



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
14 JULY 2020 AT 0930 AM VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Len Richards	Chief Executive, Cardiff and Vale UHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Craige Wilson	Deputy Chief Operating Officer, Swansea Bay UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
David Lockey	National Director EMRTS Cymru (for Agenda item 2.3)
Matthew Edwards	Programme Manager EMRTS Cymru (for Agenda item 2.3)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/49	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	
EASC 20/50	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths and Sharon Hopkins. Craige Wilson, Deputy Chief Operating Officer for Swansea Bay UHB was welcomed to the meeting.	

EASC 20/51	<p>DECLARATIONS OF INTERESTS There were no additional interests to those already declared.</p>	Chair
EASC 20/52	<p>MINUTES OF THE MEETING HELD ON 12 MAY 2019 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 12 May 2019.</p>	Chair
EASC 20/53	<p>ACTION LOG Members RECEIVED the action log and NOTED specific progress as follows:</p> <p>EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look).</p> <p>EASC 19/12 Risk Register Members noted the delay in developing the register in line with the host body arrangements. It was agreed that this would be received and considered by the EASC Management Group and then by the Joint Committee at its next meeting (On the Forward Look).</p> <p>EASC 20/29 Safe Cohorting of Patients EASC Management Group to report back to the Committee (added to the Forward Look).</p> <p>EASC 20/26 Coronavirus - Actions Information would be presented for discussion at the EASC Management Group and shared with Members in due course.</p> <p>EASC 20/44 Integrated Medium Term Plan It was agreed that a revised plan would be received at the next meeting.</p> <p>EASC 20/45 Learning Lessons during a pandemic It was agreed that the next WAST provider report would share early findings.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>CASC</p> <p>Head of Commissioning</p> <p>CASC</p> <p>CASC</p> <p>Head of Commissioning</p> <p>CEO WAST</p>

EASC 20/54	<p>MATTERS ARISING</p> <p>EASC 19/55 & 19/92 & 20/29 Carol Shillabeer reported that work was continuing in relation to Mental Health and progressing well; the latest work included data collection to understand the demand on the service and the challenges faced. A further update would be provided at the next meeting.</p>	
EASC 20/55	<p>CHAIRS REPORT</p> <p>The Chair’s report was received. In presenting the report, Chris Turner highlighted the various discussions that had taken place since the previous meeting, including one to one with Martin Woodford, Chair of the Welsh Ambulance Services NHS Trust. Members also noted that Chris Turner had been invited to serve a further year as interim Chair of the Committee and he had accepted.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair’s report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 20/56	<p>CHIEF AMBULANCE SERVICES COMMISSIONER’S REPORT</p> <p>The Chief Ambulance Services Commissioner’s (CASC) report was received. In presenting the report, Stephen Harry highlighted the following key items:</p> <ul style="list-style-type: none"> • The link within the report to the Year End Accounts and the Annual Governance Statement. Members noted the key actions identified going forward which reflected the discussions at each meeting and were felt to be proportionate and supported the agreed focus going forward. • Ministerial Ambulance Availability Task Force – Members noted that the work had been temporarily stood down, although plans were in place to recommence the work; the Minister had been made aware of the plans. However, the work would need to be modified for the members of the Taskforce and would involve greater emphasis on critiquing work and proposals emerging from the work of sub groups. The aim was to try and provide an interim report to the Committee in the autumn in line with the commissioning cycle and the first cut of the Integrated Medium Term Plan at the November meeting. Members noted the importance of the work to implement the Demand and Capacity report recommendations in terms of additionality and direction. 	

- Members noted that the Welsh Ambulance Services NHS Trust response times were generally good, although performance in the most rural areas was not at the level expected.
- Members noted the desire to learn from the impact of the pandemic on the service and what changes had been made to inform future service provision. Other changes, including transfer and discharge services, as well as the other ongoing changes in NHS Wales would have significant impact on how ambulance services are provided.
- Members noted that the Emergency Medical Services (EMS) Framework Agreement needed to be reviewed. Members noted that the framework was fit for purpose at the time it was developed but would now need to be modified to get a better balance between the service provision, patient safety / harm and staff experience. Members noted that the EASC Management Group would lead on the development of the EMS Framework Agreement and it would be presented at a future Committee meeting (Added to the Forward Look).
- Members discussed the issues related to the performance in rural areas which until recently had been good and consistent. Members noted that this had changed over the last 8 weeks and the performance was well under 50%. It was agreed that further information be provided by WAST to understand why this had occurred (Added to the Action Log).
- Members noted that it was felt that good progress was being made on plans to open the Grange University Hospital. Judith Paget thanked the EASC Team for the support given to assist the Health Board and WAST to get near a solution for the new transport arrangements. Members noted that proposal would be received shortly by the Aneurin Bevan Board to secure the resourcing needed. It was noted that emergency surgery and trauma would be centralised and there may be additional issues with patients needing to be transferred from Nevill Hall sooner than anticipated. Some concerns had been raised by staff and Jason Killens agreed to share the Datix issues from the WAST perspective in order that the Aneurin Bevan University Health Board team could understand the issues involved (Added to the Action Log).

