| Meeting Date | **23rd August 2022** | Agenda Item | **5.2** |
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| **Report Title** | **Clinical Governance for the Emergency Medical Retrieval and Transfer Service (EMRTS)** | | |
| **Report Author** | Prof David Lockey, National Director, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru | | |
| **Report Sponsor** | Richard Evans, Executive Medical Director | | |
| **Presented by** | Richard Evans, 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** | <ul><li>The quality and delivery framework developed with commissioners with quarterly performance and activity (CAREMORE) is attached</li><li>EMRTS is working with the WAA Charity to reconfigure the future service to deliver an improved and more equitable service to meet the aims of the EMRTS Service Delivery Plan.</li><li>The ACCTS Critical Care Transfer Service is functioning well in North and South Wales and delivering considerably more clinical activity than estimated at Commissioning.</li></ul> | | |

| **Specific Action Required** *(please choose one only)* | **Information** ☐ | **Discussion** ☐ | **Assurance** ☒ | **Approval** ☐ |
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| **Recommendations** | Members are asked to **note** 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 An expanded service operating at night from Cardiff has now been operating for 18 months. An aircraft and car are available for the night service from this base. This has led to a considerable increase in case numbers. The governance processes for the night service have been incorporated without issues into the standard (daytime) governance framework.

   2.2 EMRTS were requested by EASC on behalf of the Critical Care network to deliver an inter-hospital Critical Care Transfer Service. The service commenced in August 2021 and operates from one base in North and one in South Wales. The governance of the service is integrated into the existing EMRTS / SBUHB governance processes. Activity of this service is attached.

   2.2 The University of Swansea has conducted an academic evaluation of EMRTS against defined objectives which was included in last year's report to this committee. Subsequently the significant improvement associated with use of the EMRTS service in patients with major trauma were published in a peer reviewed journal (Impact of a physician – critical care practitioner Pre-Hospital service in Wales on trauma survival: A retrospective analysis of linked registry data. Lyons J, Gabbe BJ et al Anaesthesia 2021 Nov; 76(11):1475-1481)

   2.3 The Quality and Delivery Framework developed by EASC and EMRTS is functioning and attached. This includes extensive evidence of governance and performance KPIs. **(Appendix 1)**.

   2.4 For staff wellbeing (in addition to Health Board resources) we have supported a National Pre-Hospital psychosocial care project and implemented a number of the recommendations including a supervised peer support process in place for all EMRTS staff.

## 3. OPERATIONAL ACTIVITY:

- In summary:
  - EMRTS attended 3,544 incidents
    - 1,870 incidents were responded to by air (52.76%)
    - 1,674 incidents were responded to by road (47.23%)
  - 53% of patients were trauma, 47% medical.
  - 412 patients had emergency anaesthesia
  - 125 patients received procedural sedation and 100 patients received blood product transfusions
  - Although less than 1 year old the Adult Critical care Transfer Service has undertaken 500 cases which is 80 more than the predicted total for the year. The spilt of activity is 70% in the South and 30% in the North.
  - There were no formal complaints in the reporting period
  - There were no serious adverse incidents reported in the period
  - There were 30 compliments received.

## 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. (Appendix 2)

## 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 | | |
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| **Link to Enabling Objectives** *(please choose)* | **Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities** | |
| | Partnerships for Improving Health and Wellbeing | ☒ |
| | Co-Production and Health Literacy | ☐ |
| | Digitally Enabled Health and Wellbeing | ☐ |
| | **Deliver better care through excellent health and care services achieving the outcomes that matter most to people** | |
| | Best Value Outcomes and High Quality Care | ☒ |
| | Partnerships for Care | ☒ |
| | Excellent Staff | ☒ |
| | Digitally Enabled Care | ☐ |
| | Outstanding Research, Innovation, Education and Learning | ☐ |

| Health and Care Standards | | |
|---|---|---|
| *(please choose)* | Staying Healthy | ☐ |
| | Safe Care | ☒ |
| | Effective  Care | ☒ |
| | Dignified Care | ☐ |
| | Timely Care | ☒ |
| | Individual Care | ☒ |
| | Staff and Resources | ☐ |

**Quality, Safety and Patient Experience**

- The CAREMORE matrix reports key quality indicators for the operational and educational activity of the organisation.
- 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.
- The inter-hospital transfer service will deliver benefits to patients and to hospitals with staffing challenges.

**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)**

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).

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.

EMRTS continues to develop in a collaborative manner with key partners (SB

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| UHB, WAST and WAA). | |
| **Report History** | Standing agenda item |
| **Appendices** | **Appendix 1**: EMRTS Quality and Delivery framework<br>**Appendix 2**: Risk Register<br>**Appendix 3**: Annual Statistics |