

retrieve

Adult Critical Care Transfer Service

Annual Report 2021/22



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Foreword from the Lead Consultant

Welcome to the 2021/2022 Retrieve Adult Critical Care Transfer Service Annual Report. It is amazing to think that twelve months ago we were reporting on our first few months of work, emerging from the Delta wave of the COVID-19 pandemic and facing a very uncertain future. So much has changed in a short period of time.

Most significantly, following publication of the NHS England service specification for Adult Critical Care Transfer Services (ACCTS) in June 2021, recurrent funding was guaranteed for Retrieve and other ACCTS across England. This means our service is now permanent.

Over the last year we have received over 1,000 referrals and undertaken over 650 transfers in the South West, embedding our service as a force for good. As a result of our networking and communications strategy, colleagues from across the region are now utilising our service with increasing regularity. We are continuing to work collaboratively with them, and many others, to improve the journey of patients along their various pathways within the region and beyond.

The success of Retrieve is attributable to the enormous efforts of our team. I would like to thank them all for going above and beyond, time after time, to care for our patients, be loyal advocates for our service and challenge us to continually better ourselves. In our first full year of operating, we were regional finalists in the NHS Parliamentary Awards 2021 and were the Critical Care Team of the Year at the BMJ Awards 2021. These achievements support the pride we have in our service.

Retrieve would not be a service without support from NHS England South West Specialised Commissioning, our host Trust, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), and the South West Critical Care Operational Delivery Network (SWCCN). I would like to thank the colleagues involved across these organisations, and many others, who have contributed to the delivery of our service over the past year.

It is with genuine confidence in the foundations we have built, the team around us and our guaranteed longevity that we present our Annual Report 2021/2022. I hope it is informative and invite you to get in touch to learn more about Retrieve or to join our team.



A handwritten signature in black ink, which appears to read 'Scott Grier'.

Dr Scott Grier
Lead Consultant

About us

The Retrieve Adult Critical Care Transfer Service is one of a network of ACCTS that are in development across England. Commissioned by NHS England South West Specialised Commissioning, the service is hosted by UHBW and serves the Acute NHS Trusts within the region.

Critically ill and injured patients frequently require transfer to access specialist care, to return closer to home after completing this care and, occasionally, to access critical care during times of significant operational pressure. Retrieve's function is to support the referral, triage, coordination and delivery of these transfers in all adult patients.



24 hours a day, Retrieve operates a single point of contact through which referrals are received by a Duty Consultant who triages, provides clinical advice and determines whether the team is required to undertake the transfer. During daytime hours (09:00-21:00), the service operates two dedicated transfer teams, one in Launceston, Cornwall, covering the Peninsula region and one in Bristol covering the Severn region. Each team consists of a Duty Consultant (all of whom also work within the region in Critical Care and/or Anaesthesia), Transfer Practitioner (all of whom are experienced Critical Care Nurses), driver and dedicated ambulance with specialist critical care transfer equipment and drugs. Out of hours, and when the teams are already committed, Retrieve have a unique agreement with South Western Ambulance Service NHS Foundation Trust (SWASFT) that ensures an appropriate priority frontline ambulance is allocated for the referring hospital team to undertake the transfer.

