

**NON-EMERGENCY PATIENT TRANSPORT SERVICES
DELIVERY ASSURANCE GROUP**

1 February 2024

10:00 – 11:30

Via Microsoft Teams

Confirmed notes of the meeting

Present		
Name	Representing	
Ross Whitehead	EASC Team, National Collaborative Commissioning Unit (NCCU)	
Steve Bonser	Aneurin Bevan University Health Board (ABUHB)	
Melanie Wilkey	Cardiff and Vale University Health Board (CVUHB)	
Emma Rickards	Cardiff and Vale University Health Board (CVUHB)	
Gareth Skye	Hywel Dda University Health Board (H DUHB)	
Jason James	Hywel Dda University Health Board (H DUHB)	
Andrew Quarrell	Powys Teaching Health Board (PtHB)	
Joanne Jones	Swansea Bay University Health Board (SBUHB)	
Elizabeth Beadle	Cwm Taf Morgannwg Health Board (CTMUHB)	
Jeff Sullivan	Velindre	
Deborah Kingsbury	Welsh Ambulance Services NHS Trust (WAST)	
Mark Harris	Welsh Ambulance Services NHS Trust (WAST)	
Karl Hughes	Welsh Ambulance Services NHS Trust (WAST)	
	Welsh Ambulance Services NHS Trust (WAST)	
Aled Brown	Welsh Government	
Lee Leyshon	EASC Team, National Collaborative Commissioning Unit (NCCU)	
Phill Taylor	EASC Team, National Collaborative Commissioning Unit (NCCU)	
Susan Evans	EASC Team, National Collaborative Commissioning Unit (NCCU)	
Apologies		
Stephen Harry	Hugh Bennett	Ricky Thomas
Sian Ashford	Gwenan Roberts	
Matthew Edwards		

Item	Actions
<p>1. Welcome, Introductions, Apologies</p> <p>The Chair welcomed everyone to the meeting and thanked them for their time. Apologies were given for the cancellation of the last meeting.</p> <p>The Chair advised this would be the last meeting of this group prior to the new Joint Commissioning body which will come into force on 1st April 2024. There will be ongoing conversations as part of the transition plan in terms of the continuity of the role and functionality of the DAG under the new Joint Committee and the Chair will write out when there is further clarity on the transition arrangements.</p>	

Item	Actions	
2.	<p>Declarations of Interest</p> <p>There were no additional declarations of interest. Members were asked to complete these if they have not already done so.</p> <p>This year’s declarations of interest are expected to be sent out soon, so members should expect an email in the next couple of weeks.</p>	
3.	<p>Notes of previous meeting</p> <p>The notes from the previous meeting held on 7th December 2023 and were confirmed as an accurate record.</p>	
4.	<p>ACTION LOG</p> <p>RW has reviewed all the actions in the paper and added them to the action log.</p> <p>RW reviewed the action log.</p> <p>ED Discharge capacity – MH gave an update on how the additional £10k is being used in the Health Boards to improve discharge capacity. RW asked MH for an update from each health board as to where they are with the spend against the funding available.</p> <p>MH advised that if the funding is recurrent, is it possible that a more co-ordinated approach is taken to maximise the use from the funding. RW suggested that AB and himself to pick this up with the Six Goals programme when reviewing the utilisation of the funding.</p> <p>NEPTs Future Commissioning Intentions to be reviewed by Health Boards – Phill advised no feedback had been received yet but slight tweaks had been made to the Intentions. This would be discussed further in the agenda item.</p> <p>Health Boards to share the revised Patient Identification SOP with Patient Discharge Team – this had been done.</p> <p>Karl to contact WAST ICT department regarding the HDUHB cancellation pilot – this is progressing well. No more feedback has been received. RW advised this action would be closed but will review it again once the JCC is in place.</p> <p>Forecasting and modelling arrangements in Renal – MH advised Alexandra in WAST was going to look at the forecasting and modelling arrangements and he was going to meet with her and Health Informatics to take this action forward.</p>	

