

**COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL  
CYMERADWYO/ APPROVED  
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**

Date of Meeting:	<b>9.00AM, WEDNESDAY 10 APRIL 2024</b>
Venue:	<b>VIRTUAL MEETING, VIA ZOOM</b>
Present:	<p>Mrs Judith Hardisty, Interim Chair, Hywel Dda University Health Board (VC)  Ms Eleanor Marks, Vice-Chair, Hywel Dda University Health Board (VC)  Mr Maynard Davies, Independent Member (Information Technology) (VC)  Cllr. Rhodri Evans, Independent Member (Local Authority) (VC)  Mr Michael Imperato, Independent Member (Legal) (VC)  Ms Anna Lewis, Independent Member (Community) (VC)  Ms Ann Murphy, Independent Member (Trade Union) (VC)  Ms Delyth Raynsford, Independent Member (Community) (VC)  Mr Iwan Thomas, Independent Member (Third Sector) (VC)  Professor Philip Kloer, Interim Chief Executive (VC)  Mr Andrew Carruthers, Executive Director of Operations (VC)  Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience (VC)  Mr Lee Davies, Executive Director of Strategy and Planning (VC)  Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development and Interim Deputy Chief Executive (VC)  Mr James Severs, Executive Director of Therapies and Health Science (VC)  Mr Huw Thomas, Executive Director of Finance (VC)</p>
In Attendance:	<p>Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary (VC)  Ms Alwena Hughes-Moakes, Communications and Engagement Director (VC)  Ms Donna Coleman, Regional Director, Llais (VC)  Mr Stephen Harray, Director of Commissioning, Ambulance and 111 (VC)  Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(24)77	<p><b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b></p> <p>The Interim Chair, Mrs Judith Hardisty, welcomed everyone to this Extraordinary Public Board meeting, convened to consider proposals relating to the Emergency Medical Retrieval and Transfer Service (EMERTS). In particular, Mr Stephen Harray, Director of Commissioning for Ambulance and 111, attending to respond to queries raised by Board Members. Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mrs Chantal Patel, Independent Member (University)</li> <li>• Mr Mark Henwood, Interim Medical Director</li> <li>• Dr Ardiana Gjini, Executive Director of Public Health</li> <li>• Mr Jeremy Hockridge, Chair, Stakeholder Reference Group</li> </ul>	
PM(24)78	<p><b>DECLARATION OF INTERESTS</b></p> <p>No declarations of interest were made.</p>	

Mrs Hardisty referred Members to the report relating to the Emergency Medical Retrieval and Transfer Service (EMERTS), together with the various appendices. Members' attention was also drawn to the letter from Llais to Mr Stephen Harray dated 9 April 2024, which has been circulated this week. Professor Philip Kloer provided context to the item, explaining that EMERTS is an extremely important service for the most critically ill patients. EMERTS utilises both the air ambulance and road vehicles, and is delivered by a workforce of highly skilled professionals. Due to its specialised nature, it responds to only 1 in 1,000 999 calls. Whilst it is an All Wales service, today's meeting is primarily to consider the impact of proposals on Hywel Dda's population. Members heard that there are meetings of all Health Boards taking place this week, to consider the same proposals, information and recommendations. These will be followed by a meeting on 23 April 2024 of the Joint Commissioning Committee (JCC); the newly-constituted body which has replaced the Emergency Ambulance Services Committee (EASC) and Welsh Health Specialised Services Committee (WHSSC).

Professor Kloer highlighted information within the report around the process undertaken in preparing the proposals during the past couple of years, which has included options development. There have been three phases of engagement, with feedback obtained from both public and staff. 5.8% of this feedback has been from the population served by Hywel Dda UHB (HDdUHB); higher numbers of responses were received from those served by Betsi Cadwaladr UHB and Powys Teaching Health Board. Professor Kloer also reminded Members of HDdUHB's important role as part of the Mid Wales Joint Committee (MWJC). As mentioned, there has been input to the process from Llais and copies of correspondence from them are provided; the most recent of these being this week, which has been shared with all Health Boards. Members' attention was drawn to information around unmet need, with it noted that Hywel Dda has the fourth highest level of unmet need. One of the major reasons behind the change proposed was to resolve this unmet need.

