



**AGENDA ITEM**

2.1

**EMERGENCY AMBULANCE SERVICES COMMITTEE**

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

<b>Date of meeting</b>	08/09/2020
<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>	Chief Ambulance Services Commissioner
<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>
Not applicable	(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).

## 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:
- Ministerial Ambulance Availability Task Force
  - Ambulance Quality Indicators
  - Seasonal Planning
  - Reviewing the Emergency Medical Services (EMS) Framework
  - EASC Quality and Delivery Meeting with the Welsh Government
  - Allocation letters for Major Trauma and Critical Care services
  - Meetings with WAST

### 2.2 Ministerial Ambulance Availability Taskforce

Members will recall that the work of the Ministerial Ambulance Availability Taskforce was suspended due to the initial response to the Coronavirus pandemic. Professor David Lockey and I are discussing how best to facilitate this. It is likely that this will involve the Taskforce meetings less frequently than originally intended and adopting an approach which will critique specific pieces of work rather than the traditional meeting together approach.

I have held some discussions with the Chair and Chief Executive of the Welsh Ambulance Services NHS Trust who are supportive of this new approach and the Minister is aware of the work to date.

It is still the intention to produce an interim report and the timing of this will align with key dates previously agreed by EASC in respect of the Demand and Capacity review work discussed and agreed at previous committee meetings. I will share the revised work programme of the Taskforce with Committee members as soon as it is available.

Members should note that the Taskforce Members are being contacted to explain the revised approach and timescales involved.

### 2.3 **Ambulance Quality Indicators (AQIs)**

The Ambulance Quality Indicators continue to be paused alongside other performance metrics. The EASC team continue to receive management information around the majority of the AQIs. We continue to develop a more intuitive and interactive AQI dashboard in line with the presentation at the March EASC meeting. A further iteration of this will be brought to the first EASC meeting following the reintroduction of the publication of performance information by the Welsh Government.

### 2.4 **Seasonal Planning**

Discussions have started with WAST on their seasonal planning arrangements. Members will be aware of the specific guidance on unscheduled care in the Quarter 2/3 Operating Framework information. Opportunities for WAST and health boards to work closely together across the whole unscheduled care system will be discussed and developed at the EASC Management Group which will be presented for discussion at the next Committee meeting.

### 2.5 **Reviewing the Emergency Medical Services (EMS) Framework**

The Emergency Ambulance Services Committee recognised that in light of the COVID-19 pandemic and the ambition for the re-establishment of performance management that focuses on, quality, safety and outcomes that a revised approach to the commissioning of emergency ambulance services is required.

It has also been recognised that large scale health board service changes have direct dependencies on the provision of emergency ambulance services, an agreement is required that is responsive to these emerging challenges; for example, the changes related to the opening of the Grange University Hospital.

The EASC team have been developing a revised commissioning agreement for the planning and securing of Emergency Ambulance Services provision from the 1 April 2021, when the current framework will come to an end.

The agreement sets out the detailed commissioning deliverables across each of the 5 steps of the ambulance patient pathway and the supporting commissioning assurance mechanisms that are required.

A draft agreement will be presented to the next EASC management group on the 22 October and a report brought to the next Committee meeting outlining the EASC Management Group's discussion and recommendations.

## **2.6 EASC Quality and Delivery Meeting with the Welsh Government**

The CASC and EASC team attended the meeting with the Welsh Government on 27 July and a range of issues were discussed; a presentation of the AQI management information during the COVID-19 period was presented as part of the assurance process.

A range of actions were agreed, particularly around understanding the changes in activity and conveyance that took place at the height of the pandemic period and understanding what lessons can be carried forward from this, both in terms of reducing activity but also from a patient experience and outcome perspective.

In addition to this, Members should note that we also had extensive discussions around the performance of the EMS service and the challenges of a return to a more usual level of activity.

Members will note that the red performance in August was below the required standard and work is ongoing with WAST to ensure that the position improves in September. I have asked the CEO of WAST for an improvement plan and this will be shared and discussed with members of the EASC Management Group and with Welsh Government officials.

The next steps for the Ministerial Ambulance Availability Taskforce were also discussed alongside the impact of the Grange University Hospital. Welsh Government officials particularly asked to be kept briefed on the impact of the Grange on the core EMS function.

## **2.7 Allocation letters for Major Trauma and Critical Care services**

Members will be pleased to note that resource allocation letters have been received from Welsh Government providing EASC with the funding required to implement the ambulance and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) element of both of these important service developments.

The allocation received was in line with the financial plan previously agreed by EASC Members as part of the IMTP process.

## 2.8 Meetings with WAST

Members should note that I have continued to hold weekly meetings with the Chief Executive of WAST since the last Committee meeting.

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. Since the last EASC meeting, the CASC Quality and Delivery Meeting with WAST took place on 14 August.

Members will be pleased to note that I was able to provide comments to WAST on their Quarter 2/3 Operating Framework return prior to its submission to the Welsh Government.

As we continue to adapt to the current situation 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 The current performance of the EMS service and meeting the challenges of a return to a more usual level of activity; improvement plans will be scrutinised closely going forward
- 3.2 The review of the Emergency Medical Services Framework to be in place during Quarter 4
- 3.3 The key deliverables for this financial year as described above
- 3.4 Reconvening of the Ministerial Ambulance Availability Taskforce
- 3.5 Implementation of the Demand and Capacity Review for EMS.

## 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.