

Joint Commissioning Committee

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE REVIEW
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Dyddiad y Cyfarfod / Date of Meeting	23/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Stephen Harrhy, Director of Commissioning, Ambulance and 111
Cyflwynydd yr Adroddiad / Report Presenter	Stephen Harrhy, Director of Commissioning, Ambulance and 111
Noddwr yr Adroddiad / Report Sponsor	Abigail Harris, Interim Chief Commissioner
Pwrpas yr Adroddiad / Report Purpose	To seek approval of the recommendations made within this report related to the Emergency Medical Retrieval and Transfer Service Review.

Engagement (internal/external) undertaken to date (including receipt / consideration at Committee/Group)		
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Committee / Group / Individuals	Date	Outcome
EAS Committee	19/03/2024	Choose an item. Discussed and noted

During April 2024, listening meetings have taken place with the JCC Chair and Interim Chief Commissioner and the Chair and Chief Executives of Powys THB, Betsi Cadwaladr UHB, and local campaign groups.

Boards	Date	Outcome
Cwm Taf Morgannwg UHB	09/04/2024	Received and considered final review report and recommendations
Hywel Dda UHB	10/02/2024	Received and considered final review report and recommendations
Cardiff & Vale UHB	10/02/2024	Received and considered final review report and recommendations

Aneurin Bevan UHB	10/02/2024	Received and considered final review report and recommendations
Swansea Bay UHB	10/02/2024	Received and considered final review report and recommendations
Betsi Cadwaladr UHB	11/02/2024	Received and considered final review report and recommendations
Powys Teaching HB	11/02/2024	Received and considered final review report and recommendations

Acronyms / Glossary of Terms

CASC	Chief Ambulance Services Commissioner
CCH	Critical Care Hub
CHARU	Cymru High Acuity Response Unit
EASC	Emergency Ambulance Services Committee
EMRTS	Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
HBs	Health Boards
JCC	Joint Commissioning Committee
RRV	Rapid Response Vehicle
WAAC	Wales Air Ambulance Charity
WAST	Welsh Ambulance Services NHS Trust

1. Introduction

This report aims to conclude the review of the Emergency Medical Retrieval and Transfer Service (EMRTS) which has been ongoing since November 2022 and overseen by the Emergency Ambulance Services Committee (EASC) which had responsibility for commissioning these services prior to the establishment of the Joint Commissioning Committee (JCC) on 1 April 2024.

We would like to thank communities from across Wales who have taken the time to give their views about how best to improve EMRTS provision to the population of Wales throughout the phases of engagement.

We would also like to thank the wider range of stakeholders who have participated in the programme, including Llais.

We are grateful to NHS Wales colleagues for their support throughout this process, including the options appraisal workshop.

It is clear from the engagement the passion for the service and the value placed on it. It is also recognised that there are different views about how this service should develop and the challenges in reconciling these.

The need to make a final decision on this Review is understood in order that we can bring certainty to the service and the Wales Air Ambulance Charity.

2.0 SITUATION /BACKGROUND

2.1 The purpose of this report is to present the JCC with the final recommendations of the EMRTS Service Review.

2.2 The details in this report and the attached documents build on the work that has previously been overseen by and considered by the former EASC, a joint Committee of all Health Boards (HBs) in Wales attended by HB Chief Executives.

2.3 The papers have also been considered individually by each of the HBs in Wales between 20 March and 11 April. See **Appendix 1**.

2.4 The original EMRTS Service Development Proposal (EMRTS and the Wales Air Ambulance Charity [the Charity]) was received at the EASC meeting on 8 November 2022. At that meeting, EASC Members agreed that further scrutiny was required that this would be undertaken by the Chief Ambulance Services Commissioner (CASC) who established the EMRTS Service Review.

2.5 The purpose of the EMRTS Service Review is:

- To ensure that as many people as possible benefit from the excellent clinical outcomes that the critical care teams of EMRTS deliver (in partnership with the Charity) where there is currently un-met patient need across Wales (approximately 2-3 patients per day from all HBs across Wales who need the EMRTS service but who currently do not receive it),
- To improve the under-utilisation of clinical teams across the national EMRTS service (some are busier than others),
- To ensure geographical coverage across Wales; and
- To ensure the use of Rapid Response Vehicles (RRV) when the helicopters are unable to fly.

