**NON-EMERGENCY PATIENT TRANSPORT SERVICES**

**DELIVERY ASSURANCE GROUP**

**1 December 2022**

**10:30 – 11:30**

**Via Microsoft Teams**

**Unconfirmed notes of the meeting**

|  |
| --- |
| **Present** |
| **Name** | **Representing** |
| Phill Taylor (Chair) | Emergency Ambulance Services Committee Team |
| Steve Bonser | Aneurin Bevan University Health Board |
| Gillian Milne | Betsi Cadwaladr University Health Board |
| Elinor Mercer | Cardiff and Vale University Health Board |
| Elizabeth Beadle (in part) | Cwm Taf Morgannwg University Health Board |
| Wayne Lewis | Cwm Taf Morgannwg University Health Board |
| Gareth Skye | Hywel Dda University Health Board (HDUHB) |
| Andrew Quarrell | Powys Teaching Health Board (PtHB) |
| Joanne Jones | Swansea Bay University Health Board (SBUHB) |
| Jeff O Sullivan | Velindre NHS Trust |
| Mark Harris | Welsh Ambulance Services NHS Trust (WAST) |
| Karl Hughes | Welsh Ambulance Services NHS Trust (WAST) |
| Deborah Kingsbury  | Welsh Ambulance Services NHS Trust (WAST) |
| James Haley | Welsh Ambulance Services NHS Trust (WAST) |
| Sarah Jones | Welsh Government |
| Susan Spence | Welsh Kidney Network |
| Susan Evans  | National Collaborative Commissioning Unit / Emergency Ambulance Services Committee (EASC) Team |
| Sian Ashford | Emergency Ambulance Services Committee (EASC) Team |
| Gwenan Roberts  | National Collaborative Commissioning Unit / Emergency Ambulance Services Committee (EASC) Team |
| **Apologies** |
| Stephen Harrhy | Matthew Edwards | Ricky Thomas |
| Ross Whitehead |  |  |

| **Item** |  | **Actions** |
| --- | --- | --- |
|  | **Welcome, Introductions, Apologies and Declarations of Interest** The Chair welcomed everyone to the meeting and thanked them for their time.There were no additional declarations of interest. |  |
|  | **Notes of previous meeting**The notes from the previous meeting held on 6 October 2022 were confirmed as an accurate record. |  |
|  | **Matters arising**There was none. |  |
|  | **ACTION LOG**Members noted that the Action Log had been updated and a number of actions closed. Following areas were updated:* EASC Team NEPTS IMTP update.
* WAST and Renal Network reimbursement costs for self-conveying patients.
* WAST to provide members with briefing note regarding Capacity Management Plan.
* Tier 2 & 3 reporting.

Actions from October up to date and on agenda4 Aug – reimbursement and conversation has been held, therefore closed. Susan Spence explained that patients received 38p per mile and some had asked regarding this level. This reimbursement was for fuel costs only and no further concerns have been raised.Members **RESOLVED** to **NOTE** the Action Log. |  |
|  | **SERVICE DEVELOPMENTS FOR ENHANCED CARE PATIENT GROUPS**Karl Hughes provided a presentation on the demand and capacity oncology project. The presentation highlighted:* NEPTS providing what has been requested
* Demand and capacity (D&C) work
* Poor performance – only 40% of the target being met, D&C suggested would need an additional 148WTE staff to meet the target.
* Quality performance indicators reviewed
* Performance information presented 20,000 journeys
* Suggestion to change the inbound patients from within 30 mins to within 45 mins – would then reach 83%
* Three key sites, Velindre, Singleton and North Wales Cancer Centre – liaison staff at an enhanced care services hub
* Lots of work to do, not looking for additional funding but improve the focus to have individuals to drive efficiencies.

Issues raised included:* Steve Bonser asked about the national process to change the KPIs – noted proposals would come through this group and upwards to the EASC Management Group prior to submission to EASC; and noted the time frame which would be required.
* Wayne Lewis asked – percentage of patients receiving care near their homes - key area to focus on and related to areas where patients are treated and whether closer to home is possible. Work already undertaken with renal patients to reprofile patients to avoid additional travel.
* Mark Harris reinforced the important of the current position and history of the development. ORH has worked with the service to understand how the service works and what can be achieved. Agreed that patients need a better quality of service than they are receiving. Need to work with health boards and patients to develop the best service. Will have more clarity and able to deliver more consistently and join up and improve end to end patient experience. WAST undertaking internal discussions to improve services.
* Susan Spence provided information for how services had improved and the renal hub and the extra understanding of the need of renal patients and whether this method would bring some clarity. Mark Harris explained that an organisational change process would be shared to move to an enhanced service hub to build on the work and change the service. Potential investment for oncology would be required for the enhanced hub.
* Jeff O’Sullivan explained that patient experience and treatments – 100s of regimes in place and KPIs are overarching and may need to be more nuanced for the correct response. Velindre happy to be involved in the process and supportive of the general direction.

