

## Special Meeting of the Emergency Ambulance Services Committee Management Group

**Monday 27 July 2020  
12:00 to 1:30pm**

**Venue: Microsoft Teams**

### Notes of the meeting

#### Attendees

Stephen Harrhy, Chair	(SH, EASC)	Ross Whitehead	(RW, EASC)
Rachel Marsh	(RM, WAST)	Claire Roche	(CR, WAST)
Kath McGrath	(KMc,CTMUHB)	Craige Wilson	(CW, SBUHB)
Hugh Bennett	(HB, WAST)	James Rodaway	(JR, EASC)
Jamie Marchant	(JM, PTHB)	Gwenan Roberts	(GR, EASC)
Lee Davies	(LD, C&VUHB)	Stuart Davies	(SD, EASC)
Kath Smith	(KS, ABUHB)	Nicola Johnson	(ND, SBUHB)
Chris Turley	(CT, WAST)	Brendan Lloyd	(BL, WAST)
Gavin MacDonald	(GMc, BCUHB)	Jonathan Jones	(JJ, EASC)
Lee Brooks	(LB, WAST)	David Hanks	(DH,ABUHB)

#### Apologies

Meinir Williams	(MW, BCUHB)	Claire Birchall	(CB, ABUHB)
Adele Gittoes	(AG, CTMUHB)	Chris Moreton	(CM, NCCU)
Andrew Carruthers	(AC, HDdUHB)	Alex Crawford	(AC, WAST)

Item	Actions
<p>1. <b>WELCOME, INTRODUCTIONS &amp; APOLOGIES</b></p> <p>Stephen Harrhy welcomed all present to the Special meeting of the EASC Management Group and gave an overview of the meeting; he was pleased to note that all health boards apart from one were represented at the meeting.</p>	<p>Ongoing</p>
<p>2. <b>IMPLEMENTATION OF THE DEMAND AND CAPACITY REVIEW UPDATE</b></p> <p>Rachel Marsh presented the report which had been sent out to Members on the previous Friday. Stephen Harrhy suggested that as Members had not had the opportunity to read the report that Rachel Marsh present the report on a page by page basis.</p>	

Members noted the purpose of the report.

**Purpose**

Presentation Purpose:

- To update EASC Management Group on the progress of the implementation of the EMS Demand and Capacity Review, as a crucial gateway point is reached, and
- To enable the Group to provide a strategic steer on the benefits of proceeding (or risks of not proceeding) with the associated recruitment and training plan.

www.ambulance.wales.nhs.uk

Members noted the background and findings of the D&C Review including:

- Sickness absence target of 5.99%
- The amount of continuous professional development hours for all staff at 52 hours
- Re-rostering work to reduce numbers required by 72WTE
- Efficiencies required in control centres
- Health board reductions in handover delays
- ORH indicated that the relief gap by Dec 21 at 262.5WTE

**Background – Findings of D&C Review**

Demand

- Forecast increase in verified call demand of 2.3% per annum.

Performance

- Collaboratively agreed performance parameters of Red 8 minutes 70% and Amber 1 median 18 minutes
- Parameters agreed are not commissioning intentions or WG targets, but designed to reflect English Ambulance Response Programme.

WAST Efficiencies

- An abstraction rate of 29.91% including a sickness absence target of 5.99% (with further subsequent challenge from EASC Management Group on the treatment of CPD).
- Re-rostering Pan-Wales to reduce future FTE requirement by 72 FTEs.
- Various control centre efficiencies e.g. hear & treat, reconfigured dispatch boundaries.

Health Board Efficiencies

- Notification to handover lost hours to return to their 2018/19 levels.

