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| **Reporting Committee** | **Chair’s Summary - EASC Management Group** |
| **Chaired by** | Stephen Harrhy |
| **Author and contact details.** | Gwenan.roberts@wales.nhs.uk |
| **Date of last meeting** | 16 June 2022 |
| **Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**  |
| **PERFORMANCE REPORT AND DATA**The Performance Report and accompanying Ambulance Service Quality Indicators were received. Members noted the deterioration in a range of performance indicators during the last week including increasing ambulance handover delays, following a period of steady improvement over a number of weeks. It was noted that this was due to a number of reasons including staffing pressures within WAST and health boards and also continuing challenges to patient flow. Members noted that the Minister expected robust plans to be in place ahead of the summer holiday period.Significant pressure within the system had been reported in the recent risk huddles following the four-day bank holiday with a visible impact on operational services and staff. In terms of the WAST Clinical Safety Plan (CSP), Members noted that the CSP had generally been at 2C and 3A levels with times of escalation to level 4A with a significant consequence on community waits, some green calls not receiving a response and longer delays to amber calls.Rachel Marsh highlighted the significant challenge of staff attendance with a reminder to members that an element of absence in the operational staff group related to the long waits outside hospitals and attending patients in the community that had already been waiting a significant period of time. Members noted that while data for May 2022 was awaited, early indications were that the internal actions put in place were resulting in an improvement in attendance in line with the trajectory included within the WAST IMTP. It was agreed that there was a need for sustained month-on-month improvements. Two further points to note were made including the recent productive meetings within WAST with trade unions hopefully resulting in changes for staff being implemented and an increase in the number of EMT hours available from the end of May 2022.Members noted that a meeting had been convened by the Chief Executive of NHS Wales with the Chairs and Chief Executives on 8 June 2022 to discuss the system pressures and the significant risks within the system including the agreement to the immediate release for Amber 1 and Red calls. A protocol was being drafted in terms of the application of this, the reporting of non-compliance, ensuring and enabling discussions between WAST and local representatives to discuss these requests and to ensure appropriate action is taken while emphasising the need to work together during these time of extreme pressure.Members agreed that there was a need to focus on data and the need for clear measures including for immediate release and for the Clinical Safety Plan for communication across the system. Members were advised that:* work was ongoing with WAST health informatics to create a live dashboard for monitoring and reporting, progress on this would be reported to future meetings
* immediate release information was already available per health board and was sent retrospectively to the Chief Operating Officers (COOs)
* whole system would need to work together to ensure that this data was formally validated before publication was agreed.

Members **RESOLVED** to:* **NOTE** the content of the report
* **DISCUSS** additional actions that the EAS Joint Committee could take to improve performance delivery of commissioned services.

**CHIEF AMBULANCE SERVICES COMMISSIONER REPORT**The report from the Chief Ambulance Services Commissioner (CASC) was received. In presenting the report, the Chair specifically highlighted the fortnightly meetings currently being held by the CASC involving the Chief Operating Officers (COOs) and WAST Director of Operations and the team to review the progress of handover improvement plans and to capture any mitigation to improve the current situation.It was also noted that non-recurrent funding of £3m for additional emergency ambulance capacity had been secured from Welsh Government to support additional frontline ambulance capacity. Conversations were being held with WAST to explore the opportunities for supporting the service, to maximise safe patient care and to maintain performance at an acceptable level. Members felt that this was a very helpful investment and that the WAST Executive Team had already discussed the additional workforce that could be secured, likely to be in the region of approximately 100 members of frontline staff.It was agreed in principle that the above tripartite meetings could be used to progress discussions relating to the use of the additional funding and to identify opportunities on a health board by health board basis.Members **RESOLVED** to: **DISCUSS** and **NOTE** the information within the report**UPDATES FROM HEALTH BOARDS**Members provided the following updates for their organisations:* **Cardiff and Vale (CVUHB)** – the system plan to improve flow was described including same day emergency care (SDEC), admission avoidance schemes, escalation and conveyance audits. In addition, members noted the use of community resources and integrated discharge services to improve flow across the health board. The Chair suggested that the recent improvement trajectory had stalled; however, the work to develop its handover improvement plan was noted along with a variety of staffing initiatives and the need to effectively monitor the impact of these.
* **Swansea Bay (SBUHB)** – the focus on system flow and strategic change plans was noted. Improved performance during May 2022 was noted. However, the health board was now experiencing high bed occupancy and increased pressure at the front door, further mitigation actions were currently being put in place. In summary, the impact of increased activity, difficulties relating to flow particularly at the back door and staffing difficulties were noted. Members noted the emerging discussion held with the health board regarding a ‘holding service’ with a view to scheduling conveyance to the most appropriate pathway at a point in time. Further discussions would be held to develop and test the concept particularly maintaining contact and caring for the patient during this period.
* **Aneurin Bevan (ABUHB)** – the focus on pre-hospital was noted including urgent primary care centres, admission avoidance, frailty and the over 80s pathway. Other key areas of work included changing the pathway to enhanced local general hospitals (ELGHs) over coming weeks, working with local authorities regarding the back door as well as responding to recent outbreaks of COVID-19. Members noted the recent developments of the regional vascular network (going live July) and the need to monitor the impact of this.
* **Cwm Taf Morgannwg (CTMUHB)** – the work relating to the Six Goals governance process and the need for targeted action to improve performance at Princess of Wales Hospital was noted. It was agreed that the CTMUHB update would now be forwarded in writing to the CASC.
* **Betsi Cadwaladr (BCUHB)** – there was no representative in attendance.
* **Hywel Dda (HDdUHB)** – there was no representative in attendance.