Retrieve's objectives

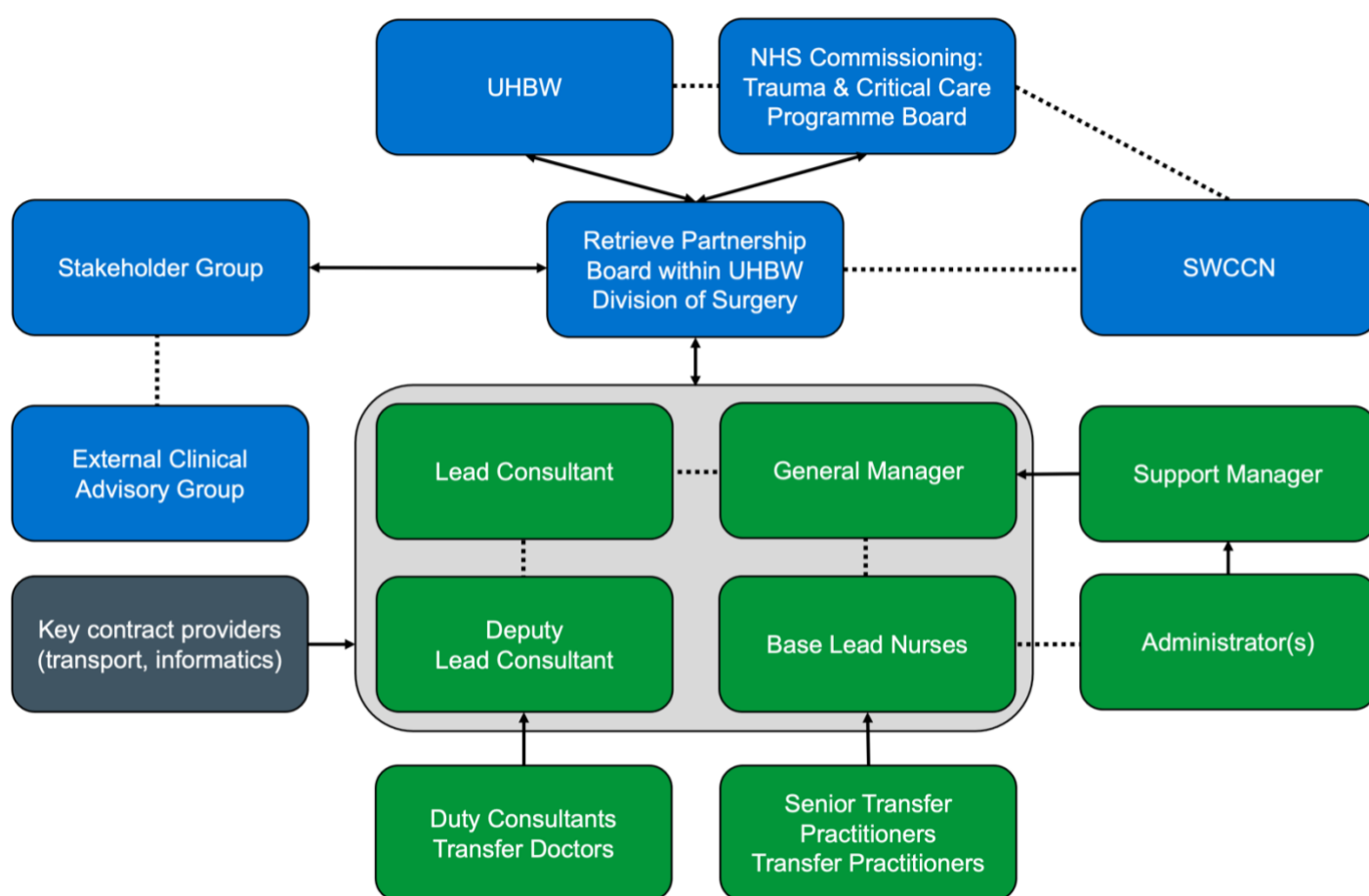
- Support **every** adult critical care transfer referral with **high quality, consultant-delivered decision-support**
- Provide **expert consultant-led transfer care** for every patient throughout their journey
- Ensure **equitable access to our service** across the geography of the South West and across 24 hours
- Ensure that **our patients are at the centre of our service**
- **Capture high quality data** on every referral and transfer and use this to continually improve our service
- **Work collaboratively** with our host Trust, SWCCN, NHS England South West, partner Acute NHS Trusts, specialty networks and SWASFT to ensure the service we provide meets their evolving needs
- **Support** the regional development and delivery of **multi-disciplinary critical care transfer training** to ensure all patients transferred both within and between hospitals benefit from improved care
- **Build upon established relationships with existing South West neonatal and paediatric transfer services**, sharing expertise and seeking to develop innovative ways of delivering our services
- **Work alongside** other ACCTS to continue to **build a national network**.

