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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



EMRTS (Cymru) Hosted Bodies Annual Report 2020-2021

1. DESCRIPTION OF SERVICE

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru was established in April 2015. The service is hosted by Swansea Bay University Health Board (SBUHB) and is commissioned by the Emergency Ambulance Service Committee (EASC). It is a partnership between Wales Air Ambulance Charitable Trust (WAACT), Welsh Ambulance NHS Trust (WAST), Welsh Government and NHS Wales. The service works with the Wales Air Ambulance Charity to deliver an effective pan-Wales clinical emergency service.

[Current Service Model](#)

The EMRTS is operational 24 hours a day, 7 days a week. It has four operational bases, these are at Caernarfon airport, Cardiff Heliport, Llanelli airbase and Welshpool airport.

The EMRTS utilises Wales Air Ambulance aircraft and a fleet of five Rapid Response Vehicles (RRV). The service is delivered by Consultants from Emergency Medicine, Anaesthesia and Intensive Care Medicine, and EMRTS Critical Care Practitioners (CCPs).

A single EMRTS Critical Care Hub (ECCH) located at Vantage Point House, Cwmbran tasks all four bases. An EMRTS Practitioner and an EMRTS Allocator operate the ECCH 24/7.

The ECCH is a single point of contact for all EMRTS operations. This includes all tasking, coordination, logistics and communications with EMRTS assets. This function is critical in supporting both EMRTS crews and the wider NHS by providing advice and support for critical care decision making.

A tier of 'Top Cover' EMRTS Consultants provide support and advice 24/7.

The mission statement for the EMRTS is "To provide advanced decision making & critical care for life or limb threatening emergencies that require transfer for time-critical specialist treatment at an appropriate facility."

The current agreed clinical service model consists of:

- Responding to medical and traumatic emergencies at the scene
- Stabilisation and retrieval of time-critical patients from local hospitals to major centres
- Neonatal and maternal support for free-standing midwifery-led units and home births
- Air transfer of neonatal teams for time-critical cases
- Provision of medical support at major incidents and mass casualty events

Service Developments:

During the last financial year EMRTS has concentrated on delivering the core business and maintaining service delivery during the Covid pandemic. This has required many adaptations to the service including PPE whilst still delivering lifesaving care.

Due to this focus, new service developments have been reduced, however, EMRTS has achieved a number of significant developments:

- The addition of RRV overnight cover from Cardiff Heliport from July 2020
- 24/7 Air Ambulance operations from December 2020, in partnership with WAACT.
- A temporary Adult Critical Care Transfer Service (ACCTS) was launched early in response to the pandemic to support the NHS. The service was a road based critical care service for Wales.
- Collaborative working with the Welsh Ambulance Service and the South Wales Trauma Network where EMRTS provides overnight support for the service from the ECCH.

Going Forward

In conjunction with EASC and WAACT, EMRTS is undertaking a Strategic Review of operations this year and will develop recommendations in conjunction with the Strategic Outline Programme 2017 in relation to future, phased expansion. We will also review the current clinical service model and consider whether it could be constructively developed to deliver a better service with our expanded operations.

