



## Emergency Ambulance Services Committee Management Group

**Friday 26 June 2020  
10:00am to 12:00pm**

**Via Microsoft Teams**

### Notes of the meeting

#### Attendees

Stephen HARRY	(SH, NCCU)	Ross Whitehead	(RW, NCCU)
James Rodaway	(JR, NCCU)	Chris Moreton	(CM, NCCU)
Hugh Bennett	(HB, WAST)	Meinir Williams	(MW, BCUHB)
Lee Davies	(LD, CVUHB)	Lee Brooks –	(LB, WAST)
Rachel Marsh	(RM, WAST)	Kathryn Smith	(KS, ABUHB)
Andrew Carruthers	(AC, HDUHB)	Stuart Davies	(SD, WHSSC)
Craige Wilson	(CW, SBUHB)	Kath McGrath	(KMc, CTMUHB)
David Hanks	(DH, ABUHB)	Dinendra Gill	(DG, SBUHB)
Chris Turley	(CT, WAST)	Rachel Taylor	(RT, SBUHB)

#### Apologies

Gwenan Roberts	(GR, NCCU)	Debra Fry	(DF, NCCU)
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Item	Actions
<p>1. <b>Welcome, Introductions &amp; Apologies</b></p> <p>SH welcomed all present and gave an overview of the meeting. Key areas highlighted included:</p> <ul style="list-style-type: none"> <li>• The opportunities for the EASC Management Group in the next quarter</li> <li>• The opportunity to shape the implementation of the Demand and Capacity Plan for Emergency Medical Services</li> <li>• Discussions on what the 'new normal' might look like and how services will be switched back on and the impact on emergency ambulance services</li> <li>• Plans for the next meeting including the development of a new Risk Register for EASC</li> </ul> <p>It was recognised that the Agenda was ambitious and it was agreed that a special meeting may be required for key agenda items.</p>	
<b>Current Issues</b>	
<p>2. <b>Notes from last meeting</b></p> <p>The notes from the previous meeting were confirmed as an accurate record.</p>	Chair

3.	<b>Action Log</b>	
	The action log was received and noted.	Chair
4	<b>Matters Arising</b>	
	There were none.	Chair
<b>EASC Management Group Agenda Items</b>		
5	<p><b>Grange University Hospital</b></p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• That an extraordinary board meeting was being held by Aneurin Bevan UHB next Tuesday and a report would be received outlining the resourcing requirements including for ambulance services.</li> <li>• That the timescales remained consistent regarding opening in November 2020.</li> <li>• The WAST Team explained that the worst case scenario involved an additional 72 journeys per day.</li> <li>• It was felt there was progress and joint working on the model for the transport</li> <li>• Lessons would be learned from the work which would inform the wider transfer and discharge services nationally</li> <li>• The impacts assessed as a result of GUH to other health board areas and in line with the Demand and Capacity Implementation plan for EMS</li> <li>• The GUH site would not necessarily be the single site for Covid patients and the team at ABUHB would be working to decide depending on patient numbers</li> <li>• That the service was considered in addition to the current service and it would be paid for by ABUHB – this would not be a ring fenced service either as it would need to link to the other services provided by WAST</li> <li>• That the commissioning arrangements needed to be clear. The Transport service model would need to ensure that patient safety was paramount. The limiting factor was the ability for WAST to recruit sufficient staff and train them in time for the opening. Timescales were tight and there would be choices to be made in terms of the use of resources across Wales in a consistent, collective and collaborative way.</li> <li>• That capital budgets would be limited from the Welsh Government. It was agreed that Kathryn Smith would check if ABUHB had made provision to provide capital to WAST for vehicle costs (added to the Action Log)</li> <li>• The critical path for timing for ABUHB and WAST – aligning board decisions, recruitment, funding and early indications where available staff would be deployed, the capacity and time for training for WAST staff was very tight although progress had been made on the Demand and Capacity Implementation plan as well as recruiting some staff for</li> </ul>	KS ABUHB

