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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	7th June 2018		Agenda Item	8c
Report Title	Clinical Governance for the Emergency Medical Retrieval and Transfer Service (EMRTS)			
Report Author	Liz Stauber, Committee Services Manager			
Report Sponsor	Hamish Laing, Executive Medical Director			
Presented by	Hamish Laing, Executive Medical Director			
Freedom of Information	Open			
Purpose of the Report	This report sets out the update to the Quality and Safety Committee with regard to clinical governance for the Emergency Medical Retrieval and Transfer Service (EMRTS).			
Key Issues	The hosting agreement with the commissioner requires that matters of clinical governance are considered by the host's Executive Medical Director on behalf of the host's Chief Executive and shared by the Executive Medical Director with the all-Wales Medical Directors' Group and the Delivery Assurance Group for EMRTS. This is in place. Following correspondence with Welsh Government, it was agreed that clinical governance updates would also now be provided to ABMU's Quality and Safety Committee.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	Members are asked to note the report.			

CLINICAL GOVERNANCE FOR THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS)

1. INTRODUCTION

This report sets out the update to the Quality and Safety Committee with regard to clinical governance for the Emergency Medical Retrieval and Transfer Service (EMRTS).

2. BACKGROUND

The EMRTS service provides advanced decision-making and critical care for life or limb-threatening emergencies which require transfer for time-critical treatment at an appropriate facility.

Hosted by ABMU Health Board, the all-Wales service went live in April 2015 and a governance sub-committee was established shortly after which reports to the Audit Committee.

The hosting agreement with the commissioner (Emergency Ambulance Services Committee [EASC]) requires that matters of clinical governance are considered by the host's Executive Medical Director on behalf of the host's Chief Executive and shared by the Executive Medical Director with the all-Wales Medical Directors' Group and the Delivery Assurance Group for EMRTS at EASC. This is in place. Following correspondence with Welsh Government, it was agreed that clinical governance updates would also now be provided to ABMU's Quality and Safety Committee.

3. GOVERNANCE AND RISK ISSUES

The EMRTS Governance Sub-Committee met on 14th May 2018 at which it received the clinical governance report for quarter four (January – March 2018).

Members heard that no concerns had been escalated to the external clinical advisory group (ECAG) for review and no clinical concerns had been raised with EMRTS for action.

Following a morbidity and mortality session, a 'lessons learned' bulletin was circulated, and this was also shared with the committee. It summarised key learning points as well as relevant cases, but as part of the discussion, it was agreed that future iterations shared received by the committee should include themes, actions and learning as members felt some details had been too specific.

It was noted that the service has a customised DATIX form for ease of reporting and the entries for the quarter comprised:

- 20 internally reported incidents;
- 14 equipment defect reports;
- 21 written compliments;
- One formal complaint.

Appended to the clinical governance report were updates regarding blood and anaesthesia activity. The blood report included compliance with service key performance indicators (KPIs), noting that to date, the service had administered

blood products to 145 patients and adherence to the KPIs had been reasonable. With regard to anaesthesia activity, it was noted that compliance with time targets on scene remained static. Members queried as to whether the committee should be concerned as to the time taken to leave a scene but assurance provided that this was an area for ongoing surveillance and improvement, as consideration needed to be given to measuring performance in-line with what the crew had control over. For example, the evacuation time was classed as when the aircraft or vehicle left the scene, but in some cases it may be more appropriate to mark it from when the crew started the patient's conveyance to the vehicle or aircraft, as this could take some time depending on where had been safest to land or park.

As part of the discussion of the report, it was noted that since the establishment of the service, few complaints had been received, and of those that had been submitted, the majority related to a misunderstanding of a clinical decision by a patient or relative, such as the choice of hospital to which to transfer a patient. As all of the decisions made had justifiable reasons, once these were explained to patients and/or families, the complaints were resolved.

The potential use of 'body cams' to better benchmark targets and improve accuracy of data capture was noted, however discussions were ongoing with the health board's information governance team as to how to take this forward. Prior to the initiative being implemented, a report would need to be considered by the health board's Information Governance Board.

4. FINANCIAL IMPLICATIONS

There are no financial implications for the committee to be aware of.

5. RECOMMENDATION

The Quality and Safety Committee is asked to **note** the report.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce
			✓				✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓	✓	✓	✓	✓	
Quality, Safety and Patient Experience							
The EMRTS service provides advanced decision-making and critical care for life or limb-threatening emergencies which require transfer for time-critical treatment at an appropriate facility. By providing pre-hospital emergency medicine, it can greatly improve a patient's outcome and experience by providing at the scene interventions normally administered in a hospital setting.							
Financial Implications							
There are no financial implications for the committee to be aware of.							
Legal Implications (including equality and diversity assessment)							
There are no legal implications for the committee to be aware of.							
Staffing Implications							
There are no staffing implications for the committee to be aware of.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)							
The Well-being of Future Generations Act requires public bodies in Wales 'to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change'. EMRTS delivers health gains through early interventions (provided outside of normal paramedic practice), which improves the functional outcomes of a patient and increases the number of 'unexpected survivors'. The service also ensures that 95% of the Welsh population will be able to access doctor-led care within 30 minutes by air and 46% within 30 minutes by road.							
Report History		The report is received four times a year following each meeting of the EMRTS Governance Sub-Committee.					
Appendices		No appendices included.					