

EMRTS DELIVERY ASSURANCE GROUP

ACTION NOTES OF THE MEETING HELD ON

MONDAY, 15TH MARCH, 2021

VIA MICROSOFT TEAMS

PRESENT: Stephen Harray, Chief Ambulance Services Commissioner (Chair)
 Prof David Lockey, EMRTS National Director (DL)
 Helen Bailey, Directorate Support Manager – Unscheduled Care, Cwm Taf Morgannwg University Health Board (HB)
 Sue Barnes, Chief Executive, Wales Air Ambulance Charity (SB)
 Matthew Cann, Incoming EMRTS Programme Manager (MC)
 Alex Crawford, Assistant Director of Planning, WAST (AC)
 Lee Davies, Operational Planning Director, Cardiff & Vale UHB (LD)
 David Hanks, Aneurin Bevan University Health Board (DH)
 Chris Moreton, Assistant Director-Finance, National Collaborative Commissioning Unit (CM)
 Geraint Norman, Head of Strategic Financial Planning, Swansea Bay UHB (GN)
 David Rawlinson, EMRTS Clinical Informatics Manager (DR)
 Alastair Reeves, Interim Deputy Medical Director, Swansea Bay UHB (AR)
 Steven Stokes, Head of Communications and Engagement, EMRTS & Wales Air Ambulance Charity (SS)
 Ricky Thomas, Head of Informatics, EASC Team (RT)
 Niki Vaughan-Jones, Critical Care & Trauma Network Manager (NV-J)
 Mark Winter, EMRTS Operations Director (MW)
 Matthew Edwards, EMRTS Programme Manager/EASC Head of Commissioning and Performance (ME)

IN ATTENDANCE (ACCTS Agenda Item Only):

Chris Shaw, Senior Project Manager, National Critical Care Transfer Service (CS)
 Mike Slattery, Clinical Lead, National Critical Care Transfer Service (MS)

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Part 1 – Preliminary Matters		
1.	Welcome and Introductions The Chair welcomed members to the meetings, including to welcome Matt Cann soon to commence as the new EMRTS Programme Manager and Ricky Thomas, Head of Informatics with the EASC team.	
2.	Apologies for Absence Apologies for absence were received from Aled Brown, Stephen Clinton, John Evans, Richard Evans, Dindi Gill,	

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	Rob Jeffrey, Gwen Roberts, Meinir Williams and Paul Williams.	
3.	Minutes of Previous Meeting The notes of the previous meeting were agreed as a true and accurate record.	
4.	Matters Arising/Action Log It was agreed that all would be discussed as part of the agenda for the meeting, apart from the EMRTS Terms of Reference. Members were advised that these have been amended to reflect conversations held at the EMRTS DAG meeting in September. These will now be standardised and shared for information with the papers for the June 2021 EMRTS DAG meeting	
Part 2 – Key items for noting and approval		
There were no agenda items for approval at this meeting.		
Part 3 – Key items for noting and discussion		
5.	<p>Adult Critical Care Transfer Service (ACCTS) Update CSh presented the ACCTS programme highlight report circulate prior to the meeting. Members noted the progress made recently including the submission of recruitment documentation for practitioners and driver support workers, medical job descriptions finalised, invitation to tender documentation drafted with the working group. Importantly, progress was also noted with regard to planning for base infrastructure at both Ysbyty Gwynedd and Cardiff Heliport, the purchase of capital and revenue equipment and also an established communication process with appropriate clinical leads via the fortnightly Critical Care Service Improvement Group meeting.</p> <p>Going forward, it was reported that the focus would include recruitment (coinciding with EMRTS selection panels where appropriate), proceeding to tender process for transfer vehicles, finalising base infrastructure and training programmes.</p> <p>Members noted the project risks relating to the lead time for transfer vehicles, here it was noted that mitigation is in place with the confirmed availability of suitable loan vehicles should this be required. The other risk that was reported included the work to agree an appropriate service model to meet the demand in North Wales.</p> <p>Members noted the contents of the highlight report and the focus of work over coming months with a target launch date of Monday 16th August 2021 in both North and South Wales, subject to EMRTS Clinical and Operational Board approval on March 23rd.</p> <p>Further updates will continue to be provided at future EMRTS DAG meetings.</p>	EMRTS