2. GOVERNANCE ARRANGEMENTS

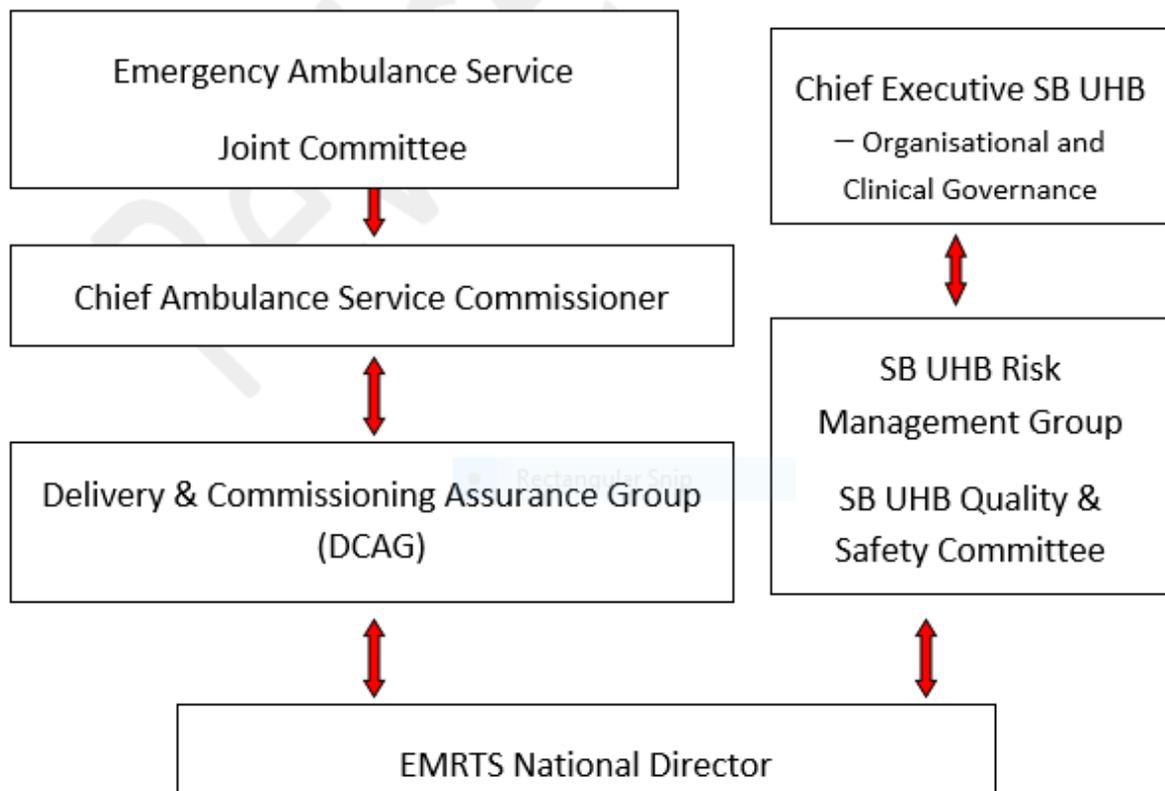
The EMRTS National Director is accountable to the SBUHB Chief Executive Officer for organisational governance. The EMRTS organisational governance structure consists of an EMRTS Delivery & Commissioning Assurance Group (DCAG), this Group is chaired by the Chief Ambulance Service Commissioner who, in turn, reports to the EASC Joint Committee.

The EASC Joint Committee delegates responsibility to the EMRTS DCAG for the delivery, direction and performance of the EMRTS. The EMRTS National Director is accountable to the EMRTS DCAG for the delivery and performance of the EMRTS and to the ABMU HB Chief Executive for organisational and clinical governance.

There are a number of supporting agreed documents underpinning the organisational governance of the service as follows:

- National Collaborative Commissioning Quality & Delivery Framework - namely CAREMORE.
- Terms of reference for the EMRTS DCAG.
- Collaboration Agreement between SBUHB, the Wales Air Ambulance Charitable Trust (WAACT) and the Welsh Ambulance Service Trust (WAST).
- Memorandum of Understanding between SBUHB and other Welsh HBs/NHS Trusts.
- Service level agreement between EMRTS and SBUHB for accessing supporting services.
- Terms of Reference for the EMRTS Clinical and Operational Board.