	<p>GUH.</p> <ul style="list-style-type: none"> <li>The ability to catch up on any delays or slippage would be limited and this was an important consideration for Members of the EASC MG.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the update and the action to check regarding capital for WAST vehicles.</li> </ul>	
6	<p><b>Health Board Updates on plans for the new normal</b></p> <p>Updates were provided from across the health boards from the impact of the Covid-19 pandemic perspective and business as normal. Members noted that similar themes had been identified across all LHBs. No health board was operating separate red and green sites (covid and non-covid). Sites were being operated in combined red and green areas but social distancing measures in place with queue management systems.</p> <p><u>Betsi Cadwaladr (BCUHB) Meinir Williams</u> Members noted:</p> <ul style="list-style-type: none"> <li>Still high numbers of patients with Covid.</li> <li>Avoiding bringing patients onto acute site for assessment wherever possible.</li> <li>Increasing ambulance activity, still running minimal NEPTS services (Renal),</li> <li>Emergency Departments up to 80% of pre-Covid numbers but more green patients.</li> <li>Pockets of Covid (Anglesey).</li> <li>Across N Wales 85% bed occupancy</li> <li>Still have capacity in community settings.</li> </ul> <p><u>Hywel Dda (H DUHB) Andrew Carruthers</u> Members noted:</p> <ul style="list-style-type: none"> <li>H DUHB had not reached the level of Covid patients seen elsewhere.</li> <li>Patients had been managed through the use of pathways and low numbers of ITU cases. However, concern whether this will occur if a second wave happened in Wales</li> <li>Non Covid patient activity was increasing and getting back to pre Covid levels.</li> <li>Bringing back essential services for the operational framework requirements.</li> <li>Q2 plan: single red ITU for H DUHB South (Glangwili hospital) and using other sites for green pathways.</li> <li>Working through the requirements for social distancing and the impact on unscheduled care</li> </ul>	

- Carmarthen Leisure Centre Field Hospital planned development to test next week.
- Peaks in non-Covid patient demand in October and February and concerning given that these peaks could align with a Covid resurgence. Porta cabins set up in order to cope with some of the potential excess demand.

#### Swansea Bay (SBUHB) Craige Wilson

Members noted:

- Emergency Department patient numbers were growing but not yet at pre-Covid levels.
- Regional solutions with Hywel Dda & Cwm Taf Morgannwg about bringing capacity back on line.
- Rapid discharge policy launched next week.
- Working up outpatient plans.
- Impact for WAST anticipated to be in relation to the non-emergency patient transport service (NEPTS).
- Reviewing the provision of the acute medical intake and modelling the impact across Morriston & Singleton hospitals. Louise Platt seconded to lead this work.
- Working with EASC Team & WAST in pulling together Q2 plans.

#### Cwm Taf Morgannwg (CTMUHB) Kath McGrath

Members noted:

- Red Covid areas ring-fenced.
- Front door attendances at 80-85% of pre-Covid levels.
- Using red and green pathways.
- Discussing dedicated red and green sites.
- Outpatients were greatly reduced and patients being seen virtually as far as possible
- Discussing surgical capacity going forward.
- Prince Charles Hospital struggling to maintain red and green areas.

#### Cardiff and Vale (CVUHB) Lee Davies

Members noted:

- In a similar position to other HBs.
- Developing plans around the CV 24/7 model, looking at getting this up and running in the next few months to alleviate footfall at the front door.
- University Hospital of Wales is the major red site for the HB.
- Cardiac and thoracic surgery to is undertaken at Llandough University Hospital.
- Surge plans: will need field hospitals at some point; Dragons Heart in place until October.
- Anticipating 400 beds required through the winter months.