Governance and accountability

The Retrieve Leadership Team comprises the Lead Consultant, Deputy Lead Consultant, two Base Lead Nurses and General Manager who report into the Retrieve Partnership Board and the Division of Surgery within our host, UHBW. The service is commissioned by NHS England South West Specialised Commissioning, to whom we are ultimately accountable through the Trauma and Adult Critical Care Network Programme Board.

Retrieve has a close strategic relationship with the SWCCN whose leadership are members of our Partnership Board in order to represent the ODN membership and provide expert advice. The SWCCN have a key role in quality assuring our service, just as they do for critical care units within their footprint.

The diagram below shows the service governance and accountability structure as of 1st April 2022.



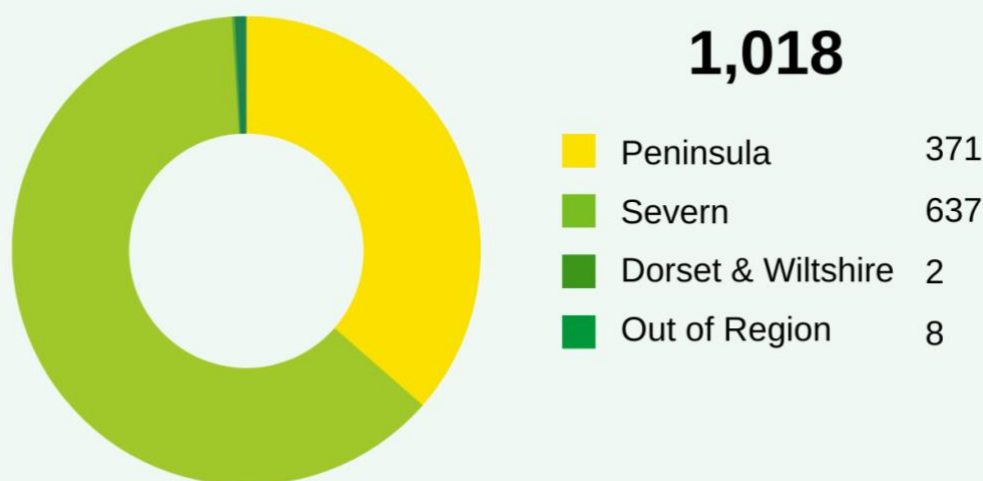
The Retrieve operational and clinical service is underpinned by an extensive library of standard operating procedures that ensure consistency and high-quality care across the region. As this library continues to grow, clinical guidelines are increasingly being developed in collaboration with regional specialties and Networks to ensure the needs of their patients are met.

Operational activity

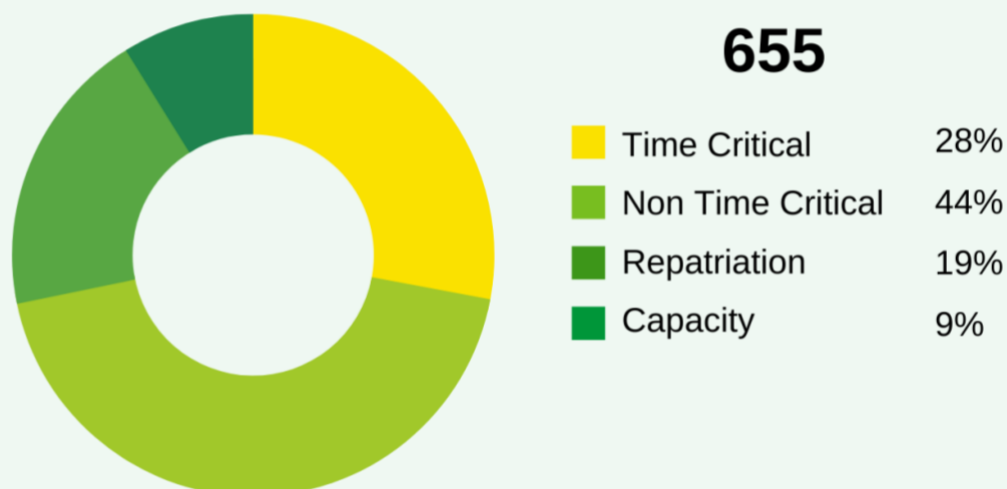
During the 2021/2022 financial year, Retrieve received 1,018 referrals and undertook 655 transfers. NHS England activity data suggests there are between 1,250 and 1,750 adult critical care transfers per annum in the South West. Given the 12 hour a day clinical operations of Retrieve, we are reassured that our activity suggests this data is reasonably accurate. The following sections provide a summary of the referral and transfer activity of the service and analysis of those declined to assess unmet need.