The organisational structure is illustrated below:

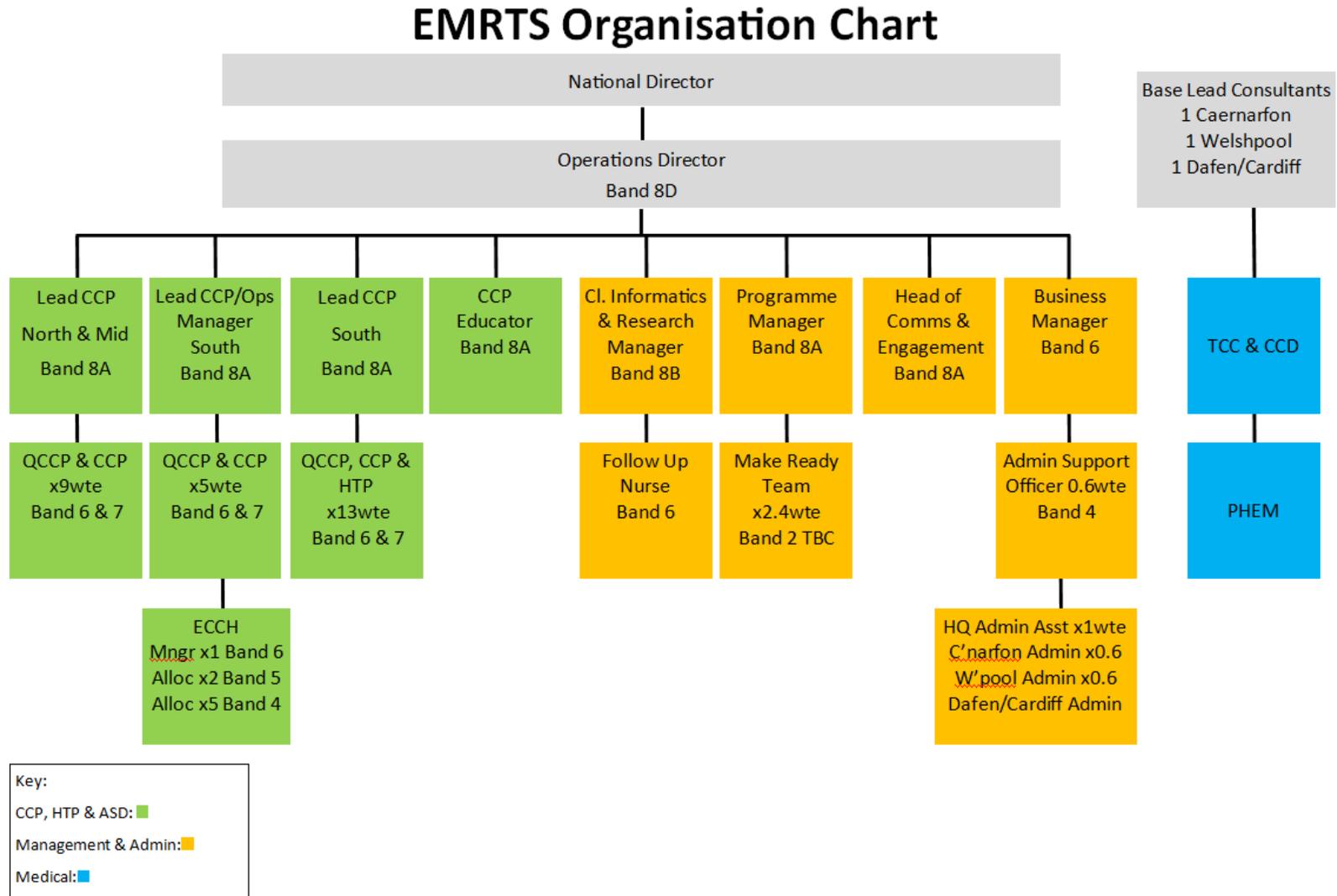


In terms of clinical governance, the EMRTS National Director is accountable to the SBUHB Medical Director.

As a hosted service, the EMRTS is part of the SBUHB's wider corporate governance arrangements.