Welcoming Mr Stephen Harray and thanking him and his team for all their work, Professor Kloer suggested that one of the key benefits offered by the proposals is in regard to unmet need. It was his understanding that there are approximately 1,000 people per year who would potentially benefit from EMERTS, and the proposed change would deliver 14% of this unmet need, equating to 140 people. Professor Kloer requested confirmation of this figure. Also, how the proposed changes ensure that the further unmet need is delivered.

Mr Stephen Harray thanked the Board for inviting him to attend the meeting, emphasising that a collaborative approach has been taken to developing the proposals. In response to Professor Kloer's queries, Mr Harray confirmed that there are currently estimated to be 1,000 people not accessing EMERTS who could benefit from doing so. A sophisticated modelling system has been employed as part of the process undertaken. 14% is an indicative figure; the actual numbers delivered by the change may be higher. It is estimated that this would

equate to 30 more people within Hywel Dda. Approximately 12% of the unmet need mentioned is within Hywel Dda, mainly at night. The reasons for this are mainly as follows:

- There is only one EMERTS asset to cover the whole of Wales, based in Cardiff. This asset is having to attend locations at the reach of its range, meaning that there is no cover elsewhere. Assets based in both south west and north west Wales are required
- The hours of darkness are longer in winter than in summer
- In the more northerly parts of Hywel Dda, it can be challenging for the road-based asset to reach patients within the required timescales

With additional assets, regions including Hywel Dda will have more access to EMERTS, including helicopter time. Mr Harrhy emphasised that anyone who has access to the service now will continue to receive this in the future. This access would be further enhanced by proposals, with more people receiving the service.

Ms Delyth Raynsford thanked Mr Harrhy for the report and its recommendations. Her query related to the land-based assets and Hywel Dda's rurality, with the associated impact on transport infrastructure and condition (and availability) of roads. Given the potential for road traffic accidents, agricultural and forestry incidents, Ms Raynsford enquired regarding how it will be ensured that the region is adequately covered by land-based assets. Also, whether consideration has been given to specialist vehicles such as 4x4s or tractors. Ms Raynsford also highlighted that the region is subject to an influx of tourists at certain times of the year, which can impact on patient numbers. Finally, whether there is confidence around the service's ability to recruit suitably qualified paramedic and medical staff to deliver the changes outlined.

In response, Mr Harrhy reiterated that detailed modelling work has been undertaken, which takes into account seasonal variations and increases in population. Key to delivering a quality EMERT service in rural areas is protecting helicopter time, for the very reasons outlined above. This also requires effective local liaison to facilitate access to the patient. To protect helicopter time, it needs to be kept in the south west more, necessitating an improved service in the north west. There are currently 530k people in the north west without access to the service at night. The second issue is that this is a highly-specialised service, attending about 1% of all 999 calls across Wales. It is not a resource which is sent to heart attacks or strokes for example. As suggested within the recommendations, consideration needs to be given to a 'bespoke' ambulance service in rural areas, and it is intended to establish a Task and Finish Group to do so. There will be broad engagement and local ownership. Mr Harrhy emphasised the need for sequenced service implementation and enactment.

With regard to recruitment, Members heard that EMERTS is an extremely popular service, which always attracts more applicants than vacancies. It also serves to attract doctors into Wales, who then work in local hospitals, in addition to EMERTS. Those involved in EMERTS and

the ambulance service are extremely enthusiastic in terms of the potential developments and the opportunity to place highly specialised staff into rural areas. Mr Harry was, therefore, confident that the proposals will be able to deliver improved recruitment. Finally, Members were assured that discussions around rural areas and the associated access issues are taking place and the implications considered.

Highlighting Recommendation 4, Cllr. Rhodri Evans wished to focus on the 'bespoke' road-based model, and some of the concerns raised in the letter from Llais. He noted the request to endorse that 'further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making'. Also, Llais' concerns around the urgency for a decision, given that no changes will be made until 2026. Cllr. Evans felt that these issues were important for public assurance. In terms of the land-based service, Cllr. Evans enquired regarding mitigations, should – following the Task and Finish Group work – Health Boards have concerns around proposals. In regards to the latter, Mr Harry assured Members that proposals would be subject to both Health Board and JCC governance processes, to ensure that any model is fit for purpose. In addition, there is a commitment to work with members of the public and other stakeholders to ensure that the model is both robust and appropriate. It was emphasised, however, that this aspect does not impact on EMERTS, it would be a 'bespoke' service in addition to EMERTS, funded from NHS commissioning.