Members **RESOLVED** to: **NOTE** the Chief Ambulance Services Commissioner's report.

<p>EASC 20/57</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <ul style="list-style-type: none"> • Response to the Pandemic The internal debriefing process in relation to the first wave was now coming to a close, a report was being developed for the Trust Board and would be shared with the Committee (added to the Action Log). <p>Members noted that 500 staff had given their reflections on pandemic so far which included sharing good practice and areas of learning. Jason Killens explained that an action plan would be developed during July and August to share back with staff i.e. 'You said-we did'. Members noted that WAST was referring to itself as being in a 'monitoring' phase of the pandemic; the organisation had not yet "recovered" and was referring to itself as "in recovery" and this work would help to shape its plans going forward.</p> <ul style="list-style-type: none"> • Summary of long waits for ambulances Members noted that very few patients experienced long waiting times between April and June this year due to the reduced activity and additional capacity in the service. <p>In terms of RED performance, Members noted that across the first quarter the performance had been over 70% but not in rural areas. Jason Killens explained that the Community First Responders had not been utilised initially during the response to the pandemic, although they were now gradually coming back into service with the appropriate personal protective equipment. It was anticipated that this would have a positive impact and improve performance in rural areas.</p> <p>Members also noted that most of the rapid response vehicles had not been utilised during the initial response to the pandemic which had an impact on red performance. In line with the findings in the Demand and Capacity Report, Members felt the challenge remained to deploy the right number of staff in the right place.</p> <ul style="list-style-type: none"> • Plans for the Grange University Hospital Members noted that teams from across WAST, Aneurin Bevan UHB and the EAS Team were working together to get a settled position, it was anticipated that 84 additional staff would need to be employed. 	<p>CEO WAST</p>
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<ul style="list-style-type: none"> • Quarter 2 Operational Framework plan submissions to the Welsh Government Jason Killens provided an overview of the Q2 plan and highlighted that 3-4 areas had been identified for Q3 and 4. • Emergency Departments Jason Killens gave an overview of the work which was aiming to divert patients away from emergency departments using Consultant Connect. <p>Len Richards highlighted the ongoing work at Cardiff and Vale UHB, in conjunction with Aneurin Bevan UHB, using the data to determine how patients accessed services during the pandemic and how potentially this could be used to plan or have early warning for surges in activity. Members noted the work and suggested that EASC could consider the implications of this work for potential roll out across NHS Wales. Members noted that additional funding had been requested from the Welsh Government to support having a live feed of data to develop the early warning system.</p> <p>Members noted that Aneurin Bevan UHB were waiting for agreement from the Welsh Government officials in terms of whether the Grange University Hospital would open in November. Judith Paget supported the work of the team at WAST in terms of Consultant Connect and phone first. The pod at the Royal Gwent hospital had experienced staffing issues and the Health Board and WAST were working to resolve.</p> <p>Nick Lyons supported the work and explained that Cwm Taf Morgannwg UHB was also keen to take forward Consultant Connect. Members felt that the pandemic had highlighted the different policies in place across Wales and felt that it would be beneficial to work collectively to avoid the unnecessary pressure within NHS Wales by using the same systems. Members noted the different uses and requirements of personal protective equipment across Wales and agreed that it would be helpful if the WAST team highlighted the differences in approach across Wales (Added to the Action Log).</p> <p>A broader discussion took place on the wider unscheduled work and Stephen Harray highlighted that work had been identified within the 'Amber Review' and discussions could be held with the NHS Wales Informatics Service (NWIS) regarding what could be achieved in real time.</p>	<p>CEO WAST</p>
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- Much of the EMRTS work took place by road not air during the pandemic, particularly the twilight rapid response vehicle, although it was anticipated that the service would soon be flying more again
- The impact of the Covid 19 pandemic which included flying restrictions by the air operator (and reduction in the numbers of pilots available); curtains are in place on all aircraft; importantly the EMRT service was maintained throughout
- Network work; noted to be time consuming in relation to tele conferencing and maintaining links
- Severe escalation plan in place; worked with the Critical Care Network and planned to mobilise key staff to any hospital overwhelmed with Covid 19 cases and would transfer patients to less affected areas for critical care treatment
- Monthly activity by base: rapid response vehicle usage was clear and in constant demand within the south east Wales region
- Twilight rapid response vehicle (RRV) originally resourced through winter funding; averaging 3.2 calls per shift; nature of calls include: cardiac arrest, road incidents, falls and unconscious patients
- RRV – useful project met unmet need this service enabled the move to 24/7 expansion
- 24/7 service expansion; noted the national shortage of pilots; the charity was working with the provider and aiming for an All Wales response; phase 2 for North Wales would be more difficult with a workload of 160 each year at night
- National Critical Care Transfer Service; working together with the Critical Care Network; separate to the core work and ring fenced; aiming for set up in 9-12 months time; recruitment of key staff, project manager and clinical lead – interviews next week.