2.1 ORGANISATIONAL STRUCTURE

The following illustrates the EMRTS organisational structure:



Members of the Senior Management Team in post during the financial year 2020-21:

Title	Postholder
National Director	Prof David Lockey
Operations Director	Mark Winter
Base Lead (Caernarfon)	Dr Mark Knights
Base Lead (Llanelli and Cardiff)	Dr Ami Jones
Base Lead (Welshpool)	Dr Stuart Gill
Clinical Informatics & Research Manager	Dr David Rawlinson
Programme Manager	Matthew Cann
Head of Comms & Engagement	Steve Stokes
Operations Manager	Jason Hughes
Lead Critical Care Practitioner (Mid & North)	Oliver Ayles
Lead Critical Care Practitioner (South)	Ben Seabourne
ECCH Manager	Greg Browning
Business Manager	Hayley Blyth
ACCTS Clinical Lead	Michael Slattery
ACCTS Senior Project Manager	Christopher Shaw
Procurement	Suzyann Pritchard/Kier Warner
HR	Carolyn Hodder/Stephanie Hornblower
Finance	Geraint Norman

2.1.1 Management Group/Service Meetings

EMRTS Clinical & Operational Board

The EMRTS COB manages the clinical and operational issues as both these elements often overlap. Membership consists of the National Director (Chair), Operations Director, Base Leads, Operations Manager, Lead CCPs, Clinical Informatics & Research Manager, Head of Communications & Engagement, Programme Manager and Support Officer. Representatives of SBUHB finance, procurement and HR departments with further services invited as required.

The Board has a formal structure with decision-making capacity and clear terms of reference. It meets bi-monthly in order to discuss the following issues:

- Review reports of service activity and performance (including compliance with key performance indicators and audit standards)
- Review report of concerns/complaint and incidents including investigations and future mitigation. Provide recommendations to improve patient care
- Decision making in any major changes in clinical and operational practice (e.g. new equipment, standard operating procedures)
- The Board may request that ECAG members provide independent review of any aspects of clinical care
- Ensure the financial management of the EMRTS service
- Reports directly to the EMRTS DCAG quarterly

Sub-groups of the Clinical & Operational Board

In order to distribute workload and ensure specific areas of interest get dedicated resource, a number of sub-groups have been established with both Doctor and CCP Leads, in the following areas:

- Equipment
- Transfer and Retrieval
- Research and Audit
- Medicines Management
- Education and Engagement
- Airway management group
- Blood management group
- Mass Casualty/Major Incident
- ECCH

Each group has clear Terms of Reference, meet regularly and report to the Clinical & Operational Board.

2.1.2 Advisory Groups and Networks

EMRTS Delivery & Commissioning Assurance Group (DCAG)

The EMRTS DCAG is responsible for the delivery, direction and performance of the EMRTS. The National Director is accountable to the EMRTS DCAG for the delivery and performance of the EMRTS.

External Clinical Advisory Panel (ECAP)

The ECAP provides benchmarking of Clinical Standard Operating Procedures, can independently review significant adverse events and report findings back to the Clinical & Operational Board.

ECAP has replaced the External Clinical Advisory Group (ECAG). A new expert panel provide ad hoc advice on specialist issues when requested/ and providing input to a CG day when relevant issues are being presented.

3. SYSTEM OF INTERNAL CONTROL

The SBUHB Board is accountable for good governance, risk management and the internal control processes of SBUHB. As a hosted service, we are required to work with the Board to maintain appropriate governance structures and procedures, to ensure that an effective system of internal control is in place and to report back into the HB governance system as required.

The National Director is accountable for organisational and clinical governance of the EMRTS. Our systems are designed to reflect the internal control processes of the HB and these include:

- Managing risk to a reasonable level rather than eliminating all risks
- Identifying and prioritising risks, evaluating the likelihood of risks being realised, the impact this would have and to manage them
- Escalating risks to the Health Board in line with policy

As mentioned above, there is a Service Level Agreement between EMRTS and SBUHB for access to supporting corporate services. As a service, we work closely with each of these: including:

- Caldicott Guardian
- Human Resources
- Finance
- Procurement
- Incident Reporting
- Concerns and Complaints/Patient Feedback
- Communications
- Digital Services
- Medicine Management
- Blood Services
- Fleet Management

In terms of partnership, the service also has a duty to work with the Wales Air Ambulance Charity (WAACT), Emergency Ambulance Services Committee (EASC), Welsh Health Boards, Welsh Ambulance Service and appropriate clinical networks.