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6.	<p>EMRTS Service Evaluation Update</p> <p>DR provided an overview of the EMRTS Service Evaluation, initially commissioned by Welsh Government as part of the full Business Justification Case for the establishment of the service. The scope of the work is to evaluate performance and the realisation of benefits against the agreed service specification. The final report that is currently being finalised will build on the initial Year 1 report already published in 2016.</p> <p>The initial report provided key headline information relating to qualitative benefits, descriptive statistics, and additional methodology required to realise the quantitative benefits. Routine data collection and the linking of multiple data-sets has continued throughout the evaluation period. During this time, the service has expanded to include an EMRTS base in North Wales, the introduction of the Children’s Air Ambulance operation and, latterly, expansion to 24 hours. Some of the ongoing data collection facilitated the service expansion review conducted as part of this work.</p> <p>During the evaluation period:</p> <ul style="list-style-type: none"> • the service attended 9,952 patients • age range of 0 to 101 years (Median 48) • 68% were male, 32% female • 91% of cases were responded to as “Primary missions” i.e. at the scene of illness or injury. The remainder were secondary missions at health care facilities (e.g. district general hospital) <p>There was a high correlation of activity against the predicted demand with key headlines provided against the investment objectives of equity, health gain and clinical and skills sustainability. Key headlines include enhanced equity of care across Wales as perceived by health professionals, patients received access to specialist care in a more timely fashion than previously and also a 41% reduction in emergency critical care transfers due to attendance of crews at scene. These were noted by the group.</p> <p>DR stated that the service evaluation has been completed and is awaiting final approvals. It was agreed that the importance of the approvals process and the timing of publication is critical in terms of ensuring that key stakeholders are included. SS agreed to ensure that a robust communication plan will be in place to manage this.</p> <p>The Chair raised the importance of continuing this good work and ensuring an ongoing evaluation focus beyond the publication of the report and asked EMRTS colleagues to present a proposal at a future EMRTS DAG meeting.</p>	<p>EMRTS/SS</p> <p>EMRTS</p>

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	Work will now continue to ensure that the Final Report is published in a timely manner and presented at a future EMRTS DAG meeting. DR to confirm with the Chair.	DR
7.	<p>EMRTS Winter Pressures Resource MW reminded members that the EMRTS had received additional funding to support critical care activity over the December 2020 to March 2021 period. This resource has provided an enhanced HEMS / higher acuity inter-hospital transfer response across Wales, based at Cardiff Heliport, with projected staff availability allowing approximately 4 days per week.</p> <p>As previously reported, a short evaluation will be prepared capturing the impact of the enhanced service and will be presented at the next EMRTS DAG meeting.</p>	EMRTS
8.	<p>Service Update:</p> <p>COVID-19 Update MW reported that EMRTS service activity has remained relatively constant and that service continuity has been maintained.</p> <p>Service Activity DR presented the standard set of slides relating to service activity. Key points included:</p> <ul style="list-style-type: none"> • A sustained increase in activity from Cardiff Heliport, reflecting the winter pressures resource and more recently overnight activity • Cardiff & Vale, Aneurin Bevan and Betsi Cadwaladr University Health Boards remain the highest users • Primary missions accounting for 92% of activity • Activity presented as trauma 54% to medical 46% • Road incidents, cardiac arrests and then other trauma as the highest categories of call • An increase in road response over the winter period was reported, influenced by weather • Patient conveyance data illustrated the lack of appropriate secondary landing sites in some hospitals • Year on year activity for 2019, 2020 and 2021 was presented, this demonstrated the impact of: <ul style="list-style-type: none"> ○ COVID-19 and also ○ the impact of the twilight resource over recent years and the significant impact that this has, as presented in the EMRTS service expansion review • Data from the EMRTS service expansion was also considered and the impact of service expansion was considered <p>The Chair thanked David for the presentation, it was agreed that this had been very helpful, particularly the demonstration of the impact of service expansion and the</p>	