With regard to the question of urgency and pace, Mr Harry explained that EMERTS is a service two-thirds funded by the Wales Air Ambulance (WAA) Charity and one-third by the NHS. The WAA Charity needs certainty and stability in order to plan. Without this, there are consequences and risks for its fundraising activities. Mr Harry suggested that the process has not been rushed, with 18-24 months having been devoted to the various stages of engagement. It is also recognised that there needs to be engagement on the 'bespoke' road-based model, with a balance required. Referencing the two-thirds/one-thirds funding split and costings of the service, Mr Maynard Davies enquired whether there has been an assessment of the impact on HDdUHB funds, particularly in view of its challenging financial position currently. Also, it is clear from the Llais correspondence that there are public concerns around the proposals; it was queried whether these are felt to be based on perception or reality, and how it is suggested the public can be persuaded as to the benefits of the changes.

In terms of funding, Mr Harry was of the opinion that plans can be delivered within the current resource, with no additional funding required. This is due to the potential for efficiencies and filling vacancies which will provide improved value for money. The importance of communications was acknowledged, with it felt that public concerns are as a result of a perception issue. Returning to an earlier point, Mr Harry indicated that there is a perception that the helicopter will be dispatched to a patient if an ambulance cannot reach them, which is not necessarily the case. It was reiterated that EMERTS is a highly-specialised service, and that a helicopter will only respond to certain incidents. This is a



challenging message to convey and the public concern at the centre of this perception was recognised as genuine. Hence the intention to examine the ambulance service from a rural perspective and consider how this can be improved. Mr Harry emphasised again the collaborative approach taken with all Health Boards and indicated that consideration can be given to working with local Communications teams in a tailored way, to suit specific populations.

Mr Michael Imperato welcomed the helpful summary provided. He felt that the key issue was that 0.5m people in north Wales have no access to EMERTS at night. Given this, Mr Imperato enquired whether the proposed reconfiguration provides more of these people with access and whether it wholly breaches this 0.5m 'gap' in service. Mr Harry confirmed that locating an EMERTS asset (either car or helicopter) in the middle of north Wales would indeed address the 530k figure referred to. Mr Imperato also wished to clarify, for assurance, that the 'bespoke' service being discussed, and over which Llais have expressed concern in terms of decision-making, is a separate issue. The two issues are interlinked; however, they are separate and involve separate processes. He suggested that the recommendations could be amended to make this more clear. Finally, it was queried whether the 'bespoke' service would have financial implications for the Health Board. Mr Harry confirmed Mr Imperato's understanding, emphasising that a decision around the 'bespoke' service is not required in order to achieve improvements in the highly-specialised EMERT service. However, it will be possible to make improvements to rural ambulance services by way of a 'bespoke' service. In terms of finance, Mr Harry reiterated that the latter can probably be delivered within the current financial envelope. He acknowledged that there will be learning from future engagement and communication with the public and stakeholders, and that there is scope for improvement in this regard.

Ms Eleanor Marks welcomed this discussion and was cognisant of the challenges in balancing maximisation of resources with provision of services to meet the needs of the people we serve. Building on an earlier comment around the process to consider a 'bespoke' road-based service, Ms Marks enquired whether there will be a consultation and whether this will involve the public and Llais. Secondly, it is clear that the WAA Charity is held in genuine affection by the general public, and it was queried whether there is a risk that a difficult or unpopular decision will impact on their fundraising. Ms Marks felt that the latter requires careful and clear communications and explanation of proposals. In response to the first query, Mr Harry confirmed that this would be an ambition, with the participation of stakeholders extremely important. The time commitment involved for such a process should not, however, be underestimated. In terms of potential risks to the WAA Charity; in the absence of a prompt decision and the resultant uncertainty, there is a risk to financial contributions. Mr Harry emphasised that, whilst the Charity is well-supported and that their financial model is robust, this should not be taken for granted. He agreed that EMERTS and the Charity need a positive communication campaign. The greatest risk was, in Mr Harry's view, failure to make a decision. Whilst change is

sometimes uncomfortable, once a decision is made, proactive steps can be taken and there is also accountability for delivery.