All of the above parties are represented on the EMRTS DCAG. The EASC Joint Committee delegates responsibility to the EMRTS DCAG for the delivery, direction and performance of the EMRTS.

It should be noted that formal agreements are in place to support the discharge of accountability arrangements and to provide the basis for the required collaborative working. Some of these are in the process of being refreshed to reflect current commissioning arrangements and the expanded nature of the service.

4. CAPACITY TO HANDLE RISK

4.1 Risk Appetite

The EMRTS aims to deliver high quality care to the population of Wales. Although pre-hospital care has unavoidable risks in terms of aviation, transport, scene safety and medical care delivered in adverse environments these are all managed to achieve the highest level of service with the lowest possible risk.

4.2 Managing Risk

In line with the Health Board's Risk Management Policy, EMRTS aim is to ensure a culture and environment which minimises and actively seeks to reduce risk and promotes the health, safety and well-being of patients, staff, visitors and the general public.

As part of the EMRTS hosting arrangements, EMRTS are represented at both the SBUHB Risk Management Group and Quality & Safety Committee.

In order to ensure an embedded and consistent risk management approach, the EMRTS Risk Register is considered at every other COB meeting. The COB considers each risk, the current and target risk level and the mitigating action planned or taken, each risk entry is then updated accordingly. The COB also considers newly identified risks in order to agree their addition to the risk register, current and target risk level as well as appropriate mitigating action to be undertaken.

4.3 Top Organisational Risks

Currently, there are no EMRTS risks on the Health Board Risk Register. Should it be identified that there is an EMRTS risk that is deemed impossible or impractical to manage at a departmental or Management Team level or any risk that could adversely affect achievement of the Board's objectives then this would be brought to the immediate attention of the relevant Director. This would then be submitted for consideration by the Scrutiny Panel, in line with the robust process agreed by the HB Risk Management Group.

Presently, there are 13 risks on the EMRTS Risk Register, with current risk levels as follows:

- **High – 0 risks**
- **Significant – 2 risks**
- **Moderate – 7 risks**
- **Low – 4 risks**

4.4 Annual Business Plan

The EMRTS currently jointly prepares a joint Annual Review with the Charity and also contributes to the EASC IMTP.

4.5 Performance Dashboard

The service has agreed a final draft of the "CAREMORE" Quality & Delivery Framework (QDF) with commissioners. The QDF encompasses regular reporting of activity and the agreed template is embedded for information. It should be noted that regular reporting against the framework will commence following Q1 21/22.



EMRTS QDF 14th
April 2021 v2.docx

This QDF details the areas of service agreed between NHS Wales Health Boards and EMRTS through a Collaborative Commissioning process. It details:

- what is required (commissioning);
- how assurance is given for ‘what is required’ (quality); and
- how the ‘what is required’ will be achieved (delivery).

The areas covered are summarised by the acronym “CAREMORE”, these are:

- C Care standards
- A Activity
- RE Resource Envelope
- M Models of care
- O Operational arrangements
- R Review of performance
- E Evaluation

To describe Service Requirements from a patient’s perspective the EMRTS steps have been developed as follows:



The products in this ‘Care Standards’ section of the framework take the form of ‘Schedules’ which describe ‘service’ and ‘core’ requirements for Emergency Medical Retrieval & Transfer Services.

4.6 Health and Care Standards

The EMRTS is cognisant of the expectations placed upon it by this integrated framework of standards and the requirements of the QDF aim to help people in Wales to understand what to expect when they access health services and what part they themselves can play in promoting their own health and wellbeing.