The year in review

Referrals



Transfers



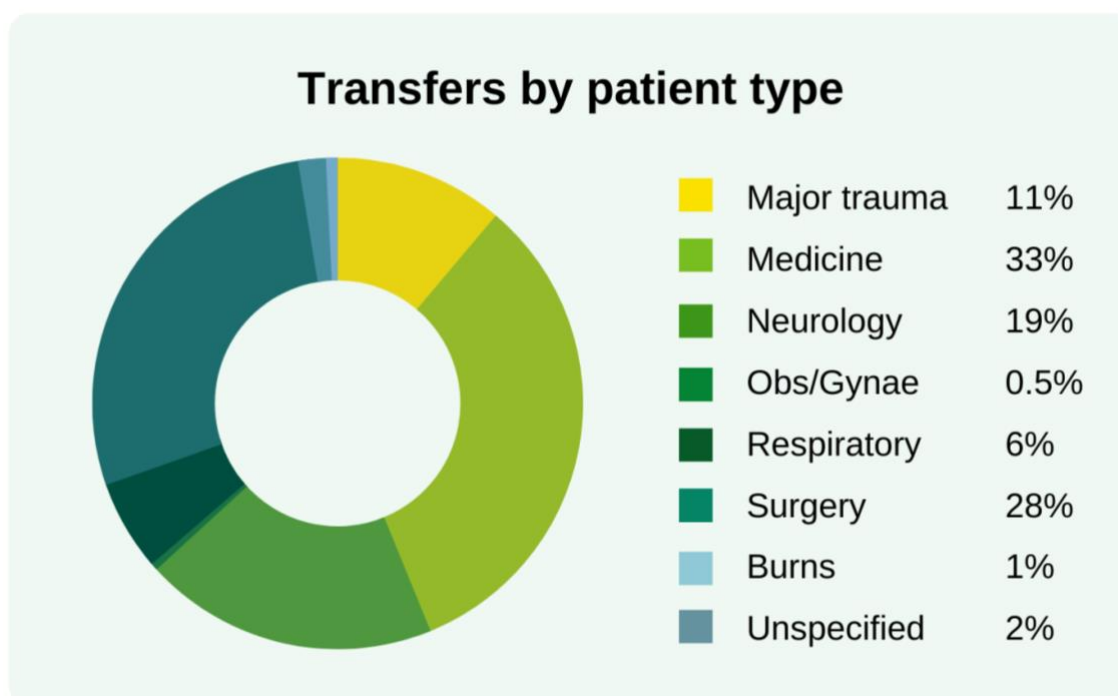
This data demonstrates that for every three referrals Retrieve receives, one is in the Peninsula and two are in Severn, reflecting both the distribution of population and number of hospitals. The small number of referrals originating outside the Retrieve operating region occurred partially as a result of mutual aid capacity transfer requests from Dorset and South Wiltshire and occasional repatriation requests from London hospitals as the adult critical care transfer service provision there is more varied.

Pre-pandemic data suggests that around three quarters of transfers should be escalations of care – the transfer of patients to access specialist care – and the majority of the remainder repatriations. Our 2021/2022 data aligns well with this and suggests that, despite the challenges of the pandemic, we are encountering ‘business as usual’ activity. Repatriations are very important to patients as they are transferred closer to home and to their support networks. In addition, we have seen increasing referrals from the three specialist hospitals in Plymouth and Bristol, with repatriations from these maintaining specialist capacity for both emergency and elective workloads.

