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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24th October 2019	Agenda Item	4.1
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 style="list-style-type: none"> • New quality and delivery framework developed with commissioners with quarterly performance and activity CAREMORE reports • Preparations for and implications of night operations • Early discussions related to potential EMRTS role in inter-hospital critical care transfer service for Wales. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report and draft Quality and Delivery Framework. 		

1 Quality and Safety Committee to be held on Thursday, 24th October 2019 at 9am

1. INTRODUCTION

- 1.1. EMRTS continues to run a comprehensive governance package to ensure the quality and safety of the commissioned service. In addition to engagement with the host health board (SBHB), EMRTS has operational and governance interactions with the other key stakeholders (Wales Air Ambulance and WAST) and reports regularly to the EMRTS Delivery Advisory Group (DAG) (chaired by EASC).
- 1.2. This report outlines the operational and governance activity in the last complete annual reporting period (2018/19) and highlights the major service developments.

2. BACKGROUND

- 2.1 In the early part of the 18/19 reporting period EMRTS consolidated working on all the WAA bases (having commenced working on the Caernarfon base in the year before). The service is now expanding to deliver the service in night hours. Phase one will be delivered from Cardiff Heliport from April 2019 and phase two around 18 months later in North Wales. Funding has been agreed with commissioners. Recruitment has been completed for paramedics and partially completed for consultants. EMRTS has also been asked to work with WAST and 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. Early discussions have commenced.
- 2.2 EMRTS and WAA jointly produce an annual report which outlines activity, performance and service developments to stakeholders and the target population. The University of Swansea is conducting an academic evaluation of EMRTS against defined objectives. Data collection on the last three years activity has been collected and is undergoing analysis.
- 2.3 EASC and EMRTS have developed a Quality and Delivery Framework which will shortly become operational and be used for a minimum three year period until 2022. A draft version of this document is attached as an appendix to this document. The document includes care standards, activity schedules and resource envelope schedules. The standards and schedules will be used to produce quarterly CAREMORE reports.
- 2.4 In terms of governance 'An EMRTS Delivery Assurance Group (DAG) will support the ongoing development and successful operation of the Quality and Delivery Framework. This will be chaired by the Director of National Collaborative Commissioning on behalf of the CASC and each CEO has nominated an EMRTS Representative who will also be their organisation's member of the DAG.'

3. OPERATIONAL ACTIVITY:

In the year 2018/ 19:

2 Quality and Safety Committee to be held on Thursday, 24th October 2019 at 9am

- The air support desk:
 - Interrogated 21,526 emergency calls
 - Answered 16,935 calls
 - Tasked the teams to 3091 incidents
- 63% of patients attended require critical care interventions
- 227 patients had emergency anaesthesia
- 95 patients received procedural sedation and 61 patients received blood product transfusions
- 1276 cases were formally reviewed as part of a clinical governance process
- 1 formal complaint which was responded to rapidly and resolved and there were 59 patient compliments in the period
- 33% of cases were reviewed at monthly governance meetings
- There were no serious adverse incidents reported in the period
- 98 incidents were reported and investigated and closed on the Health Board DATIX system.

4. GOVERNANCE AND RISK ISSUES

Risks identified with extended hours expansion:

- Inability to deliver night working because of recruitment or infrastructure issues. Recruitment is progressing well and we are confident that we can meet the requirements for service delivery for phase one. Funding for EMRTS infrastructure costs have been approved and the WAA charity is aware of requirements for base infrastructure and aviation and supports the service development.
- Potential challenges of consultant recruitment and retention: EMRTS consultants have pre-hospital sessions included in their overall job plans and almost all work more than 10 sessions. This makes us vulnerable to the well reported problems of tax and pension penalties for working extra sessions which has the potential to make extra sessions less attractive to potential (and existing) consultants.
- Risks of night aviation and non-aviation night working: The risks are recognised and have been comprehensively included in aviation (outwith board responsibility) and in keeping with health board policies on in-hospital night working.

5. FINANCIAL IMPLICATIONS

All existing and expanded activity has been carefully costed and managed within budget allocations. We anticipate no financial concerns for the board.

6. RECOMMENDATION

3 Quality and Safety Committee to be held on Thursday, 24th October 2019 at 9am

Members are asked to:

- **NOTE** the report and draft Quality and Delivery Framework.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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		
<i>(please choose)</i>	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 type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<ul style="list-style-type: none"> • The CARMORE matrix reports key quality indicators for the operational and educational activity of the organisation. • The extended hours proposal clearly outlines how the organisation will expand the delivery of high quality care already delivered in daytime hours. In terms of patient experience the benefits of access will be extended to those with critical care needs at night. 		
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		
The funding proposal included funding for recruitment of staff to deliver extended hours working.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The extended hours proposal ensures that pre-hospital critical care is available long term to an increased proportion of the population regardless of time of injury / critical		

4 Quality and Safety Committee to be held on Thursday, 24th October 2019 at 9am

illness.

The initiative has the potential to improve care and access to improved or restructured services throughout Wales (e.g. proposed trauma network, stroke thrombectomy services).

The critical care retrieval proposal has the potential to improve transfer into specialised centres and back to hospitals closer to home. It also may relieve pressure on smaller hospitals losing key staff to perform transfers.

EMRTS continues to develop in a collaborative manner with key partners (SBHB, WAST and WAA).

Report History

Standing agenda item

Appendices

Appendix 1: Draft Quality and Delivery framework