2.6 The CASC committed to four elements shaping the considerations throughout the Review, they are:

- **Modelling data** – a helpful guide using historical data but not to be taken on its own,
- **Options Appraisal / Evaluation Framework** – using commissioning goals and metrics that were tested during engagement Phases 1 and 2,
- **Feedback** – giving conscientious consideration to the issues raised through the engagement process with public and stakeholders; and
- **'Red lines' and 'common sense' test**; for example: not to position assets with worse flying conditions than the current configuration; or more people will get the service across Wales; not only would more people get the service but if anyone who gets a service now will still get a service in the future.)

2.7 As part of the Review, a period of engagement was also undertaken, the phases summarised below:

Phase	Stage	Purpose	Timing
0	Brief (We are asking...)	Pre-engagement phase to aid understanding and create optimal conditions for engagement dialogue in Phase 1.	October 2022 – March 2023
1	Engage (You are telling us...)	Gathering of feedback on factors, weightings, and other suggestions to inform Options to be developed.	March-June 2023
2	Share (We are doing...)	Outline of options developed from Phase 1 feedback, seeking public and stakeholder comments on options developed, before recommended option going forward to EASC for decision.	October - December 2023
3	Formal engagement	Seek views on: <ul style="list-style-type: none"> • The six options shortlisted and evaluated in the Options Appraisal workshop • The two shortlisted options - Options A and B 	February 2024

Phase	Stage	Purpose	Timing
		<ul style="list-style-type: none"> The additional actions that have been identified to address the public and stakeholder feedback from Phases 1 and 2. 	

2.8 The Review’s Final Report provided a structured evaluation of the EMRTS within Wales.

2.9 The Report outlines the process and methodology used to review the service, covering:

- Service delivery,
- Operational efficiency,
- Stakeholder engagement; and
- Analysis of service coverage across Wales.

2.10 All documentation related to the Review is available and this report should be read in conjunction with these documents available at [Final Report Supporting Documents - Emergency Ambulance Services Committee \(nhs.wales\)](#).

3.0 ASSESSMENT - SPECIFIC MATTERS FOR CONSIDERATION

3.1 EMRTS Service Review Final Report

The Final Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the pre-hospital critical care provision in Wales. It clarifies the service's role in providing advanced medical interventions in pre-hospital settings, highlighting the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

3.2 Two separate sets of analysis have been undertaken and have identified the same broad findings – the initial EMRTS Service Development Proposal and the EMRTS Service Review.

3.3 OPTIONS DEVELOPMENT AND APPRAISAL

The initial EMRTS Service Development Proposal (SDP) ran more than 200 modelled scenarios, with each scenario built sequentially to look at the benefit (or disbenefit) of each change both on overall national capability as well as local impact.

3.4 The ensuing EMRTS Service Review requested by the EASC, used data from the period after the introduction of the Cardiff day shift and took account of advice from weather experts in response to public feedback. The Review’s modelling ran a set of scenarios that maintained all four bases initially, then ran multiple variations for the best performing scenarios to provide the optimised model for each scenario. The same was done for a

consolidated base and, shaped by public feedback suggestions, multiple additional scenarios were also modelled.

3.5 The EMRTS Service Review process is set out below:

Options Development and Appraisal

Three broad areas discussed as part of Phase 1 public engagement. These were:

- existing bases and changes to these
- having a new base in the centre of North Wales
- and additional ideas or scenarios raised during the engagement process

Following Phase 1, these were refined into six scenarios including:

- keeping the status quo (baseline)
- testing different shift times at existing bases
- testing different shift times at a consolidated base
- adding additional resource to all of the above

A long list of twenty options were developed across the six scenarios (including the baseline). The long list of options was modelled by an external provider and included in Phase 2.

As part of the modelling, coverage algorithms were run across 1,718 potential locations across Mid and North Wales. This showed a location roughly near the Glan Clwyd hospital site in North Wales as the best location

Having considered the modelling, thirteen options were discounted. Reasons included reduced available capacity, less scene arrivals, smaller reductions in unmet need and lower crew utilisation when compared to other similar options

The baseline and the remaining six options were carried forward as the short list of options. These were evaluated using the evaluation framework agreed as part of the public engagement process. The framework included factors and weightings

The factors, weightings and definitions are attached as **Appendix 2**

An option appraisal workshop was held on 12 January, in line with the approach agreed at the EAS Committee, with HB nominations from a broad range of professional disciplines, including medical and clinical, planning, finance, nursing and engagement leads

Subject matter experts from EMRTS and the Charity were on hand to help answer any technical queries raised. They did not participate in the scoring and did not influence the process.