Ms Donna Coleman recognised that EMERTS is an All Wales service, and that there is considerable public support for the Wales Air Ambulance. However, she felt that the proposals are complex and present a challenging concept for the public, which has resulted in a great deal of questions. Ms Coleman requested clarity around the information of specific concern, particularly the 'driver' for needing a decision now, rather than in September 2024, when more data will be available. It was emphasised that people need to be sure that the decision being made is the correct one. Whilst today's discussion has been helpful, the public also require clarity. Mrs Hardisty and Mr Harrhy accepted this well-stated concern and thanked Llais for their input. It was felt, however, that there are some misunderstandings around the service and proposed changes. Returning to an earlier query around whether there will be a consultation on the 'bespoke' road-based service, Mr Lee Davies wished to assure Members that the Health Board is keen to involve the public as much as possible. He emphasised, however, that engagement and consultation are different requirements. The aim would be to engage with public and stakeholders in the first instance and the JCC will want to see evidence of such engagement. Following this, there will need to be a discussion and decision around whether further engagement and/or formal consultation is required.

Professor Kloer thanked Members for their comments and queries, and thanked Mr Harrhy for answering these. He wished to enquire whether the proposed new base in north Wales would have night-flying capability, as this is not currently the case. Mr Harrhy confirmed that it would. Secondly, Professor Kloer noted the public concern that the potential 14% reduction in unmet need may be 'shifted' elsewhere by the proposed changes. For example, an improvement in services in north Wales may produce unmet need in north Ceredigion. In response, Mr Harrhy reiterated his earlier statement that anyone who is in receipt of EMERTS now will continue to receive the service in the future. The proposals are intended to add services, not substitute them. He had also heard this concern and welcomed its expression in public, to allow the opportunity for clarification. Professor Kloer echoed comments around engagement with public and stakeholders and the Health Board's commitment to involvement in such. There would, however, need to be clarification around where a road-based service would be based. Agreeing, Mr Harrhy indicated that this topic would require full and collaborative engagement with Health Boards, Llais and the public, together with a decision around whether formal consultation is required. Further, a commitment when modelling the potential locations of bases, that areas such as north Ceredigion are taken into account. Mr Harrhy felt that this exercise actually provides an exciting opportunity for a 'bespoke' rural model, which has been an ambition for some time.

As highlighted by Mr Imperato, Professor Kloer emphasised that the service described in Recommendation 4 is an additional service. In view of public concerns, however, it is clear that there is a 'decision point' in September 2024, and there is some linking of implementation of the

road-based service to implementation of the whole model. Mr Harrhy explained the fundamental principle that there should not be changes to the location of helicopters until the 'bespoke' road-based service is in place. This is a sequencing issue, with the two being connected in terms of the critical path, rather than in terms of having every detail finalised. There is a need to make progress; however, certain guarantees, 'firewalls' and decisions need to be in place.

Mrs Hardisty thanked Mr Harrhy for his comprehensive and clear responses to queries, noting that a number of concerns have been both voiced and answered. Llais' position is understood, and there is clearly more which can be done in terms of communications, in which the Health Board should play its part. However, the need for a decision now, in order to take forward plans and provide stability for the WAA Charity is also appreciated. In considering the recommendations, a number of amendments were made, principally to the bullet point in relation to Recommendation 4. Concluding discussions, Mrs Hardisty thanked Members for their questions and Mr Harrhy for his responses, and thanked Llais for their input.

The Board:

- **APPROVED** the recommendations from the Chief Ambulance Services Commissioner
- **APPROVED** that all the recommendations be considered collectively
- **NOTED** the representations raised by Llais and the other representations and the responses updated accordingly Appendices 2 and 3
- 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
- **ENDORSED** further work be undertaken by the Wales Air Ambulance Charity to scope an operational base in line with findings to support future decision making
- **NOTED** the risk to the Charity
- **NOTED** the national feedback provided by the Picker Institute
- **NOTED** the risk to patients and under-utilisation levels across Wales
- **NOTED** the conclusion of Phase 3 and the overall engagement process
- **NOTED** that the Ambulance and 111 Commissioning Team as part of the new JCC continue to work with your Health Board engagement, communication and service change lead, and Llais throughout the conclusion of the Review

PM(24)80	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 30 May 2024	