A year ago, much of the narrative around adult critical care transfer concerned capacity transfers related to the COVID-19 pandemic, ensuring all patients who required critical care received it. During the last financial year, 9% (58) of our transfers were for capacity reasons, with the changing nature of the pandemic being reflected by the Delta variant requiring ongoing capacity transfers whilst during the Omicron wave, numbers decreased significantly. We anticipate that small numbers of capacity transfers will continue, reflecting the constraints facing critical care within the South West.

Escalation of care transfers

Almost three quarters (72%, 470) of the transfers undertaken by Retrieve in the 2021/2022 year were for escalation of care. These transfers reflect the requirement for patients to access treatment mainly in the three regional specialist hospitals, although some have required transfer further afield to London, Birmingham, Oxford and Swansea.



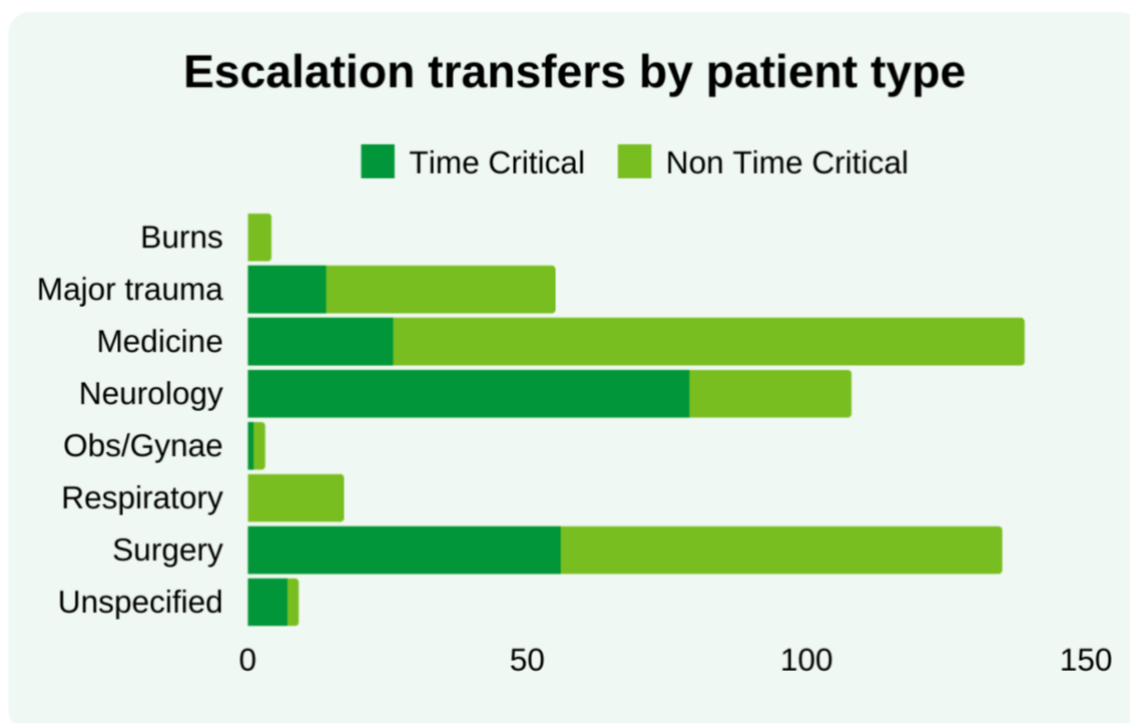
Prior to launch, the Retrieve database was constructed with limited time and operational expertise. A small number of patient categories were developed and allow basic reporting of patient type. It is now clear that these categories do not tell the full story and so, for the 2022/2023 year and beyond, more granular patient descriptors will be used and greater data cleansing performed to ensure accuracy. The infographic above demonstrates that the commonest reasons for transfer included neurosciences (neurosurgery, neurology, stroke thrombectomy), major trauma, surgery (cardiac, thoracic, vascular) and medicine (cardiology, haematology). This pattern reflects our understanding and experience of activity within the specialist hospitals.