	<ul style="list-style-type: none"> <li>• The Major Trauma Centre position - Cardiff had started to review what would be required pre Covid - however this had been put on hold and a new plan would be created</li> </ul> <p><u>Aneurin Bevan (ABUHB) Kathryn Smith</u></p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• Royal Gwent Hospital was the pinch point.</li> <li>• The use of the 'pod' had ceased due to the response required for the pandemic and this had exacerbated the current issues. Conversations were taking place in the health board to reinstate the pod.</li> <li>• No red or green sites were in operation, using all sites with social distancing but issues with queues within the emergency departments</li> <li>• Virtual outpatients clinics being held</li> </ul> <p><u>Welsh Ambulance Services NHS Trust (WAST) Lee Brooks and Rachel Marsh</u></p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• WAST working closely with all HBs.</li> <li>• Differences between red and green sites has an impact on patient flow and transport capabilities.</li> <li>• NEPTS impacted by social distancing as number of patients per vehicle has reduced.</li> <li>• Demand being triaging through Protocol 36 has reached a plateau.</li> <li>• WAST team would find it helpful if HBs would share modelling for non covid demand.</li> <li>• Centralised intelligence invaluable to shape national planning.</li> <li>• 111 / Emergency Department Quality and Delivery Framework (EDQDF) programme supporting delivery of the Unscheduled Care (USC) 6 goals.</li> </ul> <p>Members discussed the situation in care homes when a positive swab result would mean the home being isolated for 28 days which was causing issues in health boards but would also impact on WAST. Lee Brooks agreed to monitor this and report back to the group from a transport perspective. (Added to the Action Log).</p> <p>Members noted that WAST had been reliant during Quarter 1 on incentive payments and additional support from the military and the staff from the Fire and Rescue Services. Other WAST staff had been utilised to support Emergency Medical Services such as the NEPTS. Members noted that performance had been good but not in all areas, particularly rural areas.</p>	LB WAST
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	<p>It was agreed that the group would need additional information related to performance and using the evidence and learning would be a key requirement for the group in the months to come.</p> <p>Stephen Harray gave an overview on the work in unscheduled care and the National Programme for Unscheduled Care's 6 goals which had been included in the Quarter 2 operating framework guidance. It was agreed that Stephen Harray would share the ongoing work in HBs with the National Programme of Unscheduled Care (Added to Action Log).</p> <p>Members were thanked for their overview of the work to date and ongoing work.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updates from health boards</li> <li>• <b>NOTE</b> that sharing information would be key in developing the operating framework plans</li> <li>• <b>NOTE</b> the work would be shared with the National Programme of Unscheduled Care.</li> </ul>	
7	<p><b>EASC Integrated Medium Term Plan (IMTP)</b></p> <p>Members noted that the EASC delivery plan was being revised. A draft revised delivery plan would be updated and presented for discussion at the next EASC Management group including an update on Q1 (Added to the Forward Look).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> <li>• Receive the revised delivery plan at the next meeting.</li> </ul>	
8	<p><b>Regional Escalation - Operational Delivery Unit</b></p> <p>The presentation – Case for Change was received.</p> <p>Stephen Harray emphasised the importance of finding an appropriate governance route for the case for change and suggested that with the agreement of Members that the EASC governance arrangements could be used to help with the decision making process. No objections were raised by Members although it was noted that the Chief Operating Officers in health boards should be sighted on this and any business case and ongoing developments given the intended impact on operational HB arrangements.</p>	

	<p>Feedback received from Members on the business case as presented included the need to include the broader benefits to the system, such as within the HBs and wider than WAST. It was felt that the costs and benefits would also need to be further clarified.</p> <p>Members noted that the Chief Operating Officers (COOs) had been keen to have the benefits realisation elements clarified and commented that the proposed department seemed more extensive than the original discussions held. Some anxieties were expressed and Members felt that they would be able to comment further on the business case once received with the specific cost/benefit analysis; this would be alongside the receipt by the COOs.</p> <p>Members noted that the work had been included as an intention in the WAST IMTP although the funding source had not been identified. Members felt that an updated report would be required to clarify the revenue and capital requirements and any broader cash releasing benefits across the system. It was agreed that WAST would share a revised business case with the group in due course (Added to the Action Log) alongside the COOs.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update</li> <li>• Receive further information at a future meeting.</li> </ul>	WAST
9	<p><b>Ministerial Ambulance Availability Taskforce</b></p> <p>Members noted that the Chief Ambulance Services Commissioner had written to the Minister for Health and Social Care explaining the intention to reconvene the Taskforce albeit using technology platforms to maintain the safety of the members. This has been noted and further updates will be provided (Added to the Forward Look).</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the update.</p>	EASC Team
10 & 11	<p><b>Demand and Capacity Implementation Plan and the WAST IMTP</b></p> <p>Stephen Harray suggested as the Agenda was ambitious within the time allocated that a special EASC Management Group meeting be organised to specifically review the WAST IMTP and Demand and Capacity Implementation programme together.</p>	CASC