HB appraisal workshop participants were also provided with agreed indicators and metrics against each evaluation factor and information relating to the service review in terms of operational delivery

Each option was scored, weighted and ranked, with the highest scoring options identified:

- **Option 3** Centralised base in North Central Wales near A55
-had the highest total weighted score and was the highest-ranking option (service operating until 2am)
- **Option 4** Centralised base in North Central Wales near A55 plus additional overnight car shift (service operating until 2am and car until 8am)
-was the second ranked option

The options appraisal was presented to, and supported by, EASC at its January 2024 meeting.

EASC agreed that Options 3 and 4 would be taken forward to Phase 3 (formal engagement) which took place in February 2024.

During Phase 3 Options 3 and 4 were referred to as Options A and B to avoid confusion with any previous documents.

Following completion of Phase 3 of the engagement process, all of the feedback received throughout the engagement process was considered to inform the final recommendations, as set out in the Final Report.

This identified Option A as the preferred option. Centralised base in North Central Wales near A55 (service operating until 2am)

4.0 RECOMMENDATIONS

The Final Report which went to the EASC meeting on 19 March 2024 made four recommendations, as follows:

- **Recommendation 1** – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.
- **Recommendation 2** - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.
- **Recommendation 3** - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee’s commissioning arrangements.
- **Recommendation 4** – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

4.1 Additional Information – Recommendation 4

As requested by EASC Members, additional information has been developed about Recommendation 4 as requested, which has been previously shared and is detailed below.

4.1.1 General Points of Principle

- Recommendation 4 is a direct response to the concerns raised during the public engagement phases from people who shared their anxiety around emergency health provision in rural and remote areas,
- This is in addition to the highly specialised EMRT Service not a replacement for or instead of,
- Many of the concerns raised related to conditions that would not require pre-hospital critical care and so would not fall into the remit to receive the highly specialised EMRTS service as it currently operates,
- Whilst outside the scope of the Review and therefore not required to deliver the additional attendances provided by Recommendation 1, it has been included in response to the concerns raised during the public engagement phases,
- All 4 of the recommendations in the EMRTS Service Review report are to be considered as a 'bundle' and they can be delivered within the existing commissioning allocation for Ambulance and EMRTS services,
- No changes to existing base locations would be made until the bespoke service referred to in recommendation 4 was in place,
- The service would be provided from two additional bases in rural areas bringing the number of bases available to EMRTS from 4 to 5,
- The location of these bases would be modelled to ensure they are in the ideal locations to maximise their effectiveness,
- Scope – Joint Commissioning Committee (JCC) to agree on the scope of the work and a Terms of Reference be developed; and
- Likely to be 6 months' work to sign off at the JCC.

4.1.2 Potential Scope and Operating Principles

- Currently the EMRTS service responds to less than 1% of all 999 incidents,
- If all of the EMRTS unmet need was responded to this would represent only 1% of all 999 incidents,
- It is estimated that this type of bespoke specialist service could respond to circa 12% of 999 incidents in the areas covered which represent the most serious cases in the red and amber 1 categories,
- It is assumed that 2 crews will need to operate 7 days a week 365 days a year,
- It is assumed that it would cover remote and rural areas in parts of Powys, Gwynedd, Anglesey and Ceredigion,
- It is assumed that the service would be road based and have its own rapid response vehicles; and

- It is assumed that the vehicles would stay in their own areas to avoid them being taken out of area for potentially long periods of time.

4.1.3 Staffing Principles

- It is assumed that the service would be staffed by critical care practitioners and critical care paramedics,
- It is assumed that these staff could be employed in rotational roles into the EMRTS service with potentially 80% of their time in the bespoke service and 20% of their time with EMRTS,
- Staff not wishing to rotate into EMRTS would not be required to do so,
- It is understood from the CEO of the Welsh Ambulance Services NHS Trust (WAST) and the EMRTS National Director that these would be attractive posts for paramedics and that it would help to fill previously difficult to recruit to posts in rural areas; and
- The ability to recruit doctors into the service would be explored, one potential avenue may be links into BASICS schemes and this could be helpful in recruiting new GPs into rural areas and practices.