Phill Taylor thanked WAST for the presentation and summarised the session and suggested that if further support was required a report would need to be presented at a future meeting. The work should build into the Commissioning Intentions and confirmed that the importance of patient experience was paramount.(Jo Jones joined at 10.59)Members **RESOLVED** to: **NOTE** the presentation.  |  |
|  | **TENDER AWARD NEPTS CONTRACTS**WAST have undertaken the process for providing the tender awards on the NEPTS contract. Mark Harris presented and highlighted the need for change which included:* Transfers of work
* Variety
* Limited to manage providers (particularly if non-performance)
* Procurement platform and able to get better value for money when planned and not last minute
* Dynamic providing last minute and costly
* Historical agreements in place but not contracts
* Future direction moving to WAST provision, reduce dynamic (last minute) provision
* Developed enhanced specification and had a lead procurement member of staff
* Mini competition through the WAST framework and all quality assured by WAST and 365
* Specification boosted and measures to hold providers to account for quality and financial impacts
* Lessons learned along the way and some additional contracts being tendered again
* 1 Dec – some providers starting
* 32 new contracts and range from 6 months to 2years (+2)
* 18 providers and almost £5m in value
* Potential reduction in costs in line with NEPTS business case
* Increase in hours by 10% for operational deliver
* Significant changes to provide e.g Cardiff and Vale and Swansea Bay services changing from middle of January.
* Major risks within the 2 larger contracts and being led by Karl Hughes.
* Robust but long process and worthwhile with better services for patients.
* Mark Harris thanked James Haley for this work in delivering these new providers.
* Mark also confirmed that the changes to the larger providers would be confirmed with the health boards affected.

Members noted* HATS Group <https://www.hatsgroup.com> would provide services to Swansea Bay and Cardiff and Vale (nationwide company)

Phill Taylor summarised the discussion and the link to the NEPTS Business Case. The future work could include an evaluation of the new services, efficiencies and enhancing services and benefits and improvement. WAST were asked to provide a plan to show where reinvestments would be made at a future DAG meeting and would need to be linked within the IMTP (Action Log). It was noted that it would be helpful to have some proposals for what might be received although Members were mindful that transitional period and the importance of ensuring the Tier 2 meetings continue to take place in order for early identification of any issues.Members **resolved** to: * **NOTE** the update on the Tender Awards for NEPTS Contract
* Receive an update plan to show reinvestments.
 |  |
|  | **EXCEPTION UPDATES FROM HEALTH BOARDS** Issues raised by health boards included:Powys* Andrew Quarrell re contract novations with cross border, costs, governance etc with a plan for 1 April 2023; no issues identified at present and anticipating a straightforward continuation and continuity of service.

Swansea Bay* Joanne Jones thanked the WAST team for their support for the changes at SBUHB and acute medical services review with the many ongoing changes. The NEPTS team have been very helpful and fully involved and some options identified to enable the service changes to go ahead.

(Elizabeth Beadle joined at 11:28)Wayne Lewis* Updates on strike action and asked if it would affect NEPTS?
* Inflationary cost issues for NEPTS which affect HBs

It was agreed this would be discussed with the provider report. No financial position yet for next year.Members **resolved** to: * **NOTE** the updates and issues for health boards.
 |  |
|  | **WAST PROVIDER REPORT**The WAST Provider report was received. In presenting the report Mark Harris highlighted:* Demand increasing, particularly in oncology and asked for HBs to raise any issues as soon as possible with local teams
* Some issues re eligibility and using the quality assurance process to be fair and equitable
* Performance as in previous months other than oncology as previously discussed
* Journey booking service still pressured but answering phones quicker and hoping to continue on this trajectory
* More staff turnover at Band 2 moving for higher grades
* Benefits realisation for the business case and actions to complete – currently reviewing to identify and extract. Potential to give a specific update for a future DAG meeting including how they will be measured
* Winter delivery and potential strikes (or flu etc), continuity team (as had during the pandemic) to ensure core business is maintained have been involved related to the potential strike – now in operation for winter and will oversee industrial action. Renal services running as normal (RCN strike) or any other strike dates. WAST service provision would be affected when strike dates are confirmed (GMB members).
* Members asked if NEPTS staff would cross picket lines and this was not known at present. Work to do and understanding occurring across organisations. All asked to share understanding through Tier 2 meetings
* Re roster work continuing
* D&C plans and plans for 90mins turnaround times – looking to automate times (to actual) 250 clinics going live shortly and this might be rolled out over all clinics and review regularly
* Discharge and transfer model – concept by the end of the financial year
* Upgrading to a new platform to provide resilience but need to be sure data is safe
* Risks re communication of proposed changes
* BCU discharge lounge was paused but needs to be restarted. Further work required but should start next week. Will provide further data at the next DAG meeting (Added to the Action Log)