	<p>Members noted that:</p> <ul style="list-style-type: none"> <li>• This approach would provide the opportunity for updates to be provided from WAST and Commissioner with regards to Quarter 1.</li> <li>• Questions received in advance of the meeting on the D&amp;C report would be shared with the WAST Team</li> <li>• The re-establishment of the Ministerial Ambulance Availability Taskforce would assist in the decision making process identifying clearly the 'ask' for the additional capacity within the ambulance service and how the Demand and Capacity work aligns with this</li> <li>• Further information needed to understand the critical dates for the plan, including training requirements.</li> <li>• The criteria to be reviewed as part of the gateway review process.</li> <li>• WAST consider the Demand and Capacity work as their top priority within the IMTP</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> <li>• <b>AGREE</b> to the Special Meeting of the Group to discuss the Demand and Capacity Programme and WAST IMTP.</li> </ul>	CASC
12	<p><b>Major Trauma Readiness</b></p> <p>Dr Dindi Gill gave an update on the Major Trauma readiness work.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• The contribution being made to NHS England situation reports.</li> <li>• The Major Trauma Board (MTB) had considered the mitigation of risks of doing nothing on major trauma – clinical, operational, workforce and financial risks involved in doing nothing, including the loss of staff given that they applied to undertake major trauma work.</li> <li>• The MTB would be considering the position at the end of June.</li> <li>• A Covid surge plan had been developed to cope with potential demand across the system.</li> <li>• The 'Go-live' date was dependent on whether a second wave of Covid occurred but the current position for the planning assumptions was for mid-September which had been broadly supported.</li> <li>• There is considerable work to do in the MTC to be ready for the mid-September start.</li> </ul>	



	<ul style="list-style-type: none"> <li>Information has now been shared from Welsh Government saying the Major Trauma is an essential service and should be included in Q2 plans.</li> </ul> <p>Following the update Members discussed:</p> <ul style="list-style-type: none"> <li>The need for reassurance that the transport could be provided in line with the requirements of the business case for major trauma</li> <li>The impact on the 'go-live' of the Grange University Hospital with the plans for major trauma</li> <li>Making repatriations work, particularly during a pandemic and escalation – this would require joined up working across all health boards and the major trauma centres and would be key to the success of the service.</li> <li>The impact within WAST would take place at the trauma desk and would not impact road crews – the decisions at the desk could be very different although clear communication would be vital to the success</li> <li>The WAST team explained the importance of consolidating the staff learning and the importance of flexibility for the team.</li> </ul> <p>Dindi Gill was thanked for his attendance at the meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the update</li> <li>Receive an update at the next meeting (standing agenda item).</li> </ul>	
13	<p><b>Finance Report</b></p> <p>The EASC Finance Report was received. Stuart Davies, Director of Finance presented the report and Members noted that there were no significant issues of concern and would be reported to the next EAS Committee meeting.</p> <p>Members <b>RESOLVED</b> to: <b>APPROVE</b> the Finance Report.</p>	
14	<p><b>EASC Draft Risk Register</b></p> <p>The report on the progress in developing a risk register for EASC was received. Members noted that the risk register had not been updated for some time and now required review. Progress had been affected by the Covid pandemic as the EASC Team would need to follow the arrangements of the host body (CTMUHB). Members agreed that the risks should identify commissioning risks rather than the operational provider risks.</p>	

	<p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the position in relation to the development of the risk register</li> <li>• Receive the updated risk register at the next meeting.</li> </ul>	
15	<p><b>Final Draft EASC Management Group Annual Report 2019-2020</b></p> <p>The Final Draft of the EASC Management Group Annual Report 2019-2020 was received. Members noted that it would be presented at the next EASC Committee. Members agreed to complete the Effectiveness Survey separately and comment by email and the EASC Team would develop a short report for the next meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Annual Report for presentation to the next EAS Committee meeting.</li> </ul>	
16	<p><b>Forward Look</b></p> <p>The Forward Look was received and noted. Due to the time restrictions at the meeting, it was agreed that the EASC Team would review the arrangements for the next meeting and present an updated version for discussion and approval.</p>	
17	<p><b>EASC Draft Annual Governance Statement</b></p> <p>The EASC Annual Governance Statement was received and noted.</p>	
18	<p><b>Issues to report to the EASC using new Highlight Report</b></p> <p>Highlight report to be populated by the EASC Team and circulated to Members.</p>	
<b>AOB</b>		
19	<p><b>Any other urgent business (agreed in advance with the Chair)</b></p> <p>There was none</p>	
<b>Future Meetings – Bi monthly</b>		
1.	<p>Date of next meeting – Special Meeting to be arranged. Planned meeting 27 August 2020 NCCU, Unit 1, Charnwood Court, Parc Nantgarw, Cardiff CF15 7QZ</p>	<p>SH</p> <p>All</p>