in lost hours to handover
 - Significant lost hours post-production
 - Inappropriate fleet mix to deliver the clinical model
 - Changing patient and vehicle flows
 - Emerging service changes such as major trauma service and the Gwent 'Clinical Futures'.
- 2.3.4 Amber responsiveness is highly susceptible to wider system pressures. During the time period of the Amber review, the ambulance service delivered a consistent Red response, this has deteriorated in recent months. Therefore improvement is required, however it is important to bear in mind that any focus on red improvement has the potential to be detrimental to amber responsiveness.
- 2.3.5 On 15 January 2020, the Minister for Health and Social Services announced the creation of an ambulance availability taskforce. The taskforce will be jointly chaired by Stephen Harray, Chief Ambulance Services Commissioner and Professor David Lockey, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru National Director.
- 2.3.6 The Ministerial Ambulance Availability Taskforce will consider the following:
- Implementation of recommendations from a recently commissioned independent "Demand and Capacity" review
 - rapid delivery of alternative pathways and community-based solutions to prevent avoidable conveyance to emergency departments
 - optimisation of the ambulance patient handover process
 - improvement in Red performance, and
 - build on progress made by the Amber Review Implementation Programme.
- 2.3.7 The Terms of Reference for the Taskforce are currently being finalised and will be shared when available The Taskforce is expected report during the summer of 2020.



2.4 **Ambulance Quality Indicators (AQI)**

2.4.1 Members will note that the next set of Ambulance Quality Indicators are due to be published on the 29 January 2020. Members will be aware that there has been a deterioration in a number of performance metrics.

2.4.2 Members should also note that WAST have been unable to produce additional time based metrics to support the clinical indicator measure in time for this publication of the AQIs. Members will share my disappointment at this and I will be writing to the WAST CEO and picking this issue up through the EASC Management Group to ensure this is delivered as soon as practically possible.

2.5 **Escalation**

2.5.1 Committee members will be aware of the launch of revised escalation on call arrangements that went live on the 27 January. These arrangements have been discussed by the Chief Executive Group, Chief Operating Officers Group, EASC Management Group and key stakeholders. Members will also recall that I will be responsible for independently reviewing the decisions taken through these new arrangements. I will provide Members with an initial review of this at the next meeting.

2.6 **Performance Dashboard**

2.6.1 Members will recall that as part of the discussions on the changes to the escalation on call arrangements it was agreed that the current dashboard needed to be further developed to reflect pressures across the whole system, to include clear objective measures and over time to include appropriate qualitative measures. The operation of this has been included in the procedures that have been developed to ensure a start date of 27 January 2020 for the new arrangements.

2.7 **Emergency Medical Retrieval and Transfer Service (EMRTS)**

2.7.1 Members will be pleased to note that the draft EMRTS Quality and Delivery Framework document was received at the last EMRTS Delivery Assurance Group. It was agreed at the EMRTS DAG that more information should be added to include areas of service previously agreed with health boards.

2.7.2 Further work will now take place to ensure that the revised documentation is available for approval by EASC at its March meeting.

2.7.3 Approval of the documentation will be an important milestone and enable more detailed commissioning intentions for EMRTS to be issued in 2020/2021 and reflected in EMRTS annual plan.



2.8 Mental Health Update

2.8.1 There is currently underway a Mental Health Access Review which will look at the number of people accessing health and police urgent care services and with what type of conditions. This will allow us to shape our urgent care response locally, regionally, nationally. It will also allow us to make sure we are meeting the needs of patients with staff with the right skills. This report will be published in May 2020.

2.8.2 EASC, crisis care concordat and MH network are all endeavouring to describe 'what good looks like' as a crisis model across Wales.

2.8.3 The Ministerial Taskforce will also seek agreement on a national pathways, one of which is MH. Any model should include police and social care response and be sensitive to local adaption and need. The aim would be to ensure all these organisations agree on a single delivery mechanism for the piece of work which will in effect address all the different needs across Wales.

3. KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE

3.1 Members will wish to note that WAST have been unable to produce additional time based metrics to support the clinical indicator measure in time for this publication of the AQIs.

3.2 I will be writing to the WAST CEO and picking this issue up through the EASC Management Group to ensure this is delivered as soon as practically possible.

3.3 The EAS Team will also be undertaking a broader review to ensure that there are no other risks associated with this matter.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Specific areas identified will impact quality safety and patient experience matters
Related Health and Care standard(s)	Governance, Leadership and Accountability
	All health and care standards apply.
Equality impact assessment completed	Not required



Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There are ongoing implications which are identified within the report
Link to Main Strategic Objective	<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 providing strong governance and assurance.</p>
Link to Main WCFG Act Objective	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.