4.1.4 Financial Principles

- The bespoke service will be financed within the existing EMRTS and Ambulance Service commissioning allocations,
- There are significant efficiencies that can be realised from the current underutilisation of EMRTS resources in Mid and north Wales with a combined total of circa 270 days when a crew does not attend a patient per year from the Caernarfon and Welshpool bases (a similar but not so pronounced situation was being experienced in south Wales which led to a Cardiff day time car service being introduced with no additional commissioning allocation),
- WAST have experienced difficulties in recruiting to a number of posts in rural areas particularly Cymru High Acuity Response Unit (CHARU) posts. This new service represents an opportunity to recruit new staff; and
- Discussions are underway with Welsh Government (WG) for a specific capital allocation for EMRTS. If these do not prove successful the approach of bidding for slippage will continue and this has proved effective if time consuming since the establishment of the service.

4.1.5 Other Potential Opportunities

- Enhanced diagnostics linked to 'Connected Support Cymru' and the national diagnostics plan. This will aim to introduce mobile or fixed locations where the populations of these areas can access advanced diagnostics and remote assessment by expert clinicians speeding up their time to definitive treatment.

4.1.6 Benefits

- This service will address the concerns and representations made by members of the public who shared their anxiety around emergency health care provision in rural and remote areas,
- This service will improve patient outcomes and ambulance response times in certain rural areas within Wales,
- This service will be available to the highly specialised EMRTS service if needed in certain rural areas,
- This service will help to level up access to enhanced clinical care in certain rural areas,
- This service will remain within its operational location and not be moved out of area; and
- This service will provide better value for the overall commissioning allocation made available by HBs.

4.2 Health Board Meetings

- Following the EASC meetings on the 19 and 28 March, an updated set of recommendations was provided for consideration by each HB.
- Between the 9 and 11 April, each HB held an extraordinary board meeting to consider the findings of the Review and the updated recommendations.
- Members of the Review Team were available to attend these meetings to answer any questions or points of clarification.
- All HBs recognised and accepted the case for change, and particularly the requirement to reduce the level of unmet need across each HB gave due to consideration to the findings and recommendations of the Review in the context of their HB and local communities.

4.3 Listening to Engagement

4.3.1 From the Review's Engagement Report presented on 19 March 2024 that the findings of the engagement process identified two categories of feedback – from a **national** perspective (You.Gov representative sample) and **localised** (from Caernarfon and Welshpool surrounding areas predominantly).

4.3.2 The **national** feedback undertaken by the Picker Institute concluded the following priorities:

- Everyone in Wales should have equal access to the service,
- The service should be structured to treat as many people as possible; and
- Before any change happens, there must be a plan for the service to support patients to the same standard as it does today.

4.3.3 The **localised** feedback concluded several common themes and concerns regarding the proposed changes to air ambulance services in Wales, particularly for citizens in the surrounding areas of Caernarfon and Welshpool (i.e. BCUHB and PTHB respectively). For ease of reference, these have been summarised below:

- Opposition to the closure of air bases in Welshpool and Caernarfon,
- Concerns about potential longer response times, reduced coverage, and compromised emergency care, especially in rural and remote areas,
- The new location proposed for air ambulance services,
- The potential impact on rural communities,
- Sustainability of the Wales Air Ambulance Charity,
- Advocacy for maintaining current air ambulance bases and providing additional Rapid Response Vehicle (RRV) coverage elsewhere,
- Equity of access to pre-hospital critical care across all regions of Wales,
- Further reductions to locating services in rural areas,
- The potential loss of experienced EMRTS staff due to base relocations; and
- Overwhelming support and appreciation for the work of the air ambulance teams and support crews, including pilots and the passion and strong sense of ownership in these areas.

4.3.4 In conclusion, the engagement findings show the complexity of balancing national priorities with localised concerns, emphasising the need of ongoing communication and engagement, particularly by the Charity and EMRTS, to shape the future of the service effectively in Wales.

4.3.5 Evidence has been provided to the EAS Committee to demonstrate how concerns have been addressed through each engagement phase and how the options have been shaped throughout the process in response to feedback.

4.4 Working with Llais

4.4.1 Members will be aware from previous papers considered at EASC of the ongoing engagement with Llais and the consequential exchange of correspondence.

4.4.2 Members will also be aware that Llais have submitted a letter (dated 9 April 2024) to the Director of Commissioning, Ambulance and 111, NHS Wales JCC.