Escalation of care transfers, by their very nature, have a time element associated with them. Retrieve sub-categorise these into two:

- Time critical: where a patient requires immediate transfer to receive a life, limb or sight-saving intervention in the receiving hospital within 60 minutes of arrival.
- Non-time critical: where a patient requires urgent transfer to receive an intervention, specialist care or further investigation and management.

During the 2021/2022 year, 39% (183) were time critical and 61% (287) non-time critical. These proportions were identical across our two operational bases. The infographic below shows the proportion of each sub-category within each of the broad patient types with the time criticality of neurosciences (predominantly neurosurgery and stroke thrombectomy within this) notable.

The Retrieve response to time critical and non-time critical escalations of care, from mobilisation time to the duration of time spent in the referring hospital and at the patient bedside is described in the performance and quality section below.

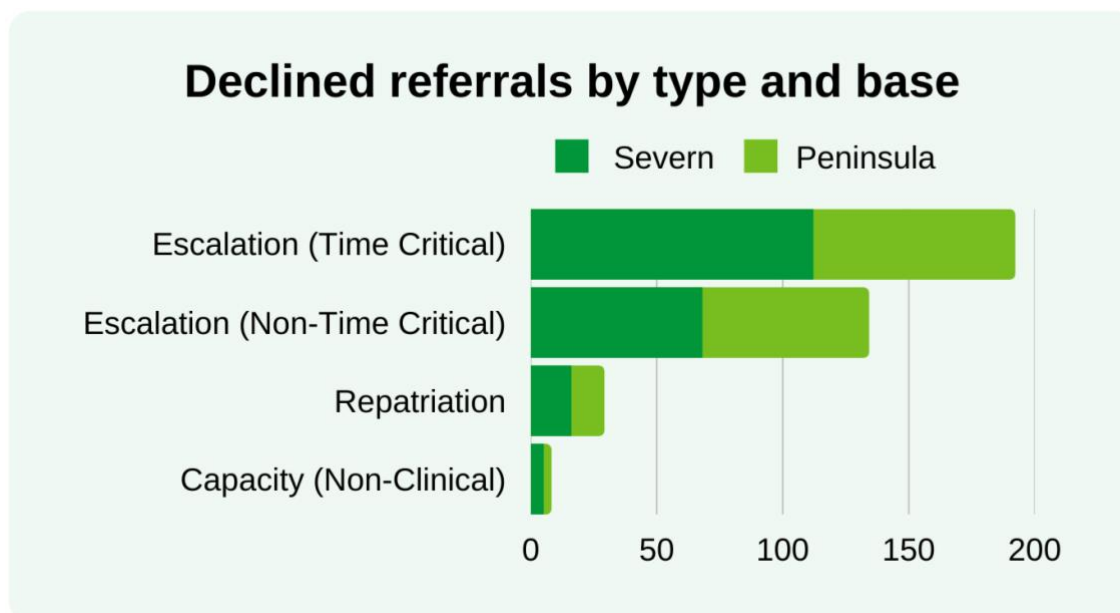


Declined referrals and unmet need

Retrieve currently operates two dedicated transfer teams during the daytime (09:00-21:00) and provides the coordination, triage and clinical advice 24/7. In addition, with one team in each sub-region and with the

challenges of geography within the South West, there are occasions when the team are unable to undertake a transfer as they are committed or the time to arrival in the referring hospital is anticipated to be too long.

The infographic below demonstrates the breakdown of declined referrals (363 out of total of 1,018, 36%) by referral type and base. This shows that declined referrals are most commonly escalations of care, reflecting the breakdown of referral types described above. Whilst similar numbers of referrals were declined in both bases across the twelve month period, this reflects a larger proportion of Peninsula referrals being declined than those from Severn hospitals. The reasons for this are more complex as out-of-hours referrals are received more commonly from the Peninsula hospitals than those in Severn, despite the communications and education approaches taken by Retrieve – this is described in more detail below.

