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CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



EMRTS (Cymru)

Hosted Bodies Annual Report

2019-2020

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 (SBHB) and is commissioned by the Emergency Ambulance Service Committee (EASC). It is a partnership between Wales Air Ambulance Charity, 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 12 hours per day 0800-2000, 7 days per week. It has four operational bases, these are Caernarfon airport, Cardiff Heliport, Llanelli airbase and Welshpool airport.

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

A single Air Support Desk located at Vantage Point House, Cwmbran, tasks all four bases. An EMRTS CCP and an allocator (employed by the Welsh Ambulance Service) operate the ASD during existing EMRTS operational hours (0800-2000).

The ASD is the key to EMRTS dispatch and control. It controls all tasking and acts as the single point of contact for logistics, communications and coordination. This function is critical in supporting our crews and allowing them to focus on the clinical, operational and aviation elements of their roles.

A tier of 'Top Cover' EMRTS Consultants provide remote 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 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:

A number of developments have occurred since 'go live', these include:

- The addition of the EMRTS base at Caernarfon airport
- The introduction of a new H-145 aircraft fleet
- The addition of the Children's Wales Air Ambulance, funded by the Wales Air Ambulance Charity, and the new Helicopter Transfer Practitioner role
- A number of workforce initiatives in addition to core EMRTS workforce, these include Pre-Hospital Emergency Medicine (PHEM) Trainees, EMRTS Clinical Fellows and EMRTS Clinical Attendants

Going Forward

In line with the Strategic Outline Programme's preferred option (2014) and in response to the WG Gateway Review (2017) and a request from the Chief Executive, NHS Wales (2018), the EMRTS Service Expansion Review Document was finalised in December 2018.

The document recommended that, in addition to the existing 12 hour service across the Llanelli, Caernarfon and Welshpool bases (0800-2000), the service is expanded in a phased approach to include:

- 2000-0800: Consultant and CCP at a South Wales base with a Rapid Response Vehicle
- 2000-0800: Consultant and CCP in North Wales with a Rapid Response Vehicle
- Double pilot crew and aircraft available at the South Wales base to support transfers
- RRV including a Consultant and CCP operating 1400-0200 along the M4 corridor to meet the main peak of unmet demand

Phase 1 of the above has been approved, this includes an EMRTS Consultant and CCP, based at Cardiff Heliport from 2000-0800, with a Rapid Response Vehicle. The double pilot crew and aircraft is also being progressed by the Charity and the aircraft operator, this crew will be based at Cardiff Heliport and will support crews as required across Wales. This service development was ready to be launched on 1st April 2020 but has been postponed until the end of the COVID 19 crisis. Recruitment and training has now been completed so there should be no delay in launch when the external operating environment allows.

2. GOVERNANCE ARRANGEMENTS

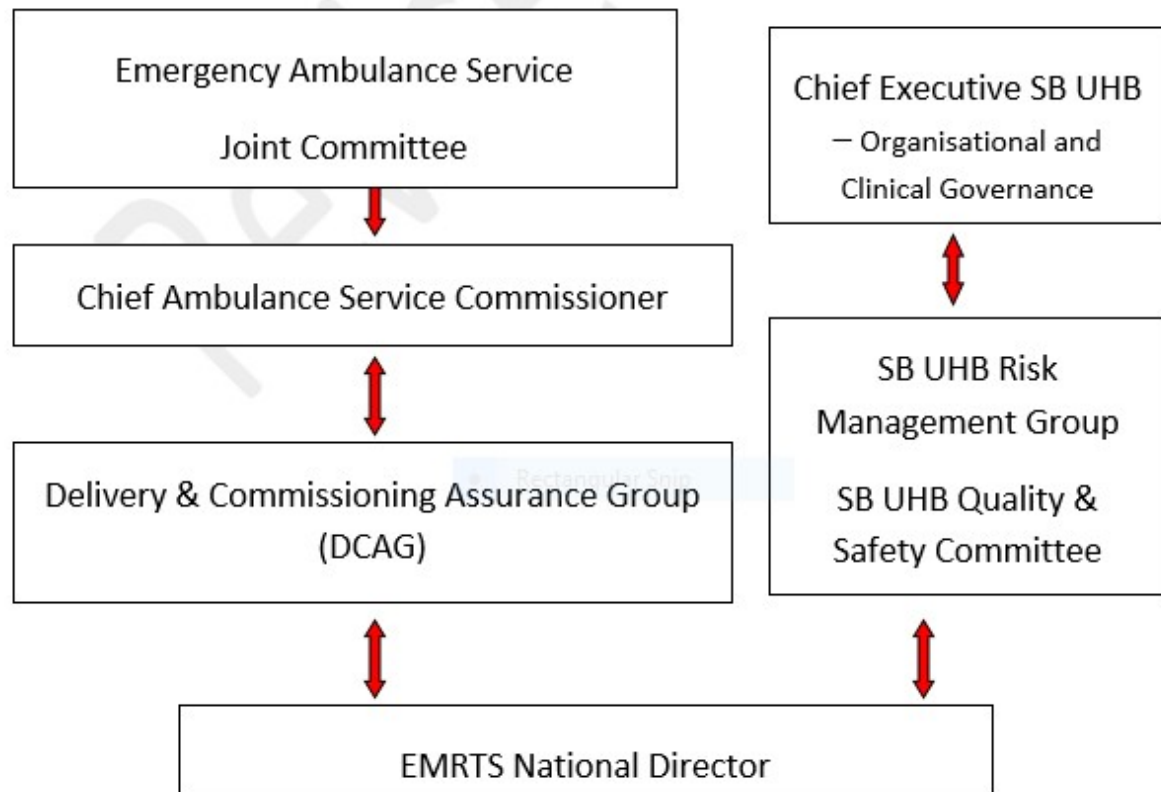
The EMRTS National Director is accountable to the SBUHB Chief Executive Officer for organisational governance. The EMRTS' organisational governance structure consists of an EMRTS Delivery & Commissioning Assurance Group (DCAG), this Group is chaired by the Chief Ambulance Service Commissioner who, in 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 SB UHB and other Welsh HBs/NHS Trusts.
- Service level agreement between EMRTS and SB UHB for accessing supporting services.
- Terms of Reference for the EMRTS Clinical and Operational Board.