4.4.3 The letter includes a residual question that was also presented by regional Llais representatives at each HB meeting, which asked why it is 'considered necessary at this stage to proceed with a decision on the proposal to consolidate the Emergency Medical Retrieval and Transfer services currently operating at Welshpool and Caernarfon bases into a single site in North Wales and asked for clarity on why a delayed decision would be a risk to the Charity'.

4.5 Wales Air Ambulance Charity

4.5.1 The Charity wants to see improvements in unmet need across Wales and to ensure value for money as part of their responsibilities to the Charity Commission.

4.5.2 The Charity is supportive of the Review and its purpose to address the issues of unmet need and under-utilisation, and to improve this service.

4.5.3 The Charity has shared with the Review Team its significant concerns about the impact that any further delays in the Review process will have on them.

4.5.4 During the 18-month process, the Charity has respected the independence of the Review. In doing so, they have been mindful of their communications and engagement with supporters and stakeholders to avoid perceived interference in an independent process. The consequence of this is that they have not been able to actively engage with their stakeholders and the public on this issue.

4.5.5 The Charity has shared with the Review Team that the length of the decision-making process has not only affected parts of the service linked to the Review but also impacted on non-related business decisions.

4.5.6 The Charity has shared with the Review Team that spring and summer are critical seasons for its fundraising. Last year was a challenge for the Charity as during the face to face public events it attended, it was restricted in what it could say about the Review. Another critical fundraising period is about to start so the Charity requires clarity on the future of the service to engage in those conversations that help maintain its funding levels during an important period of the year.

4.5.7 The Charity funds two thirds of the service and it is therefore vital to its success.

4.5.8 The Charity has shared with the Review Team its view that any further delay in decision-making will threaten service improvement but potentially the service as it is now.

4.5.9 The Charity has extended the lease for both Caernarfon and Welshpool until 2026 but needs to understand the position of NHS Wales in order to secure its long-term future base position.

4.5.10 The Charity has shared with the Review Team that timescales are already tight to implement the recommendations in accordance with the 2026 timeline. For example, base infrastructure issues include land purchase, planning, building, workforce, clinical, operational and financial requirements.

4.5.11 Communications and engagement strategies are needed from both the Charity and EMRTS to rebuild trust and confidence with rural communities specifically to ensure the future of this partnership service.

5 KEY RISKS

There are a number of risks associated with the ongoing programme of work, as set out below, and mitigation plans are in place.

5.1 Ongoing public concerns in some parts of Wales around the proposed changes to the operation of EMRTS and the Charity, particularly in relation to the potential closure of local bases and a perceived local loss of service, as per the initial Service Development Proposal. This has resulted in ongoing challenges for the Committee, EMRTS and the Charity.

5.2 The Charity is impacted in their business planning, decision-making and implementation by a delayed Committee decision and this is a key risk for HBs should the partnership be damaged.

5.3 Staff morale within EMRTS following a protracted Review could impact service delivery.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Inspiring People Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Choose an item.
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality	Choose an item.
	If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There are ongoing implications which are identified within the Review	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There are ongoing implications which are identified within the Review	

6.0 RECOMMENDATIONS

Recommendation 1 – EMRTS Service Model. The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review.

Recommendation 2 – Implementation. To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review).

Recommendation 3 – Implementation. The Committee approves that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan

will be reflected in the Committee's future commissioning arrangements with EMRTS and the Charity.

Recommendation 4 – Additional service provision. The Committee approves the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It is recommended that the Ambulance and 111 Commissioning Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group will work in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. Following conclusion of this work, and agreement of the way forward, the implementation plan will be updated.

Recommendation 5 – Lessons Learned. The Committee supports a Lessons Learned exercise of the review and engagement process to help inform the future work of the JCC.

Recommendation 6 – Implementation. The Committee agrees to receive regular progress reports on achievement of the implementation plan milestones, and benefits realisation.

The JCC is further asked to:

- **Note** the risks outlined above,
- **Note** the risk to patients and under-utilisation levels across Wales,
- **Note** the national feedback provided by the Picker Institute,
- **Note** the localised feedback from communities surrounding Caernarfon and Welshpool bases,
- **Note** the representations raised by Llais and the other representations,
- **Note** the risks to the Charity,
- **Note** that communications and engagement strategies are needed from both the Charity and EMRTS to rebuild trust and confidence with rural communities specifically to ensure the future of this partnership service; and
- **Approve** recommendations 1 to 4 in line with the Review report and to approve recommendations 5 and 6 on implementation monitoring lessons learned.

