

**EMRTS Delivery and Assurance Group
Action Notes of the Meeting Held on
28th November 2023
Via Microsoft Teams**

Present	Organisation
Stephen HARRY	EASC Chief Ambulance Services Commissioner (Chair)
David Lockey	EMRTS National Director
Mark Winter	EMRTS Operations Director
David Rawlinson	EMRTS Clinical Informatics Manager
Steve Bonser	ABUHB Associate Director
Geraint Farr	BCUHB Associate Director of Unscheduled Care
Daniel Warm	HUHB Head of Planning
Stephen Powell	PtHB Director of Performance and Commissioning
Geraint Norman	SBUHB Head of Financial Planning
Gwenan Roberts	EASC Deputy Director Corporate Services
Matthew Edwards	EASC Head of Commissioning and Performance
Lee Leyshon	EASC Assistant Director of Communications & Engagement
Matthew Cann	EMRTS Programme Manager
Nino Williams	EMRTS Communications Manager
Hayley Blyth	EMRTS Business Manager (Secretariat)
Meryl Jenkins	ACCTS Service Manager
Mike Slattery	ACCTS Clinical Lead
Sue Barnes	WAAC Chief Executive
Deborah Kingsley	WAST Deputy Director of Corporate Services
Leigh Davies	Welsh Government Senior Urgent Care Manager

	Agenda Item	Action
PART 1-PRELIMINARY MATTERS		
	<p>Welcome and Introductions SH started the meeting by asking members to hold a moments silence to pay their respects for Maggie Lewis Price, an EMRTS Critical Care Hub (ECCH) Dispatcher who had recently passed away following illness. SH paid tribute to Maggie's long career both in the Welsh Ambulance Services University NHS Trust (WAST) and EMRTS.</p>	
	<p>Apologies The following apologies were noted: Anjula Mehta Raj Krishnan Stuart Dalziel Mike Bond</p>	
	<p>Minutes of the last meeting The minutes were agreed as an accurate record.</p>	

	<p>Action Log</p> <p>06/23-2 Capital Allocation It was noted that there were ongoing discussions with Welsh Government (WG) regarding the capital allocation for the service.</p> <p>06/23-3 Effectiveness Survey SH advised that this is an annual request which would be made to members and encouraged members to respond.</p> <p>09/23-1 Patient Story SH noted that a video regarding the Critical Care Hub would be shown at the meeting today, and patient stories would be included on future agendas. Action closed.</p> <p>09/23-4 Helicopter Landing Sites- Betsi Cadwaladr (BCU) GF noted that the 3 IHC directors were meeting this week to look at the various elements discussed as part of the feasibility study as well as the Derriford Investigation Report. Following this meeting, contact would be made with EMRTS and other stakeholders for a meeting to discuss further. It was agreed that this would be kept on the agenda for updated.</p> <p>09/23-5 Trauma Desk Position DK advised that the Welsh Health Specialised Services Committee (WHSSC) had confirmed that there was no funding available for the 24/7 desk. It was noted that data and activity was being reviewed to build the case but it was noted that WAST would not be able to provide a desk on 24/7 basis without the associated funding. SH noted that this would possibly need to form part of the Integrated Medium Term Plan (IMTP) process for further discussion.</p> <p>09/23-6 Grange Landing Site SB noted that the temporary landing site was now in place and there had been exemplary support from EMRTS colleagues in achieving this. It was noted that this will be run from a daytime perspective only. DL noted that this was less than ideal and there had been some issues the previous night with a tasking into the Grange. SB clarified that the night elements were determined due to security issues. SH requested that this item is kept on the agenda for review of any issues and risks emerging. Added to agenda. Action closed.</p>	<p>Closed</p> <p>Closed</p>
	<p>Matters Arising Not on the Agenda There was nothing raised for discussion.</p>	
<p>PART 2- AGENDA ITEMS FOR DISCUSSION</p>		
	<p>EMRTS Operational Update DL updated members on the EMRTS /Adult Critical Care Transfer Service (ACCTS) service and noted that there were no operational issues currently. DL noted that the Service Review had been completed and thanked SH and the EASC Team for leading on this area of work. It was noted that the recommendations were due which would enable the service and charity to move forward. DL noted that within the agenda, there was an update on the financial position which noted a small deficit at year end and also noted that there were ongoing issues with capital funding allocations.</p>	

