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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> July 2021</b>		<b>Agenda Item</b>	<b>6.1</b>
<b>Report Title</b>	<b>Clinical Governance for the Emergency Medical Retrieval and Transfer Service (EMRTS)</b>			
<b>Report Author</b>	Prof David Lockey, National Director, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru			
<b>Report Sponsor</b>	Richard Evans, Executive Medical Director			
<b>Presented by</b>	Richard Evans, Executive Medical Director			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	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).			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>The quality and delivery framework developed with commissioners with quarterly performance and activity (CAREMORE) reports has now been signed.</li> <li>Monitoring of the 24 hour service and the delivery of an Adult Critical Care Transfer service.</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to <b>note</b> the contents of the report.			

## 1. INTRODUCTION

- 1.1. EMRTS continues to run a comprehensive governance package with SB UHB to ensure the quality and safety of the commissioned service. EMRTS works with key partners (SB UHB, WAST, WAA Charity) to ensure that governance issues affecting more than one service are resolved appropriately. EMRTS Delivery Assurance Group (DAG) (chaired by EASC) meets regularly to review service performance and development.
- 1.2. This report outlines the operational and governance activity in the last complete annual reporting period (2020/21) and highlights the major service developments.

## 2. BACKGROUND

- 2.1 A night service has been launched based at Cardiff heliport. An aircraft and car is available for the night service from this base. The governance processes for the night service have been incorporated without issues into the standard (daytime) governance framework.
- 2.2 As a result of recommendations from the Critical Care task and finish group EMRTS was asked by commissioners to develop a plan to deliver a critical care inter-hospital ground-based transfer service for non-time critical level 2 and 3 patients. This service will become part of the EMRTS service (but operationally separate from the present service). A clinical lead and manager have been appointed to deliver the service and it will commence operation later this year.
- 2.3 An EMRTS annual report has been produced and delivered to stakeholders (**Appendix 1**). The University of Swansea has conducted an academic evaluation of EMRTS against defined objectives and the results are now available.
- 2.4 EASC and EMRTS have developed a Quality and Delivery Framework which is now operational (**Appendix 2**).
- 2.5 The EMRTS clinical advisory group has been reviewed and updated to better support governance activity. We have updated the ToR and recruited clinical subject matter experts to advise on specific clinical areas of our practice and the related SOPs.
- 2.6 For staff wellbeing in addition to Health Board resources, we now use MedTRiM and have a peer support process in place for all EMRTS staff.

## 3. OPERATIONAL ACTIVITY:

- In summary:
  - EMRTS attended 3,488 incidents
    - 1,462 incidents were responded to by air (41.9%)
    - 2,026 incidents were responded to by road (58.1%)
  - 56% of patients were trauma, 44% medical.
  - 606 patients had emergency anaesthesia

- 131 patients received procedural sedation and 80 patients received blood product transfusions
- There were no formal complaints in the reporting period
- There were no serious adverse incidents reported in the period

#### **4. GOVERNANCE AND RISK ISSUES**

4.1 There are no high/red risks currently on the EMRTS risk register and no risks on the Health Board Risk Register.

#### **5. FINANCIAL IMPLICATIONS**

All existing and expanded activity has been carefully costed and managed within budget allocations and the financial forecast received anticipated no financial concerns for the Committee.

#### **6. RECOMMENDATION**

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

Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<ul style="list-style-type: none"> <li>The CAREMORE matrix reports key quality indicators for the operational and educational activity of the organisation.</li> <li>The extended hours service has expanded the delivery of high quality care already delivered in daytime hours. In terms of patient experience the benefits of access has extended to those with critical care needs at night.</li> <li>The inter-hospital transfer service will deliver benefits to patients and to hospitals with staffing challenges.</li> </ul>		
Financial Implications		
The proposal has been fully costed and approved as part of the EASC IMTP. There will not be financial implications for the Board.		
Legal Implications (including equality and diversity assessment)		
None identified.		
Staffing Implications		
None identified		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The night service ensures that pre-hospital critical care is available to an increased proportion of the population regardless of time of injury / critical illness. The initiative has improved care and access to improved or restructured services throughout Wales (e.g. proposed trauma network, stroke thrombectomy services).</p> <p>The critical care retrieval proposal will improve transfer into specialised centres and back to hospitals closer to home. It also will relieve pressure on smaller hospitals losing key staff to perform transfers.</p> <p>EMRTS continues to develop in a collaborative manner with key partners (SB UHB, WAST and WAA).</p>		

<b>Report History</b>	Standing agenda item
<b>Appendices</b>	<b>Appendix 1:</b> EMRTS Annual Report <b>Appendix 2:</b> EMRTS Quality and Delivery framework