EMRTS Board Outcomes Summary Document

Boards	Date	Outcome
All Boards received and considered final review report and recommendations on the following dates with the following outcomes		
Cwm Taf Morgannwg UHB	09/04/2024	Approved the recommendations as set out in the report from EASC
Hywel Dda UHB	10/02/2024	Approved the recommendations with an amendment to the one with recommendation 4 to: Agreed to approve the recommendation for the population of Hywel Dda, recognising that the Joint Commissioning Committee (JCC) will need to consider the implications across Wales at its meeting on 23 April 2024. It is requested that the JCC also scrutinise the plans described in Recommendation 4 and what a bespoke rural model may look like, the detail of which is to be provided by September 2024; at which point further decisions will be made around the need for public engagement and/or consultation and further Board discussion.
Cardiff & Vale UHB	10/02/2024	Approved the recommendations as set out in the report from EASC
Aneurin Bevan UHB	10/02/2024	Approved the recommendations as set out in the report from EASC, on the basis that there would be no diminishment of services in rural areas.
Swansea Bay UHB	10/02/2024	- Approved the proposals and recommendations on behalf of the Swansea Bay University Health Board Population; - As the host for EMRTS, the health board would provide advice to the Joint Commissioning Committee that, until the concerns raised by Llais are addressed, there should be no irreversible decisions taken on the bases; - Members further recommended that clear milestones are put in place for the delivery of Recommendation Four.

Betsi Cadwaladr UHB	11/02/2024	Not Approved as recommendation 4 did not provide the detail how the unmet needs for the population of North Wales would be addressed.
Powys Teaching HB	11/02/2024	<p>The Board accepted the case for change and recognised the critical importance of addressing the level of unmet need identified by the review, but also the need to ensure that the proposed approach sufficiently addresses the concerns that have been raised by residents and stakeholders including by Llais, the Citizen Voice Body for health and care in Wales.</p> <p>The Board agreed that further assurance was needed that Recommendation 4 will mitigate the potential impact of the relocation of the helicopter base from Powys, and therefore we were not currently in a position to support the recommendations.</p> <p>The Board therefore welcomes further detail in relation to Recommendation 4, to address the issues raised by our Board members and also in the correspondence from Llais on 9 April 2024, and the need for pace in this respect was clearly expressed.</p>

Agreed Factors and Weightings

Appendix 2

Factor	Revised weighting	Commissioning Objective	Commissioning Strategy	Commissioning Approach
Health Gain	25	To improve the quality of care and outcomes for patients in Wales	To ensure EMRTS are as operationally efficient and effective as possible and as many patients as possible should get a service	<ul style="list-style-type: none"> • Proportion of met need • Residual unmet need • Scene arrivals • Increased number of arrivals at scene over baseline • Creation of new unmet need • Total crew utilisation (including range across bases – for context)
Equity	25	To ensure that the whole population of Wales receive adequate and timely access to specialised pre-hospital critical care	To make the most comprehensive population coverage by air, road and time of day	<ul style="list-style-type: none"> • Response times (reflex times) • Available capacity between 0800-1400 • Population coverage – road (30m, 60m, 90m) • Population coverage - air • %age of total unmet need (for context) • Unmet need per 10k (for context) • Weather (per base) (for context)
Clinical and skills sustainability	20	To retain and retrain staff and enable them to utilise their skills to the top of their skill set and to attract and recruit the best people for the service	To ensure resources are located, available and equipped to respond to the needs of the whole population of Wales	<ul style="list-style-type: none"> • Utilisation by base and asset • EMRTS Management Team’s operational view • No arrival days (for context)
Affordability	15	To ensure the service delivered is able to operate effectively within the financial constraints of NHS Wales and Wales Air Ambulance Charity Trust	To ensure that the costs of service delivery are within agreed income limits	<ul style="list-style-type: none"> • Additional recurrent cost to baseline (pay and non-pay costs) • Transition/project costs • Additional capital costs
Value for money	15	To maximise efficiency, ensure that the population attain the highest possible level of health gain for the given level of expenditure	To maximise the number of incidents the service can attend and increase the utilisation of each asset	<ul style="list-style-type: none"> • Additional cost to the baseline • Increased number of arrivals at scene over baseline • Cost per additional scene arrival
	100			