Members **RESOLVED** to **NOTE** the report and updates provided. |  |
|  | **STANDARD OPERATING PROCEDURE FOR QUALITY AND SAFETY**Mark Harris gave an overview and explained that Hywel Dda had agreed to work on this on behalf of all health boards. A meeting was planned for next week and hopefully this would be activated as a result. A more detailed update would be provided at the next meeting (Added to the Action Log).Members **RESOLVED** to **NOTE** the update provided. |  |
|  | **HEALTH BOARD SERVICE DEVELOPMENTS AND ESCALATION**Phill Taylor raised regarding HBservice developments and how these could be identified early enough, particularly through the 6 Goals for Urgent and Emergency Care Programme and meetings relating to the Integrated Commissioning Action Plan (ICAP) meetings. The environment where operational and planning teams meeting together to help support and build relationships was supported by members. Members were offered the opportunity to have a hosted forum to support the short term notice (due to operational pressures and issues) related to HB service changes. Phill Taylor agreed to develop a proposal for presentation at the February meeting (Action Log). Members raised that in terms of regional service developments this would be a helpful opportunity to develop a range of service. Members felt it was important to have rigour in the process but imperative to strengthen connections.Members **RESOLVED** to **NOTE** the update provided and receive a proposal at the next meeting. |  |
|  | **UPDATE ON EXAMINATION OF DATA SOURCES FOR AMBULANCE SERVICE INDICATORS AND QLIKSENSE**Phill Taylor gave an overview of the reasons for the update related to the dashboard. Susan Evans gave an overview of the information being used and highlighted the variance identified.Susan Evans suggested to Members that using Qliksense would be the best way forward to present the information which would include:* Journeys
* Collection of patients before appointment (% patients arrived on time)
* Collection of patients after appointment.

It was suggested these would be a start point and would be circulated on a monthly basis and Members could suggest if further information would be helpful. Additional work would take place outside of the DAG to ensure that the dashboard is useful and helpful for all. WAST and HBs would be involved in the development of the dashboard and work would continue to understand where variation identified in Qliksense and within the published Ambulance Service Indicators.Mark Harris welcomed the development of the dashboard and explained that work was being undertaken with the WAST team. It was noted that there could be an option to ensure that everyone understands all of the information and the data explanations and ensure NEPTS required data set is fit for purpose.It was suggested that Members might find it useful to receive the dashboard widely shared in the NHS weekly to understand what could be provided (to be circulated – added to Action Log).Members **RESOLVED** to **NOTE** the update provided and take part in developing the dashboard in the future. |  |
|  | **QUALITY AND SAFETY (STANDARD AGENDA ITEM)**Phill Taylor explained that this item was presented on a quarterly basis and a fuller update would be provided at the next meeting.Mark Harris gave an overview from the WAST perspective which included:* Volunteer car drivers (impact of hike in fuel costs)
* Considering the patient survey information to have a balanced scorecard approach to how patients use the service
* Members noted that generally, patients were happy with the service they receive – this is received through social media, text messages and link and survey sent by patient engagement team – random circulation through the post or email of 100s per month and use of QR codes
* External providers and volunteers, more coming through the process
* Quality assurance
* Fully compliant with volunteer drivers should be 100% this month.

Members asked to comment on the quality and safety dashboard.Members **RESOLVED** to **NOTE** the update on the quality and safety dashboard. | **Action** |
|  | **SIX GOALS FOR URGENT AND EMERGENCY CARE PROGRAMME UPDATE**Phill Taylor explained that ongoing actions for all of the work to deliver the Six Goals for Urgent and Emergency Care Programme.As part of the revised Emergency Ambulance Service Commissioning Framework, health boards have developed Integrated Commissioning Actions Plans (ICAPS) setting out a range of actions across the 6 Goals Programme, that will directly or indirectly contribute to improvements in ambulance handover delays.These ICAPS will be reviewed by WAST, with WAST identifying existing work or further opportunities for organisations to work together to deliver service improvements. Examples of the key areas where opportunities that have been identified: signposting/alternative pathways (111), admission avoidance (SDEC); ED capacity and flow; whole system flow and social care in the community.Ministerial Summit held on Monday and importance of all organisations involved; sharing good practice from across the UK and the importance of the HB action plans.NEPTS element – related to winter and supporting discharge and transfer at the back door and the requirement for alternatives to ensure flow across the system.Working with HBs to deliver action and where relevant to NEPTS for effective services and learn from the BCUHB work to share with others and complement the wider system.Mark Harris working with commissioning team re slippage of funding around £300,000 to support the work in the winter. Regionally based vehicles being tendered for this week to start next week, primarily across the M4 corridor but also in HD and BCU. Not health board attached but some vehicles purchased so providing additional responses and capacity and moving to where the need is required. Potentially more to come if other opportunities available.The EASC Team will continue to provide updates of ongoing work linked to the Six Goals for Urgent and Emergency Care Programme and NEPTS, as part of Six Goals for Urgent and Emergency Care Programme standard agenda item. Members **RESOLVED** to **NOTE** the update. |  |
|  | **FORWARD LOOK**The Forward Look was received and the Chair suggested that Members send further suggestions to develop the plan for the next year. Few actions considered for next agenda, Members asked to forward items.* Discharge and Transfer services – work to do
* Alex Crawford work to test assumptions with the DAG

Members **resolved** to **note** the forward look. | Chair All |
|  | **ANY OTHER URGENT BUSINESS** There was none. |  |
|  | **Date of next meeting** 2 February 2023 at 10:00 – 11:30 by Microsoft Teams |  |