Members asked whether Professor Lockey felt there was any danger that the work to extend the EMRT service to 24/7 would accelerate the major trauma network work and if this could overwhelm trauma centres. Prof Lockey explained that patients were already taken to the unit for definitive care and doubted whether a lot of change would impact on centres. Members noted the outstanding requirements for the service to be provided 24/7 in terms of the capital for the EMRT service and for critical care services.

CASC

	<p>Members noted that the processes for distributing capital were on hold with Welsh Government at present. As the capital allocation would be made through the Committee a revenue to capital transfer might be considered by Members to ensure progress is maintained. This would be further discussed at a future meeting (Added to the Action Log).</p> <p>The Chair thanked Professor David Lockey and Matthew Edwards from the EMRT Service for excellent work during the pandemic as well as the informative presentation and report.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and report. 	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/59	<p>FINANCE REPORT</p> <p>Stuart Davies presented the finance report.</p> <p>Members noted that over the next few months further work would take place with WAST to ensure that the new investment including the additional staff would be isolated in terms of the costs and a reconciliation exercise would provide clarity on the activity and the costs incurred.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the report and note the future work on costs 	Director of Finance
EASC 20/60	<p>EASC GOVERNANCE UPDATE</p> <p>The EASC Governance update report was received. In presenting the report Gwenan Roberts highlighted the following:</p> <ul style="list-style-type: none"> • The EASC Annual Report 2019-2020 was received for the first time. This outlined the work of the Committee, its Members and attendance. Members noted that two of the associate members had not attended a committee meeting for the last two years and the Chair agreed to write a letter to the organisations to remind them. Members agreed to complete the effectiveness survey separately and return to the Committee Secretary and receive an overview of the findings at the next meeting (Added to the Action Log). • The EASC Annual Governance Statement had been previously circulated to Members and it was noted that it had been received and noted at the Audit and Risk Committee in line with the host body arrangements (Cwm Taf Morgannwg UHB) 	Gwenan Roberts

	<p>Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) for the following dates:</p> <ul style="list-style-type: none"> • 07 Feb 2020 • 24 Apr 2020 • 12 May 2020 • 26 May 2020 • 09 Jun 2020 • 23 Jun 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
<p>EASC 20/62</p>	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the Chair and the Chief Ambulance Services Commissioner finalise outside of the meeting.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan. 	<p>Chair and CASC</p>
<p>Part 4. OTHER MATTERS</p>		<p>ACTION</p>
<p>EASC 20/63</p>	<p>ANY OTHER BUSINESS</p> <p>There was one item – temporary amendments to the model Standing Orders.</p>	
<p>EASC 20/64</p>	<p>TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS – LOCAL HEALTH BOARDS, NHS TRUSTS, WELSH HEALTH SPECIALISED SERVICES COMMITTEE, EMERGENCY AMBULANCE SERVICES COMMITTEE AND HEALTH EDUCATION AND IMPROVEMENT WALES</p> <p>Gwenan Roberts presented the report which outlined the requirements of the Welsh Health Circular published on 9 July.</p> <p>Members noted the temporary changes to the Standing Orders in relation to the tenure of the Chair and Vice Chair which would cease to have effect on 31 March 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the changes for ratification at all Health Board meetings before the end of July 2020. 	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 8 September 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

unconfirmed