Members **RESOLVED** to: **NOTE** the updates provided by Health Boards and the actions to work with WAST in specific areas.**FOCUS ON – EMERGENCY AMBULANCE SERVICES FRAMEWORK**Members received the briefing note provided and noted the inclusion of CEOs, Welsh Government colleagues, COOs, Nurse Directors and Directors of Planning in the circulation of information relating to the refresh of the emergency ambulance services framework. Members noted the briefing document detailed opportunities for strategic commissioning within EASC and the Six Goals for Urgent and Emergency Care Programme, to consider local engagement mechanisms for ongoing development of the framework and to consider opportunities arising from whole system data insights.Julian Baker explained that the aim of the presentation provided was to prompt further discussion and engagement with a view to supporting WAST and HBs to realise the ambition to ‘invert the triangle’. A system perspective was provided drawing upon a wide range of data sources including patient safety and emergency department measures identifying key insights relating to patient handovers, patient waiting times and outcome of attendance. Illustrative examples were provided for context and opportunities for understanding the patient pathway in much greater granularity and calculating total patient waiting times not just across the five-step ambulance care pathway patient but also through the emergency department including clinical assessment and triage were noted. Opportunities for health board service offerings to feed into integrated commissioning action plans and the work to realise the ambition to the shift the inverting the triangle, were also suggested.Members noted that the team at WAST were supportive of the approach presented including the work to be undertaken together with health boards, the different offerings presented (noting the additional offering of WAST treatment at scene and the role of the Advanced Practice Paramedics) and the opportunity to calculate the total patient waiting time and patient experience, not just one wait but the many waits within one episode of patient care. It was agreed that the EASC Team would:* provide access for Rachel Marsh and Hugh Bennett to the Key Performance Indicator internal dashboard designed in PowerBI
* develop the emergency ambulance services commissioning framework in line with this discussion.

Members **RESOLVED** to:* **NOTE** the explanatory email sent to EASC members & nominated deputies and EASC Management Group Members on 23 May including briefing note and supporting documents
* **NOTE** and support opportunities as outlined in the embedded briefing note
* **NOTE** the action, to give initial consideration to national v local issues across Health Boards and WAST, and agree local engagement mechanisms for ongoing development of framework – including related opportunities for EDQDF (as part of the ‘Focus on’ session)
* **NOTE** the action required to locally consider opportunities from ongoing development of such initiatives
* **NOTE** the action to locally consider opportunities from data in advance of further consideration by EASC Committee Members at their meeting in July 2022.