In support of this, the EMRTS has established robust systems of governance, leadership and accountability in order to ensure the provision of high quality, safe and reliable care in line with the seven themes of staying healthy, safe, effective, dignified, timely and individual care and staff and resources.

4.7 Other elements of control framework

4.7.1 Equality and Diversity

In line with the HB approach to equality and diversity, the EMRTS is committed to reducing inequalities and embedding equality into service delivery, support the workforce and promote staff wellbeing.

Whilst this is an extremely broad area, this will include increasing diversity and quality of working lives of the workforce, treating patients with dignity and respect, ensuring patients have equity of access to services and supporting emotional and mental wellbeing of staff

4.7.2 Data Security and Information Governance

All data is held securely on approved infrastructure, in compliance with the General Data Protection Regulation (GDPR). Breaches are recorded through the DATIX incident reporting system. In addition, the service works closely with HB information security colleagues to ensure the correct methods are in place for secure data transfer, storage and processing.

The service is fully compliant with the HB information governance and security arrangements. This includes membership of the Information Governance Group (IGG), use of the HB Information Asset Register (IAR) and incident reporting. When required there is also engagement with NWIS IG leads. Relevant Training is monitored through the HB process and time is dedicated in new staff inductions to this.

4.7.3 Counter Fraud

The EMRTS works with the HB with regard to counter fraud and adhering to the basic principles of public sector organisations including the proper use of public funds and operating in line with the procedures that have been put in place by the HB and wider NHS Wales.

This includes:

- ensuring the effective and consistent application of all relevant policies and procedures
- raising awareness of the risk of economic crime with their staff
- ensuring that staff are aware of the correct course of action should they have a concern (i.e. contact the LCFS).

5. REVIEW OF EFFECTIVENESS

After the launch of EMRTS data collection for an independent evaluation of the service was put in place. Swansea University carried out the work independently. The results of the evaluation and outputs against agreed KPIs have now been completed. A report is being compiled and will be presented to the DAG and stakeholders in the next few months. A paper attached to this report demonstrates the effect of the service on the mortality of trauma patients attended by EMRTS compared to similar patients attended by the ambulance service. A significant reduction in mortality is reported.



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5.1 Internal Audit

Audit is integral to the clinical and operational model of the EMRTS in order to facilitate continuous service improvement as well as provide assurance to the COB, host, commissioners and external stakeholders. The frequency of audit is detailed in the

CAREMORE return and will be reported quarterly. Some areas e.g. Emergency anaesthesia also have detailed periodical reports presented to the COB.

In terms of clinical audit, a rolling programme of key clinical and operational audits are in place, including:

1. Blood product audit
2. Emergency Anaesthesia Audit
3. Procedural Sedation audit
4. PGD audit
5. Transfer audit
6. Paediatric audit
7. Monthly operational activity review

Many of these have HB oversight on a regular basis, and the transfer audit is conducted externally by the critical care network. In addition to the above, sub-groups of the COB regularly engage in new audits as required with these often forming part of an incident investigation or to improve practice, examples include:

1. "APP" medical calculator audit
2. Various equipment and drug use reviews
3. Weight of bags to reduce risk of personal manual handling injury.

There is also a regular programme of clinical governance and mortality & morbidity (M&M) reviews. Cases are flagged for these via DATIX and the clinical system.

The HB also facilitate regular drug and controlled drug audits of all sites.

6. SIGNIFICANT GOVERNANCE ISSUES

Currently, the service is satisfied that the governance structure meets the appropriate standards and does not require any significant change. Going forward, the existing

governance processes will apply to any increases in workforce, hours of operation and estate as part of future phases of service expansion.

7. CONCLUSION

It is felt that the above provides an appropriate overview of the governance processes and controls that are in place across the service and the required assurance for the SB UHB, as host body.

Signed: Professor David Lockey
Title: EMRTS National Director
Date: 4th May 2021