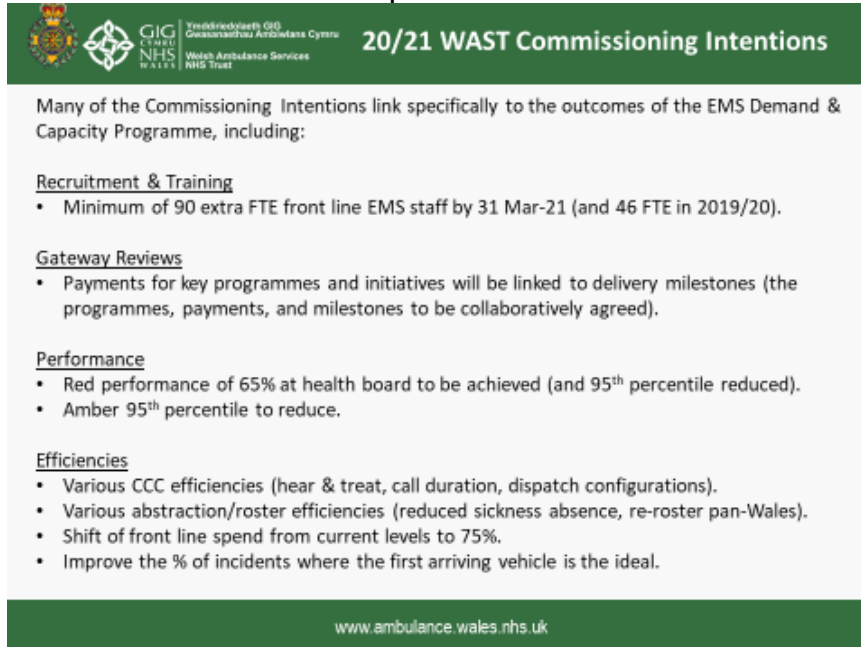
Modelled FTE Requirement

- Relief gap of 262.5 FTE by Dec-21 staff with a further 275 FTEs by Dec-24.
- EA/USC: RRV ratio to move from 2.5:1 to 7.2:1 by Dec-24.
- 25.5 FTEs increase in APPs to improve see & treat.

www.ambulance.wales.nhs.uk

Members noted the EASC Commissioning Intentions


- Links for payment to delivery milestones
- Achieving the 65% red performance and 95% Amber to reduce
- Various CCC and abstraction efficiencies
- Need to shift to front line spend



The slide features the logos of GIG Cymru NHS Wales and Troseddwrddieth GIG Gwasanaethau Ambylans Cymru Welsh Ambulance Services NHS Trust. The title is '20/21 WAST Commissioning Intentions'. The main text states: 'Many of the Commissioning Intentions link specifically to the outcomes of the EMS Demand & Capacity Programme, including:'. It is divided into four sections: 'Recruitment & Training' (Minimum of 90 extra FTE front line EMS staff by 31 Mar-21 (and 46 FTE in 2019/20)), 'Gateway Reviews' (Payments for key programmes and initiatives will be linked to delivery milestones (the programmes, payments, and milestones to be collaboratively agreed)), 'Performance' (Red performance of 65% at health board to be achieved (and 95<sup>th</sup> percentile reduced). Amber 95<sup>th</sup> percentile to reduce), and 'Efficiencies' (Various CCC efficiencies (hear & treat, call duration, dispatch configurations). Various abstraction/roster efficiencies (reduced sickness absence, re-roster pan-Wales). Shift of front line spend from current levels to 75%. Improve the % of incidents where the first arriving vehicle is the ideal). The footer is 'www.ambulance.wales.nhs.uk'.

Members noted aim of WAST IMTP:

- Transform Emergency Medical Services
- Increase front line staff
- Agree milestones (TBC)
- Identify timescales (TBC)
- Close the relief gap
- 136WTE in post by March and deliver year 1 efficiencies
- Fleet and estate
- Cost resourced £1.8m from HBs
- WAST had identified a £1.5m gap



The slide features the logos of GIG Cymru NHS Wales and Troseddwrddieth GIG Gwasanaethau Ambylans Cymru Welsh Ambulance Services NHS Trust. The title is '20/21 WAST IMTP'. The main text is 'WAST 20/23 IMTP Extract'. It contains two main bullet points: 'In response to the commissioning intentions, one of the key deliverables agreed as part of the WAST IMTP was to: *Transform the EMS service in line with the Demand and Capacity Review outcomes, increasing numbers of front line staff, and working to achieve internal and system-wide efficiency improvements.*' and 'Year 1 milestones included:'. The milestones list includes: 'Establish a comprehensive implementation programme, including agreement of an Implementation Plan (March 2020)', 'Make a substantial contribution to closing the relief gap with a minimum of additional 136 WTEs in post by 31 Mar-2021 (this included a roll-forward of plans agreed in 2019/20)', 'Deliver year 1 efficiencies as agreed as part of the implementation plan', and 'Understand resource availability impact on Fleet and Estate'. A final bullet point states: 'The IMTP noted that the cost in 2020/21 would be resourced through a number of mechanisms including contributions from WAST, Health Boards and some areas of slippage'. A final bullet point states: 'A balance of £1.5m remained between the resourcing plan and the costs that WAST had estimated'. The footer is 'www.ambulance.wales.nhs.uk'.