	<p>Video - The Critical Care Hub</p> <p>DL introduced a Video which demonstrated the work of the Critical Care Hub based in Vantage Point House, Cwmbran. DL advised that the video gave an understanding of the process undertaken in the hub in allocating EMRTS resources across Wales.</p> <p>SH noted that the video was powerful in demonstrating the work of the hub and thanked Wales Air Ambulance Charity (WAA) colleagues for producing this along with EMRTS team.</p>	
	<p>Adult Critical Care Transfer Service (ACCTS) Update</p> <p>MS gave an update on the ACCTS service and noted the following:</p> <p>Workforce</p> <p>Medical: It was noted that 4 of the recently appointed fellows in North Wales had been successful in obtaining training numbers from February 2024 which would have an impact on rotas. Discussions were ongoing with the local 3 Intensive Care Unit leads in looking for mitigations.</p> <p>RTP: Members noted that within South Wales, there was 1 vacancy, and 2 members of staff were on long term sick which was having an impact on the rotas but the service continued to deliver the commissioned service. Appointments had been made to cover previous vacancies in North Wales and selection was imminent for the South Wales Vacancy.</p> <p>CCTA: It was noted that there were challenges within the workforce but these were being mitigated against and the service continued to deliver.</p> <p>Operational Model:</p> <p>MS reminded members that the North Wales service was now a daytime only service due to previous workforce challenges whilst South Wales remained unchanged.</p> <p>In relation to the operational base for the Team in Ysbyty Glan Clwyd, there was an ongoing issue regarding the portacabin, and SH advised that a meeting was scheduled for December to discuss the issues further which he would be joining.</p> <p>Members noted that there were ongoing discussions with SBUHB who were looking for ACCTS support to deliver their change in operational model in both the short and long term. SH noted that it was key that some of these developments were delivered regionally rather than on a Health Board basis and working collaboratively was essential to support service configurations. SH suggested that at the next meeting, it would be helpful to map out what these proposed moves across regions were looking like and the risks that were trying to be managed through this process.</p> <p>Education and Development</p> <p>It was noted that discussions were ongoing with HEIW to support the delivery of education and had received a small pot of funding to support the delivery of the Critical Care Transfer Course in conjunction with Health Boards until the end of the financial year. Members noted that the development of education programmes within service continued to move forward as well as the provision of placement programmes in conjunction with Deaneries.</p>	<p>MC</p>

	<p>MS noted that the Service Evaluation report which should have been presented to the meeting today, has been delayed due to receipt of data from multiple sources. It would be brought back to the March meeting.</p>	<p>MS/MJ</p>
	<p>Finance Update GN presented an update paper to the meeting and it was noted that there was approximately £100K deficit being projected for 23/24.</p> <p>Regarding the following financial year, it was noted that there was £500K deficit in the budget which was attributed to cost pressures and additional activity around non pay. GN also noted that members should be aware that this deficit was a cost pressure relating to an additional 4 CCPs which were recruited into during 2021 which was unfunded and has remained so since then. SH noted that he would welcome a conversation with GN and MW to understand the revenue implications and would arrange a meeting ASAP.</p> <p>GN also noted that members should be made aware of the impact of not receiving any capital allocation from WG and the inability of the service to not replace critical equipment and IT that the service requires and the associated risks with this. SH noted that there needed to be further conversations with WG regarding the Capital Allocation and this would also need to be added to the service risk register.</p> <p>SH noted that he had committed at the recent EASC meeting about making best use of the commissioning allocations that are received whilst understanding the financial implications facing Health Boards moving forward into the next financial year. It was noted that the meeting with MW/GN will be helpful in forming some of this discussion. This was noted by those present at the meeting.</p>	<p>SH/MW /GN</p> <p>MC</p>
	<p>Helicopter Landing Sites MW noted that this had been discussed earlier in the agenda and added that it was anticipated that the Witherbush site would be renewed in January.</p> <p>In relation to the Derriford Report, it was noted that there was no direct impact from an EMRTS medical perspective but would likely to have an impact for Health Boards. This was currently being reviewed by Health Boards and Aviation Operators on the use of pads across hospitals.</p> <p>SB noted that Ray Selby from Shared Services Estates was leading on this from an All-Wales perspective and he had passed on MW details for collaboration with EMRTS.</p>	
	<p>Risk Register MC advised that that the following risks had been reviewed:</p> <p>1177 Helicopter Landing Sites had been updated to include the Derriford Incident report. It was confirmed that Gama would continue to undertake surveys of the Landing Sites post contract transition.</p> <p>3064 ACCTS Vehicles- MC advised members that the convertors have gone into administration and the team were working through the issues which might impact on the service. Risk Register to be updated in due course.</p>	<p>MC</p>