**IMPLEMENTATION OF THE EMERGENCY MEDICAL SERVICES (EMS) OPERATIONAL TRANSFORMATIONAL PROGRAMME (EMS DEMAND AND CAPACITY REVIEW)**Members received the highlight report, summary and slides relating to the benefits scorecard. Members agreed that this was a clear update but also that there was a need to ensure that updates are provided at future meetings regarding the progress made against roster reviews, sickness absence, post production lost hours and clinical contact centre reconfiguration.Members **RESOLVED** to: **NOTE** the reports and discussion.**WAST RED PERFORMANCE REPORT**The WAST Red Review Report was received. Following conversation at EASC Committee, members noted the report that reviewed the drivers for increased Red demand and the actions taken within EMS coordination to understand and respond to the position.Members also noted the clinical advice to align the red categorisation with the English system and the likely sustained future increase in red activity. It was agreed that further updates would need to be provided on this (Added to the Forward Look).Members **RESOLVED** to: **NOTE** the information within the report.**HEALTHCARE INSPECTORATE WALES (HIW) TASK & FINISH GROUP**Sian Ashford provided an update on the work of the HIW Task & Finish Group established at the request of EASC Management Group to coordinate responses to the twenty recommendations made.Members noted that the most recent meeting had received updates regarding the progress made against the recommendations actioned by WAST and Health Boards. Updates had included sharing standard operating procedures relating to ambulance handovers, explaining the new roles being developed to address the system pressures and the dialogue being undertaken between organisations and WAST to address local issues.The next step was to facilitate a stakeholder workshop on 23 June 2022 to consider all of the recommendations relating to Fundamentals of Care. A meeting would be arranged with HIW following the workshop to discuss progress and agree how outstanding actions could be completed.Members **RESOLVED** to:* **NOTE** the first two meetings already held
* **NOTE** the updates provided by organisations
* **NOTE** the upcoming workshop relating to Fundamentals of Care
* **NOTE** the intention to meet with HIW to discuss progress and agree outstanding actions.

**AMBULANCE SERVICE INDICATORS UPDATE**Building on the report received at the previous meeting, Ricky Thomas provided a verbal update including the work undertaken with WAST and Welsh Government colleagues to move to monthly releases of the Ambulance Quality Indicators. Members noted that the publication of the existing and future measures would be completed by EASC rather than EASC and WG as current practice.The publication scheme will follow the WG Publication date (penultimate Thursday, monthly). In addition, it was noted that work was underway to jointly reinvigorate the Ambulance Service Indicator Group (ASIG). After discussion, Members **RESOLVED** to:* **NOTE** the work undertaken with WAST and WG to move to monthly releases of the AQIs/ASIs
* **NOTE** the collective work on the ASIG going forward.

**EASC GOVERNANCE INCLUDING THE RISK REGISTER**The EASC Governance report was received. Stephen Harrhy presented the report and highlighted that:* The updated EASC Risk Register had recently been endorsed by the CTMUHB Audit and Risk Committee. Members were asked to consider and comment on the risks and risk ratings
* All audit recommendations would be completed by July 2022.

Members **RESOLVED** to: * **ENDORSE** the risk register
* **NOTE** the progress with the actions to complete the requirements of the EASC Standing Orders
* **NOTE** the progress on the recommendations of the Internal Audit on EASC Governance
* **APPROVE** the information within the EASC Key Organisational Contacts
* **ENDORSE** the draft EASC Assurance Framework.
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| **Key risks and issues/matters of concern and any mitigating actions** |
| * The significant risks within the system including the agreement to the immediate release for Amber 1 and Red calls, protocol being drafted in terms of the application of this
* Fortnightly meetings currently being held by the CASC involving the Chief Operating Officers (COOs) and WAST Director of Operations and the team to review the progress of handover improvement plans and to capture any mitigation to improve the current situation
* Non-recurrent funding of £3m for additional emergency ambulance capacity has been secured from Welsh Government to support additional frontline ambulance capacity. Conversations were being held with WAST to explore the opportunities to maximise safe patient care and to maintain performance at an acceptable level.
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| **Matters requiring Committee level consideration**  |
| * Handover delays and the key actions being undertaken by each health board as part of their handover improvement plans
* The impact of system pressure in terms of escalation within the WAST Clinical Safety Plan and the consequence for community waits
* Ministerial expectation for robust plans to be in place ahead of the summer period
* Clinical advice to align the red categorisation with the English system and the likely sustained future increase in red activity.
* Emergency Medical Services (EMS) Commissioning Framework
* Ambulance Service Indicators and monthly reporting
* Progress made by the HIW Task & Finish Group
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| **Forward Work Programme**  |
| Considered and agreed by the EASC Management Group. |
| Committee minutes submitted  | Yes  | **√** | No |  |
| **Date of next meeting** |  **18 August 2022** |