

Written evidence submitted by the Air Ambulance Service

Written evidence submission to DCMS Select Committee inquiry into the impact of COVID-19

April 2020

Overview

- COVID-19 has had a profound effect on the ability of charities to raise funds and operate in the UK.
- Like many other charities, The Air Ambulance Service and its sister charity, the Children's Air Ambulance, provide an essential service together with and supporting the NHS. It is imperative that they can continue to operate throughout the crisis and are able to ensure a stable future.
- The government's funding allocation to charities was very welcome but it was very limited, and the application procedures and eligibility criteria were opaque.

1. About The Air Ambulance Service

1.1 The Air Ambulance Service was founded in 2003 and operates across Northamptonshire, Warwickshire, Rutland, Derbyshire and Leicestershire, as well as operating the UK wide Children's Air Ambulance. The Air Ambulance Service helicopters provide a rapid response to trauma and medical emergencies over an area of 3,850 square mile, with an average response of just 13 minutes between them, they attend on average six missions a day - working closely with the West Midlands Ambulance University NHS Trust and the East Midlands Ambulance NHS Trust and the service has completed over 39,500 missions since 2003.

1.2 The Children's Air Ambulance is a unique national service flying critically ill babies and children from one hospital to another for specialist care. It is the only dedicated neo-natal and paediatric helicopter emergency transfer. The free of charge service works alongside 10 NHS transport teams nationwide to help fly neo-natal and paediatric patients to specialist treatment.

2. Immediate impact of COVID-19 on the charitable sector

2.1 The Air Ambulance Service is normally completely financially independent from the NHS, raising its annual £24m operating costs through a comprehensive fundraising programme. However, due to the lock down, we have had to cancel all our fundraising events and shut our shops (the shops alone bring in £800,000 a month). In addition, we cannot progress any fundraising activities scheduled for the autumn because we do not yet know what the situation is. We currently estimate that a three-month lockdown will mean that we lose at least £2.18million this financial year and likely more. Although we will be able to continue to provide our core service, we don't have large reserves and the financial situation will have implications for the extent of our operations at a time when we are needed more than ever to support local NHS emergency services.

2.2 Charities who work closely with the NHS are under particular pressure at the moment. Like all healthcare providers, we have to take particular care with preventing the spread of infection, which means that we have to have access to the right PPE and in some instances have to change our operating procedures to introduce an extra level of caution. We are needed more than ever, as local ambulance and other emergency services come under increased strain. In addition, we have lost around half of our doctors to the NHS as they have (with our full support) decided to return to the front line of fighting COVID-19. We are lucky enough to employ our paramedics directly, so can continue to provide our service, but other air ambulances do not. For this reason, we are currently covering services for other regional air ambulances as well as our own.

3. How effectively has the support provided by DCMS, other Government departments and arms-length bodies addressed the sector's needs?

3.1 The Air Ambulance Service welcomed the funding announcement for charities by the government but experienced a lack of clarity around who was eligible to apply and how to apply. It transpired that Air Ambulances UK, who represent some, but not all, of the UK's Air Ambulance charities, had already been in discussions with the Department of Health and Social Care about funding allocation. Whilst any funding allocated to Air Ambulance UK will be split amongst all air ambulance emergency charities, this does not take into account the Children's Air Ambulance which continues to carry out a high number of lifesaving transfers for children from local paediatric departments to specialist care units and which has not had a chance to apply for any funding.

3.2 Information about the government funding was not easily available. Indeed, it took some considerable effort to find out what was going on and, by that stage, we were told that decisions were on the point of having taken place. We are also aware that we, as a relatively large charity, were able to spend time and resources making these investigations but other smaller charities, and smaller sectors, would not have been able to do this. Therefore, there may be cases where they have lost out due to the lack of information. We have been told about other smaller funds which may be made available, but we haven't yet had any indication about when and how to apply for these or whether the Children's Air Ambulance might be eligible.

4. What will the likely long-term impacts of Covid-19 be on the sector, and what support is needed to deal with those?

4.1 From a long-term perspective, COVID-19 will have an impact on the future of many charities with a number likely to experience financial difficulties as a result. In turn, this is likely to lead to a more cautious approach to their management and investment. Charities may, in future, concentrate their efforts on building up reserves rather than spending money on investing in better services, or in reaching more people. This would then result in a less innovative sector and, possibly, fewer people being able to access the services they provide. There may be more caution about fundraising, particularly about larger events and about investing in projects. We might have to explore other ways to fundraise, for example increasing online fundraising, exploring other ways for people to engage with the charities' work and what we can offer in return.

4.2 From the perspective of charities working with the NHS, we hope there will be a positive recognition of the success and extent of our partnership with them, that we are working successfully together towards the same goals and that we have stepped up our support with them at this critical time.

5. What lessons can be learnt from how DCMS, arms-length bodies and the sector have dealt with Covid-19?

5.1 We can take heart from the crisis demonstrating that the charity sector is resilient, resourceful and a real source of support for the nation's essential services including the NHS and social services.

5.2 DCMS should consider financial modelling for any future lock-down scenarios as part of its crisis preparation to ensure that those charities providing essential services can have more certainty about their ability to continue to operate in such situations. It would be very useful to have an established system of communication where important information can be rolled out quickly and effectively across the charity network and where concerns and questions can be quickly fed back.

6. How might the sector evolve after Covid-19, and how can DCMS support such innovation to deal with future challenges?

6.1 Undoubtedly the charitable sector will have to consider alternative ways to fundraise if traditional routes are threatened. The sector needs to undertake a further exploration of virtual fundraising - and the pros and cons associated with it. DCMS should consider investigating this and identify how it could support the sector in adopting new fundraising techniques.