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	group requested that this continues to be reported at each EMRTS DAG meeting.	DR
9.	<p>EMRTS 24/7 Service Expansion Update</p> <p>Professor Lockey reported that there has been a smooth transition to a 24-hour operation. Night shifts are proving to be extremely busy with demand exceeding the projections included within the EMRTS Service Expansion Review. The support of the Charity in supporting the base infrastructure and aviation elements of the service expansion was noted by the group.</p>	
10.	<p>EASC</p> <p>ME presented an overview of the EASC Annual Plan that has recently been approved by the EASC Joint Committee and will now be submitted to Welsh Government.</p> <p>It was reported that the Annual Plan was aligned to the WG Annual Planning Framework 21-22 and covered the EASC portfolio of commissioned services, these are EMRTS, Emergency Ambulance Services and Non-Emergency Patient Transport Services (NEPTS). The focus of the Annual Plan was confirmed as:</p> <ul style="list-style-type: none"> • Priorities for each of the commissioned services • Transformational work programmes including the Ministerial Ambulance Availability Taskforce, the remaining elements of the Major Trauma Network Business Case and a new Transfer and Discharge Service • Alignment with the re-setting of NHS and Social Care following the COVID-19 pandemic • Development of the commissioning cycle <p>The priorities for EMRTS were confirmed as consolidating following the implementation of Phase 1 of the service expansion and ongoing evaluation of this, looking at the impact against what was set out in the service expansion review. The implementation of the Adult Critical Care Transfer Service (ACCTS) in August 2021 was noted as another priority area, with the transition from a project set-up and implementation phase to ongoing service delivery.</p> <p>The development of a commissioning cycle was also discussed and that this would ensure a timely and planned approach to the development and refresh of the Quality and Delivery Framework and Commissioning Intentions. A commissioning cycle will ensure that these are developed collaboratively and would ensure that these are agreed and able to inform Integrated Medium Term Plans (IMTPs) or Annual Plans going forward.</p> <p>Quality and Delivery Framework 21-22</p> <p>It was noted that the Quality and Delivery Framework was considered at a previous meeting of the EMRTS DAG. The financial schedules contained within the approved</p>	

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	<p>EASC Annual Plan will now be added and an approach agreed to ensure that the Quality and Delivery Framework is signed by representatives of both EASC and EMRTS. This will be included as an agenda item for the EMRTS DAG meeting in June.</p> <p>EMRTS Commissioning Intentions 2021-22 ME stated that work had been undertaken with EMRTS recently to draft the Commissioning Intentions, reflecting the direction of the EASC Joint Committee and ensuring the necessary focus for EMRTS for the coming 12 months. These will be discussed at the EMRTS Clinical and Operational Board on Tuesday 23rd March, again with a view to being presented at the EMRTS DAG meeting in June.</p>	<p>ME</p> <p>ME</p>
<p>11.</p>	<p>Wales Air Ambulance Charity Update SB introduced the strategic review being undertaken by the Charity looking towards the future, both short and long term. As part of this process, the Charity is looking to combine the promotion of its' 20th anniversary with taking time to reflect and to define what the organisation is going to look like over the next five years.</p> <p>This process has already began and is looking at many aspects in the terms of understanding the internal and stakeholder view of the Charity as it stands on a commercial, a communities and a service perspective. As part of this process, the Charity would like to gain the views of EMRTS DAG members by way of some confidential short surveys.</p> <p>The Chair thanked Sue for the helpful and very open update, adding that it seems opportune to undertake this work at this time. Members agreed to complete the survey as requested and it was agreed that the group would be very keen to work with the Charity in any way. The Chair noted the key decisions that would need to be taken by the Charity and advised that the group would be extremely interested in understanding the ambition and future direction of the Charity going forward.</p> <p>The alignment with the EMRTS Quality and Delivery Framework and Commissioning Intentions already presented was also noted and the need for these to reflect the ambition and strategic direction of the Charity moving forward.</p> <p>SB also added that the review is also very timely in terms of the aviation contract being due for renewal in 2023 and that this will align with the early decision-making required as part of those discussions.</p> <p>The Chair thanked Sue for this helpful update and also for the invaluable support provided by the Charity.</p>	