	<p>ME queried the future purchase of ACCTS vehicles and were there other options available for future conversions. MC confirmed that there were other options available should capital funding be received.</p> <p>2821 High Demand of use of Ambulance Services for back up services</p> <p>SH sought clarity on the context of the risk. MC noted that it was high probability of disruption to the service if back up vehicles were not available. It was noted that it had been on the risk register for a while and was likely to remain on there. MW noted that given the increasing pressure on the system over the winter period it was likely to have further impact on the system. It was noted that this risk would remain under review.</p>	
	<p>EMRTS Commissioning Intentions</p> <ul style="list-style-type: none"> • Q2 Report <p>DR advised members that based on internal feedback, the CAREMORE return had been updated to include:</p> <ul style="list-style-type: none"> • Top Cover Contacts to include information from BT SMART Numbers • New measure S2/RE3b Sickness Figures ECCH Clinical staff <p>SH welcomed the update and noted that these figures were key to be aligned with the financial reporting, so the commissioning allocation reflects the activity.</p> <p>It was noted that any delays in WAST resource allocation would be useful to be captured so the links to the risk discussed earlier are quantified.</p>	
	<p>EASC Update</p> <ul style="list-style-type: none"> • Service Review <p>LL gave a highlight report against the Service Review engagement which had been a 3 phased approach and outlined the process undertaken in Phase 2 which had concluded in November. This had been shaped by the discussions with members of the public in stage 1.</p> <p>Members noted that that prior to recommendations being made at the EASC meeting in December, Health Boards had been asked to identify individuals to be part of the evaluation process on the options appraisal which was taking place shortly.</p> <p>SH noted that there had been engagement with various Health Boards such as the BCU Board Development session as well as questions from Swansea Bay which had been addressed and all Health Boards were encouraged to contact the CASC office should they require further information. It was further noted that SH was discussing with Powys Board the following day.</p> <p>SP queried the Llais position and LL confirmed that some initial queries from Llais had been received regarding the process and there had been engagement through the commissioner's office and no major concerns identified to date. SH noted that there would be an opportunity for Llais to review the evaluation process following the Health Board review. Members noted that he was due to attend the WAA Trustees meeting to discuss further.</p>	

	<ul style="list-style-type: none"> • Commissioning Intentions <p>ME noted that the review of the commissioning intentions for 24/25 was due and noted that the previously used approach would be utilised for this piece of work. It was noted that the commissioning intentions would be shared with all stakeholders and comments would be welcomed from all.</p>	
	<p>Wales Air Ambulance Charity Update</p> <p>SB noted that the focus for the following 2 weeks was the transition from Babcock to Gama which was due to occur on 13th December. It was noted that there was a great deal of work being undertaken to support the transition which included contingency plans. SH noted that this transition was a positive step forward and the continuation of the existing collaboration between the stakeholders.</p> <p>SB advised that the WAA was looking forward to receiving recommendations from the EMRTS Service Review which were expected to be received next month.</p>	
PART 3 OTHER MATTERS		
	<p>Any Other Business</p> <p>There was no other business raised at the meeting</p>	
	<p>Date of Next Meeting</p> <p>20th March 2024</p>	