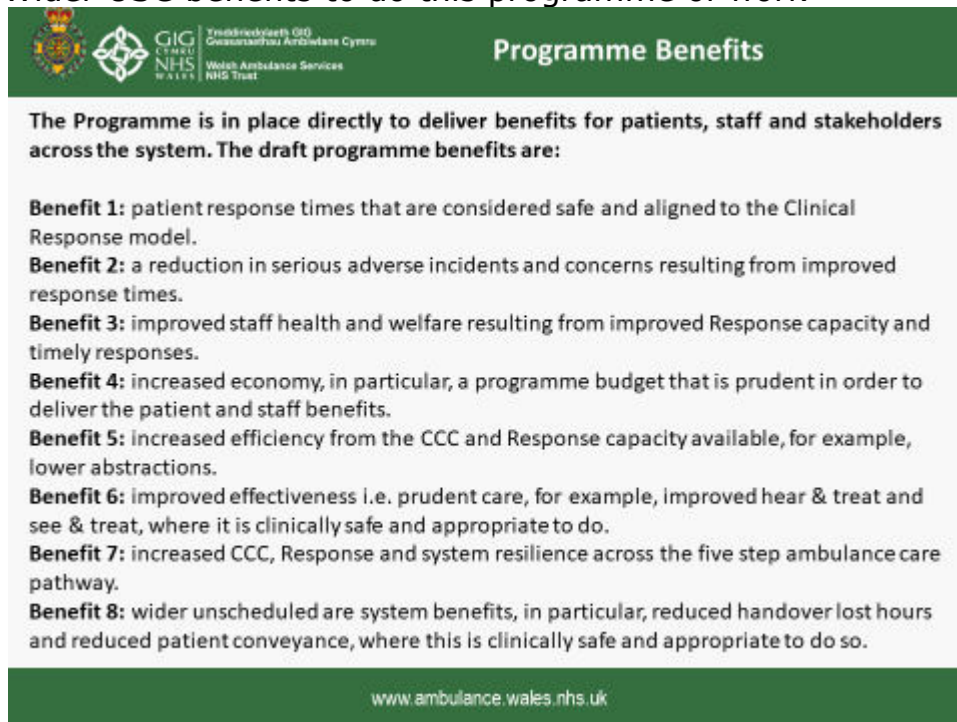
Members asked regarding the abstraction level:

- No agreement how this might be further reduced
- Impact of sickness levels; training; annual leave etc
- Need to better understand that the CPD hours (52) are included
- WAST internal work to report to programme board in a couple of weeks – would be shared as would be helpful to have the agreed plan to include in the next steps.

{Lee Brooks joined the meeting}

Members noted the 8 Programme Benefits identified so far:

- Benefits workshop had been planned but had to be postponed, would be revisited
- Most important benefit to improve response times
- Reduction in serious adverse incidents (SAIs) – not seen during Covid related to delays
- Many benefits for staff health and well being
- Wider USC benefits to do this programme of work



The slide features a green header with the text "Programme Benefits" and logos for GIG Cymru, NHS Wales, and the Welsh Ambulance Services NHS Trust. Below the header, the text states: "The Programme is in place directly to deliver benefits for patients, staff and stakeholders across the system. The draft programme benefits are:" followed by a list of eight benefits. At the bottom, a green bar contains the website address "www.ambulance.wales.nhs.uk".

**Programme Benefits**

The Programme is in place directly to deliver benefits for patients, staff and stakeholders across the system. The draft programme benefits are:

- Benefit 1:** patient response times that are considered safe and aligned to the Clinical Response model.
- Benefit 2:** a reduction in serious adverse incidents and concerns resulting from improved response times.
- Benefit 3:** improved staff health and welfare resulting from improved Response capacity and timely responses.
- Benefit 4:** increased economy, in particular, a programme budget that is prudent in order to deliver the patient and staff benefits.
- Benefit 5:** increased efficiency from the CCC and Response capacity available, for example, lower abstractions.
- Benefit 6:** improved effectiveness i.e. prudent care, for example, improved hear & treat and see & treat, where it is clinically safe and appropriate to do.
- Benefit 7:** increased CCC, Response and system resilience across the five step ambulance care pathway.
- Benefit 8:** wider unscheduled are system benefits, in particular, reduced handover lost hours and reduced patient conveyance, where this is clinically safe and appropriate to do so.