The organisational structure is illustrated below:

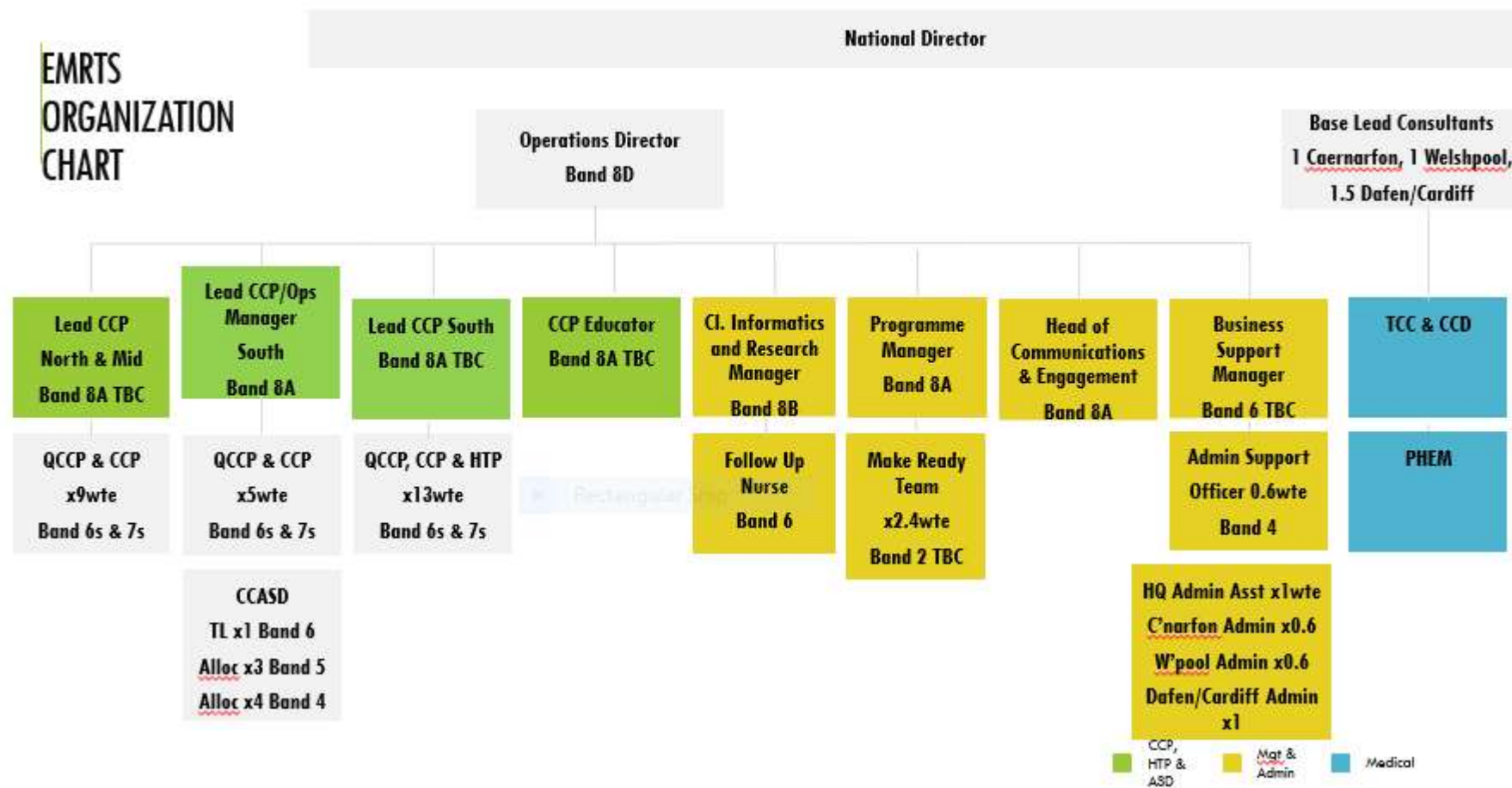


In terms of clinical governance, the EMRTS National Director is accountable to the SBUHB Medical Director.

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 2019-20:

Title	Postholder
National Director	Prof David Lockey
Operations Director	Mark Winter
Base Lead (Caernarfon)	Dr John Glen
Base Lead (Llanelli and Cardiff)	Dr Ami Jones
Base Lead (Welshpool)	Dr Stuart Gill
Clinical Informatics & Research Manager	Dr David Rawlinson
Programme Manager	Matthew Edwards
Head of Comms & Engagement	Steve Stokes
Operations Manager	Jason Hughes
Lead Critical Care Practitioner (Mid & North)	Tracy Phipps
Lead Critical Care Practitioner (South)	Ben Seabourne
Air Support Desk Dispatch Business Manager	Greg Browning
Procurement	Suzyann Pritchard
HR	Carolyn Hodder
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 SB UHB 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 the ECAG for independent review of any aspects of clinical care
- Ensure the financial management of the EMRTS service
- Reports directly to the EMRTS DCAG at least 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 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
- Air Support Desk

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 Group (ECAG)

The ECAG was established at the inception of the service in 2015. The ECAG provides benchmarking of Clinical Standard Operating Procedures, independently reviews significant adverse events and report findings back to the Clinical & Operational Board.

It is proposed that a new External Clinical Advisory Panel (ECAP) is established in place of the ECAG. This will require a review of membership with the new expert panel providing ad hoc advice on specialist issues when requested/ and providing input to a CG day when relevant issues are being presented. In addition, it is also proposed that an annual meeting / conference is held with the expert panel invited to contribute to this day.