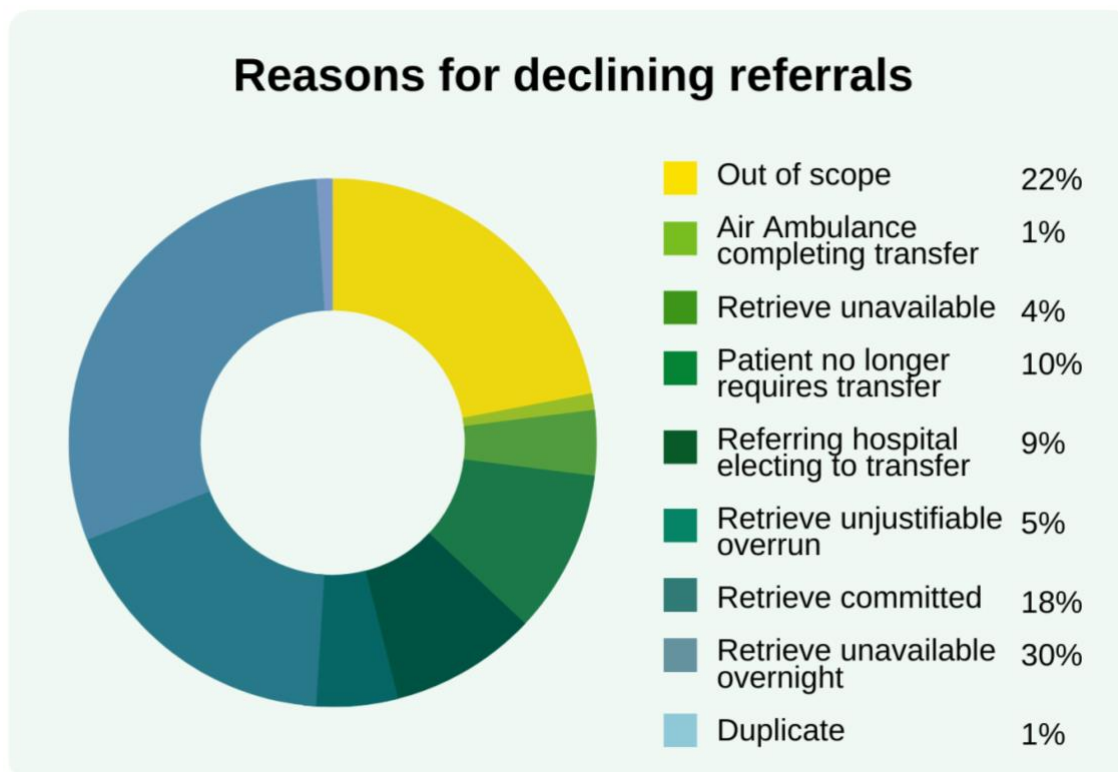


Whenever a referral is declined, Retrieve categorise the reason for this in order to better understand the nature of these and how best to manage this demand. The infographic at the top of the next page demonstrates that 30% of referrals were received outside the operating hours of the clinical teams, whilst 18% were received during the daytime when the team were already committed. When combined with those that would have resulted in an unjustifiable overrun for the team (classed as >90 minutes beyond the end of the shift) and those that Retrieve were contacted about after the referring hospital had already booked a 999 ambulance, almost two thirds of declined referrals (62.5%, 227) represent an unmet need within the region.

Addressing this unmet need requires a range of approaches:

- 24/7 operating covering referrals received overnight and reduce those declined due to unjustifiable overruns.
- Detailed analysis of daytime referrals to assess whether additional capacity (particularly for Level 2 patients) is required, including where and when this may be most effective.
- Continued communications, development of an outreach education programme and engagement with partner NHS Acute Trusts, Networks and Specialties to encourage early and consistent referrals.
- Further development of the existing relationship between Retrieve and SWASFT. Currently, a unique agreement exists for SWASFT to accept the triage category determined by the Retrieve Duty Consultant and prioritise a 999 ambulance for a time critical transfer when Retrieve are unable to undertake the transfer. This will be underpinned by a Memorandum of Understanding (MOU) and development of processes to

ensure that all adult critical care transfer referrals are initially managed by Retrieve, thus delivering consistency and most appropriate use of resources.