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

**Specific draft Recruitment & Training Project benefits identified were:**

### Patient Experience & Safety

- Improved Red 8 minute performance.
- Improved Amber 1 median performance.
- Reduced Concerns, Coroners activity and SAIs as ambulance availability increases.
- Improved resilience in times of high system demand.

### Staff Welfare

- Improve performance improving morale.
- Improved staff survey results.
- Reduced sickness linked to overall welfare.

### Efficiencies

- Improved ambulance units hours production.
- Reduced abstractions.
- Closing the relief gap improves WAST's ability to complete roster reviews.

### Political

- Consistent with Amber Review.
- Link to Ministerial Taskforce.

Members noted the specific areas of work and the high level indicators in 5 year programme of work.

Members asked about the improvement in the performance particularly in rural areas – no ED delays and over the last 2 months not good performance:

{David Hanks joined the meeting}

Members noted:

- that the model from ORH: the resources would deliver 70% overall and at least 65% everywhere.
- Reducing the variation is key for WAST
- Developing a pack of info for Powys as performance poor

Members suggested:

- Should the data be reviewed to learn lessons from the Covid response?
- WAST had learned lessons during Covid – these needed to be shared
- Clarifying the impact of reduced handovers
- Identifying the significant benefits
- Improved conveyance percentage
- More information related to hear and treat and reaching 10%
- Improved WAST team local knowledge of services provided to offer different pathways (such as CTM Stay Well @Home 2)

In summarising this section of presentation and discussion

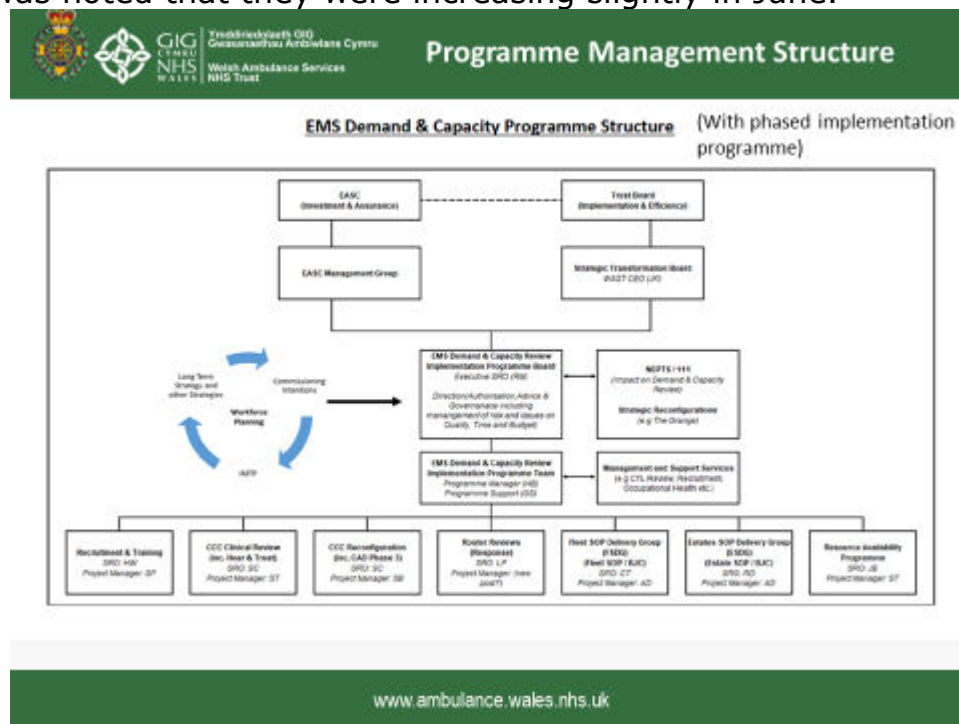


Stephen Harray confirmed:

- Need to use the learning from the response to Covid to shape the service
- Conveyance rates had improved but variation in what happened and need to identify the relevant factor why
- Need to strike a balance between red and amber performance as some patients waited a long time in the Amber category
- Need to balance the 65% in all areas and 70% overall
- Expectation of 90WTE additional (as agreed at EASC) and the WAST figure of 136WTE
- That the additionality would need to be confirmed
- Additional funding would be received for Covid and important not to double count
- WAST to be clear what was Covid costs and what was needed to deliver the ORH D&C Report