Item		Actions
	<p>NEPTs Vision Workshop – invites are still to be sent out. The workshop will take place in April. RW asked for broad representation from Health Boards and asked members to share this.</p> <p>Saving and Reinvestment plan – agenda item.</p>	
5.	<p>Matters arising</p> <p>There were no matters arising.</p>	
6.	<p>NEPTs Future Liaison Model</p> <p>MH shared and discussed the NEPTs Future Liaison Model presentation and asked for feedback from members. The Health Boards feedback on their observations of the model and how it would affect them. Time scales for implementing the model is the latter half of 2024. The next step will be local engagement with Health Boards and site visits.</p>	Action
7.	<p>NEPTS Commissioning Intentions</p> <p>PT wanted the Commissioning Intentions approved so that they could be put forward to the Joint Committee for approval for 2024/2025. The Future Liaison work can be used to feedback into the future vision of NEPTs and any discussions which have taken place around the Future Liaison Model can feed into the NEPTs workshop in April. PT asked members to source which colleagues could be invited to the workshop. There was no feedback from colleagues on the last version of Commissioning Intentions. PT gave an update on the minor changes which have been updated in the Commissioning Intentions. The group had a discussion on the Commissioning Intentions. RW added that at the Joint Committee this week, there was a push from Chief Executives to review regional differences in respect to commissioning to address regional requirements.</p>	
8.	<p>Exception Updates from health boards including Service Changes</p> <p>ABUHB</p> <p>SB updated the group on the closure of St Woolos Hospital taking place on 21/22 February, with remaining wards moving to Royal Gwent.</p>	
9.	<p>WAST Provider Report</p> <p>MH highlighted the following parts of the WAST provider report. Section 1 Operational Activity – the variance in the graph over the last couple of months which is partly due to seasonal demand and partly abnormal due to significant pressures after Christmas, first week of January and the Junior Doctors Industrial Action.</p>	

Item		Actions
	<p>Discharges – trying to focus on advanced discharge bookings. There has been a slight increase (0.4%) in discharges being booked in advance. MH gave an update on the impact of advanced discharge bookings in C&V and CTM.</p> <p>Section 2 Performance – Improvements are being made in a couple of measures: Oncology outpatient inwards and the advanced Discharge and Transfer services. Reinvestment of the savings made has improved oncology capacity. Additional investment is being spent on Oncology Volunteer Team and there is a good uptake in the recruitment of volunteers with 15-20 volunteers coming through in February. The more volunteers which are recruited results in the smaller number of taxis being used and offers a much better patient experience and better value.</p> <p>Renal outcomes – mistreatments are now being recorded in Datix regardless of the cause with a view of reducing the number of mistreatments over time. Engagements are taking place with the Renal Network and Dr Ashdown from Swansea Bay is assisting with the clinical considerations associated with it.</p> <p>Journey bookings – a new roster has been put in place with the Journey Booking team which has proper relief in it to help hit the performance standards. Looking at a variety of options to achieve the standards including reducing the number of booking hours from 8am-6pm to 9am to 5pm, particularly as they move to an online booking system. MH is interested in member’s views on this area.</p> <p>Oncology Hub – MH gave an update on creation of an Oncology Hub and the engagement which has started which will give advice to patients and HCPs on how it works and optimum processes. An action plan will be developed to improve the Oncology processes.</p> <p>MH advised that systems in Hywel Dda were now able to talk to WAST systems which in turn has allowed non patient identifiable information to flow between the organisations. It is hoped that this trial will then be extended out to other Health Boards and will help reduce cancellations.</p> <p>The priority for next year is to establish a way for patients to be able to access to the systems for bookings and checking transport.</p> <p>MH gave an update on the Quality and Support day which took place. These will now take place once a month.</p>	
10.	<p>NEPTS Saving and Reinvestment</p> <p>MH presented the NEPTs Saving and Reinvestment Plan.</p>	

Item		Actions
11.	<p>NEPTS Performance Dashboard</p> <p>EASC produce a Weekly report which goes to Health Boards on community response by EMS and provides handover performance information. Feedback received is that the dashboard is very useful. This dashboard is used in the monthly ICAP meeting which also looks at actions to deliver service improvement. It is planned to replicate the same performance data around NEPTs. The NEPTs dashboard sent out with the NEPTs papers is a high-level report for colleagues to consider if it is right for each organisation and would they find it useful going forward. MH feedback that the NEPTs dashboard was very useful and suggested having a further conversation to take it forward. PT asked members to email him their feedback on the dashboard.</p>	Action
12.	<p>Quality and Safety Dashboard Update</p> <p>This will be reviewed further to ensure it is more balanced across all of the service and how the service is being managed. MH asked if there were any comments on this.</p> <p>RW advised that as part of the establishment of the Joint Committee is to reconsider what the reporting mechanism looks like and to review the Quality reports which are produced.</p>	
13.	<p>6 Goals for Urgent and Emergency Care</p> <p>The funding available from 6 Goals had been discussed earlier in the meeting.</p>	
14.	<p>Review of National Commissioning</p> <p>This had been discussed earlier in the meeting. The new Joint Committee is due to be established on the 1st April 2024 and transition plans are currently being put in place. It is anticipated that there will be transition arrangements in place for quarter 1, so in the meantime, we will continue with the same structure but this will change eventually. Welsh Government are looking to recruit a new independent Chair Person. RW will write to Health Boards once there is further clarity on the arrangements for this group.</p>	
15.	<p>Any other business</p> <p>There was no other business.</p>	
16.	<p>Date of next meeting</p> <p>9 April 2024 at 10:00 – 11:30 by Microsoft Teams</p>	