Leadership Roles

In addition to the above, the following leads have been defined who also have the same lines of accountability to the Board. In most cases, a doctor and CCP will be in charge of each role.

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 (formerly IM&T)
- 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 18 risks on the EMRTS Risk Register, with current risk levels as follows:

- **High – 2 risks**
- **Significant – 3 risks**
- **Moderate – 7 risks**
- **Low – 6 risks**

The 2 high risks relate to:

- **COVID-19.** The risk here relates to the loss of staff through sickness or isolation, lack of infrastructure (lack of equipment, consumables, PPE etc) or hospitals being unable to receive patients. An escalation plan has been developed, the EMRTS COVID-19 Group meets twice weekly to consider the situation and to respond swiftly to challenges as they arise.

- **Helicopter landing sites (night operations).** A plan is in place, with the aircraft operator having assigned designated representatives to work with the Charity and EMRTS to identify, survey and approve appropriate landing sites. This work is ongoing.

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 20/21.



EMRTS QDF Draft
V4.docx

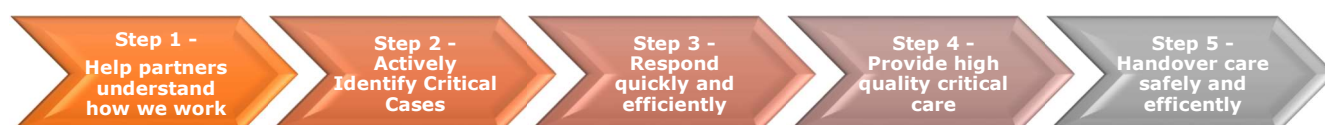
This QDF details the areas of service agreed between NHS Wales Health Boards and EMRTS through a Collaborative Commissioning process. It details:

- 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

(Details of any internal audits and other regulatory inspections and or reviews.)

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: 18th May 2020