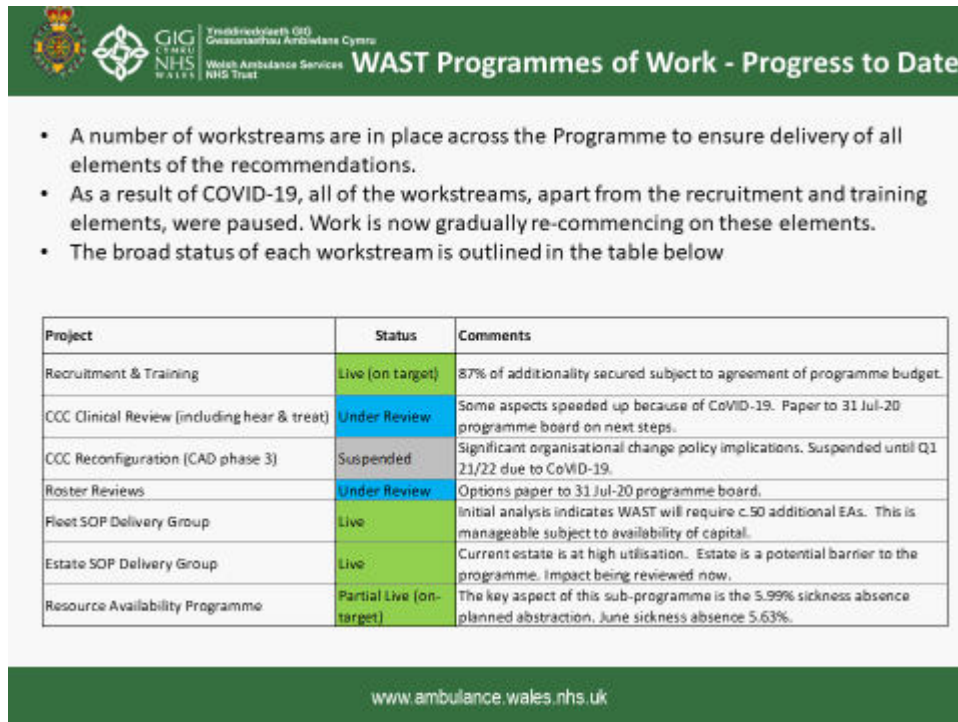
Members noted the Programme management structure slide – which would be responsible for delivering the work.

Members would have a key role in terms of handover delays and it was noted that they were increasing slightly in June.



Members noted the Programme of works and progress to date

All workstreams had been paused during Covid apart from recruitment and training. Now aiming to restart work.



The slide features the logos of GIG Cymru NHS Wales, the Welsh Ambulance Services NHS Trust, and the Welsh Ambulance Services NHS Trust. The title is 'WAST Programmes of Work - Progress to Date'. It contains a bulleted list of three points and a table with three columns: Project, Status, and Comments. The table lists seven projects with their current status and a brief comment. At the bottom, the website address www.ambulance.wales.nhs.uk is provided.

- A number of workstreams are in place across the Programme to ensure delivery of all elements of the recommendations.
- As a result of COVID-19, all of the workstreams, apart from the recruitment and training elements, were paused. Work is now gradually re-commencing on these elements.
- The broad status of each workstream is outlined in the table below

Project	Status	Comments
Recruitment & Training	Live (on target)	87% of additionality secured subject to agreement of programme budget.
CCC Clinical Review (including hear & treat)	Under Review	Some aspects speeded up because of CoVID-19. Paper to 31 Jul-20 programme board on next steps.
CCC Reconfiguration (CAD phase 3)	Suspended	Significant organisational change policy implications. Suspended until Q1 21/22 due to CoVID-19.
Roster Reviews	Under Review	Options paper to 31 Jul-20 programme board.
Fleet SOP Delivery Group	Live	Initial analysis indicates WAST will require c.50 additional EAs. This is manageable subject to availability of capital.
Estate SOP Delivery Group	Live	Current estate is at high utilisation. Estate is a potential barrier to the programme. Impact being reviewed now.
Resource Availability Programme	Partial Live (on-target)	The key aspect of this sub-programme is the 5.99% sickness absence planned abstraction. June sickness absence 5.63%.

www.ambulance.wales.nhs.uk

Members noted the Recruitment and Training plan

- Plan in place – core recruitment (turnover) plus the 136WTE but the training programmes had continued and plan was on track.
- Forecast – will hit 136WTE target before the end of the year
- Additionality – overtime levels consistent with previous levels and plan that overtime levels would not reduce
- How the 136WTE would be phased and used.