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12.	<p>EMRTS Finance Report GN provided an update on the financial position at Month 10 against the budgeted revenue allocation of £5.74m. The impact of COVID-19 was noted and the need for a return of £0.9m to EASC.</p> <p>The EMRTS capital allocation for 2020-21 was raised and it was confirmed that this is on target to be committed as required by the year-end.</p> <p>The 2021-22 revenue allocation was confirmed as approved by EASC at £7.4m reflecting the investment in and full year effect of the 24/7 service expansion and the national critical care transfer service. GN noted the need for further work to ensure that other elements such as the Quality and Delivery Framework and Commissioning Intentions are planned for.</p> <p>The capital allocation for 2021-22 was reported at just in excess of £1m with the critical care transfer vehicles a significant element of this. In addition, it was stated that further discussions will be required with the EMRTS Clinical and Operational Board with regard ongoing capital requirements and the 5-year EMRTS capital plan.</p> <p>Members noted the information contained within this report, noting the recommendations made including ongoing challenges and uncertainty within the NHS regarding COVID-19.</p> <p>The Chair noted the recognition by Welsh Government of the need for a capital allocation for EMRTS and it was agreed that both revenue and capital positions would be reported at EMRTS DAG going forward. It was also noted that there may be non-recurrent slippage in 21-22 and therefore it was agreed that there needs to be a robust plan in place at an early stage to manage this and for this to be reported via the EMRTS DAG.</p> <p>It was also confirmed that the hosting costs of Swansea Bay UHB are being uplifted in terms of inflation minus the cost efficiency assumptions, ensuring that the vast majority of the allocation is focused on service delivery. It was agreed that this is important for the service, both Geraint and the Health Board were thanked for this.</p> <p>GN added that this had been a team effort between EMRTS, Swansea Bay, the EASC team and Welsh Government.</p> <p>Rapid Response Vehicle update MW provided an update regarding the EMRTS rapid response vehicles. The group were reminded that lease</p>	<p>EMRTS/GN</p> <p>EMRTS/GN</p>

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	<p>orders have been placed for three vehicles, these are undergoing conversion with the first of these vehicles due for delivery in May, followed by the remaining vehicles in subsequent months.</p> <p>Volvo have also agreed the provision of a loan vehicle which has now been received by the service, offering valuable service resilience.</p>	
11.	<p>Communication & Engagement Report SS referred to Sue's earlier report and advised that the survey will be circulated on Tuesday morning 16th March.</p> <p>The preparation of the Annual Report is about to commence, again with a supplementary DAG report. This approach was agreed by the group.</p> <p>The need for a planned approach with regard the handling and distribution of the service evaluation report was noted, including the upcoming election and Steve agreed to lead this process, working with group colleagues.</p>	<p>SS</p> <p>SS</p>
12.	<p>Helicopter Landing Sites MW updated the group, including that work is ongoing in North Wales regarding the provision of an appropriate landing site at Wrexham Maelor Hospital. Discussions are also being held with colleagues at Aneurin Bevan UHB regarding landing site provision for the Royal Gwent and Nevill Hall Hospitals.</p> <p>The Chair thanked Mark for this update.</p>	MWi/MW
Part 4 – Other matters		
16.	<p>Any Other Business The Chair thanked members for the positive updates provided and for their ongoing support for the service.</p> <p>ME added that the EMRTS Risk Register was included for the group's information and for any comments to be forwarded to him. It was confirmed that there are no significant risks to note and that the register will be considered at the EMRTS Clinical and Operational Board on 23rd March.</p> <p>The Chair noted that this would be Lee Davies' last meeting as the representative for Cardiff & Vale University Health Board, prior to commencing as Director of Planning for Hywel Dda University Health Board. The</p>	
17.	<p>Date of Next Meeting: The next meeting is scheduled for 1400-1700 on Tuesday 15th June 2021.</p>	