## WAST Programmes of Work – Recruitment & Training Plan

- A comprehensive integrated recruitment and training plan is in place and being actively managed and reported to monthly CASC Quality & Delivery meeting (see Appendix 1). This will deliver both core recruitment and training requirements as well as those required for the additional 136 FTEs.
- WAST is making good progress, with 87% of the additionality secured (see Appendix 2).
- Using a 5% vacancy factor tolerance level it is anticipated that WAST will achieve the Paramedic, UCA and EMT establishment targets in Sep-20, Nov-20 and Jan-20 respectively (see Appendix 3).
- Overtime levels remain consistent with previous levels. However, over the coming months, overtime hours and costs will reduce by c£600k as part of the WAST contribution to the funding of the additional 136 FTEs.

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

Members noted costs and funding - 136 staff £4.7m this year. Detailed discussions on funding costs and identified in January and shortfall of £1.477m. Next recruitment in WAST would take over the cost envelope – choice to make to proceed?

## EMS Demand & Capacity Programme

### EMS Demand & Capacity Programme Budget / Costs and Funding

- Current estimated costs of the EMS D&C for 20/21 are £4.712m with support costs representing 2% (see Appendix 4) with recurrent costs of £5.427m (excluding the recurrent impact of the APP expansion of £1.000m).
- As agreed as part of the IMTP, current funding arrangements for 20/21 include
  - 1.8m recovered via EASC from health boards
  - WAST contributions of £2.435m
  - Maximising opportunities from all resource sources.
- Overall total of £4.235m. Current cost of EMS D&C and APP expansion is £5.712m leaving a shortfall of £1.477m.
- A Gateway point has now been reached and decisions are required around next phases of recruitment and training.

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

Members noted the Financial plan and:

- Information about specific areas
- If WAST pause recruitment now – an additional 73 staff would be in in post at the end of March



### EMS Demand & Capacity Programme Budget / Costs and Funding (continued)

If the shortfall in funding cannot be met an assessment of costs has been made and this impact will require:-

- the cancellation of UCA 13 & 14 training courses of 35 wte which recruitment is planned to commence on 20<sup>th</sup> July 2020 and training course planned to go live from 16<sup>th</sup> November 2020;
- the cancellation of EMT 10, 11 & 12 training courses of 60 wte which recruitment is planned to commence on 10<sup>th</sup> November 2020 and training course planned to go live from 11<sup>th</sup> January 2021;
- reduction in additional number of CTLs; and
- This impact on the current operational workforce plan would result in an additional 73wte in post at the end of March 2021.

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

Members noted the Gateway review slide:

- Try to start to link delivery with payment
- What are the milestones? Additionality
- Sickness absence level (haven't agreed a detailed trajectory) but the level has been met during Covid
- Roster reviews – haven't agreed the trajectory yet and recommence planning
- CCC improvements – not yet agreed (off schedule)

- It has been agreed with the CASC that the concept of Gateway Reviews will be developed, linking payments for key programmes and initiatives to delivery milestones (Commissioning Intention)
- In relation to the delivery of the outcomes of the D&C Delivery Review across the 5 year programme, the critical factors to be considered, and progress against them are set out below:

Factor	Progress	Status
Additionality delivered	Forecast to achieve Mar 21 target position of 136 FTE	Green
Improvements in sickness and absence levels (trajectory not yet agreed)	Target sickness and absence level achieved and resource availability programme now recommencing	Green
Roster Reviews delivered (trajectory not yet agreed)	Progress now recommencing to start planning for roster reviews.	Green
CCC improvements delivered (trajectory not yet agreed)	Work programme currently being reviewed	Yellow

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

Members noted the Programme Risks

- Year 1 – programme budget
- 2-5 years – estates capacity staff and vehicles
- Only agreed a one year programme and the MAAT will be looking at the longer term
- Operational delivery risks.

**Programme Risks**

**Programme Risks:** The following programme risks are currently rated red (subject to review).

**Year 1 - Strategic Risks**

- Failure to collaboratively agree the programme budget delaying recruitment and training and progress on closing of relief gap.

**Years 2 - 5 Strategic Risks**

- Failure to ensure sufficient estate capacity to manage the peak FTE requirement (with link to other key programmes: GUH and NEPTS Demand & Capacity Review).
- Failure to agree future years' programme with key stakeholders.

**Year 1 - Operational Delivery Risks**

- There are currently four red operational delivery risks, for examples failure to recruit sufficient candidates.

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

In summary Members noted:

- WAST Looking for a view and a steer on next steps
- Acknowledged that this is first step in a change programme to benefit patients across Wales
- Where next?

**In Summary**

1. Agreement was reached as part of the WAST IMTP to commence work on a programme of improvements which will deliver benefits to patients, staff and stakeholders, arising from the EMS D&C Review.
2. A coherent change programme has been established in collaboration with EASC.
3. In 2020/21, agreement was reached to recruit and train an additional 136 FTEs, as the first step in closing the relief gap of 262.5 FTEs, although a gap of £1.5m between resources secured and costs was identified.
4. A programme of work was also agreed in relation to performance, WAST efficiencies and system efficiencies, although specific timescales for delivery have not yet been agreed (COVID-19 impact).
5. Despite CoVID-19, good progress has been made on the Recruitment & Training Project.
6. The impact of CoVID-19 (reduced handover) and the good progress on the Recruitment & Training Project will speed up the rate of impact (benefits) of the recruitment.
7. A key decision point/ Gateway has been reached in the Recruitment & Training Project.
8. EMT recruitment and training cohorts 10,11 & 12 and UCA recruitment and training cohorts 13 & 14 are out to advert currently, but the programme budget is insufficient to support these cohorts.
9. **EASC Management Group are asked to provide a strategic steer to EASC on the benefits of proceeding v the risks of not proceeding.**

Members asked:

- Regarding the recruitment – WAST currently out to advert at risk as funding not secured. This was known in January and within the WAST IMTP – felt to be minimal risk as may not progress in the potential numbers anticipated
- Regarding the likelihood of HBs providing additional resource as NHS Wales deficits over £600m

The Chief Ambulance Services Commissioner summarised the position at the end of the meeting:

1. There were a number of areas in the presentation that required further clarification such as the abstraction rate and the CPD hours for each member of staff – need a clear set of assumptions to work from (WAST to provide)
2. Need to be clear about the actual status of the information in the Gateway Review and all Members would need to be sighted on the detail and would have an accurate position of issues (WAST to provide)
3. Number of risks which WAST identified – need to agree what the risks are, the mitigations and level of risk for the key issues (WAST to provide)
4. The ongoing work needs to consider the impact of Covid on the D&C Report and the service; need to see if the model needs to be revisited; the impact on performance is key and need to make sure that this is understood by all and is factored in for both rural and urban services – will this model work or will it now need to be tweaked? (WAST to develop information for further discussion)

Members were clear that the EASC Management Group should provide a view to advise the EAS Committee in their deliberations.

Members noted that:

- Benchmarking with other ambulance services had taken place by ORH and the abstraction rate was similar to ambulance services but not health boards. Important for decision making process.
- WAST would be recruiting band 3 staff for the Grange and therefore it would be easier to recruit and train and a plan was in place for both.

Members discussed the point of principle – if money was not an issue would supporting the request be the right thing to do?

Members asked why would they say no and what information would be required for the WAST request to be supported.

Members felt it was important to know whether demand had changed as a result of Covid and what other system changes would happen to change the requirements.

Members noted that new information was expected from the Welsh Government in terms of predictions and for planning purposes. Members noted that the demand on the WAST services was and had been steady.

The team from WAST explained that it was difficult to model although the Optima resource used internally by WAST was looking at a variety of scenarios. Health boards were also asked to share any modelling they were using for their services.

Stephen Harrhy reiterated the expectation from EASC that an additional 90 staff would be provided in this financial year.

In closing the special meeting, Stephen Harrhy thanked the team from WAST and members for the helpful discussions.

It was agreed that the missing information would be provided to Members in the spirit of the discussion at the meeting 'why would they not support the request'.

Further information would be provided at the next meeting to further discuss the D&C Report and its implementation.

Members were reminded that the CASC was not seeking

	additional expenditure by stealth but supporting open and transparent discussions regarding the ambulance services provided to the residents of Wales.	
<b>AOB</b>		
3.	There was none	
<b>Future Meetings – Bi monthly</b>		
4.	Date of next meeting –27 August 2020 By Microsoft Teams NCCU, Unit 1, Charnwood Court, Parc Nantgarw, Cardiff CF15 7QZ	SH All