It is currently unclear how many critical care transfers are conducted without referral to Retrieve. Anecdotal evidence from Retrieve staff and colleagues who work in the receiving specialist centres suggests that they are less frequent than they were but still occur. In 2022, Retrieve will be working with the SWCCN and other regional Operational Delivery Networks to improve awareness of the service as well as capture data on all transfers. This will enable the service to meet the mandatory minimum data requirements set by the NHS England Service Specification when these are finalised.

Around 1 in 5 (22%) of declined referrals received were outside the scope of Retrieve. This means that these patients do not require critical care transfer, or the referring clinician was uncertain and was contacting the service to discuss suitability. We anticipate that this will remain a significant proportion of declined referrals because:

- Retrieve now triage and coordinate all referrals for certain specialist pathways (e.g. mechanical thrombectomy for stroke, thrombocytopenia purpura) in order to expedite their transfer, with many not requiring critical care transfer.
- We have actively encouraged clinicians in referring hospitals to contact Retrieve if they are unsure – the burden of these calls is small but the benefit in ensuring the patient receives optimal transfer care by the most appropriate resource is significant.
- Elimination of 'out of scope' referrals would likely represent an under-triage and lack of contact with the service.

Performance and quality

Nationally agreed quality indicators

Retrieve have adopted the Quality Indicators published as part of the NHS England service specification for ACCTS. The definitions of these, frequency and method of reporting were agreed in late 2021 by the Retrieve Partnership Board and are included in Appendix 1. As reporting commenced in Q4, data is limited, however there are key areas of focus.

Deployment timings and performance

Referrals and transfers are categorised into the four groups described above and the expected team response times vary across these groups. Response is measured in mobilisation time (time from accepting transfer to the vehicle moving) and also time at the patient bedside (arrive at bedside to depart bedside). The target times are short for time-critical patients (5 minutes mobilisation, 20 minutes at bedside) and longer for non-time-critical (15 minutes mobilisation, 30 minutes at bedside).

Our analysis of the 2021/2022 data is displayed in the table below. It demonstrates that these times are longer than expected and we believe that this is multifactorial – quality of data, categorisation of transfers, skew in data caused by transfers being undertaken days after the referral, etc. However, this is a focus for improvement in 2022/2023.

	Escalation of care (time critical)	Escalation of care (non-time critical)
Mobilisation time	46.5% within 5 minutes	47.0% within 15 minutes
Median time at referring hospital	42 minutes	52 minutes
Median time at patient bedside	30 minutes (target 20 minutes)	39 minutes (target 30 minutes)

Patient experience

During Q3 and Q4, work has been undertaken with the UHBW Patient Experience team to understand the needs of our patients and their relatives. A Patient Information Leaflet has been agreed and will be published on paper and on the Retrieve website in May 2022. At the same time, feedback will be invited from patients and their relatives with an intention to develop a group of patient representatives to inform this aspect of Retrieve in the future.

Critical and serious incidents

Retrieve incidents are reported through the UHBW Datix system, in line with other clinical services within the Trust and can concern any element of the operational and clinical pathway from referral through transfer to handover and interaction with SWASFT.

During the 2021/2022 year, 123 incidents were reported, mainly associated with operational elements of the service (e.g. vehicle, equipment, drugs bases, etc). There were 14 incidents related to patient care with only

one leading to minor harm (a skin tear following removal of a dressing), demonstrating the safety of the service. A positive culture of actively reporting any and all incidents has enabled us to build a picture of events and continue to evolve our service to mitigate these.

South West Critical Care Network quality assurance peer review

A key element of the NHS England Adult Critical Care Transfer Service Specification is the requirement for all ACCTS such as Retrieve to have formal relationships with their relevant Critical Care Operational Delivery Network. Retrieve benefit from an excellent relationship with the SWCCN which underpins the service we deliver to critical care patients across the region. As part of the formal relationship, the SWCCN undertook a quality assurance peer review of Retrieve in March 2022, in what we believe was the first of its kind in England.



The Retrieve Leadership Team were delighted to receive an incredibly positive report from this peer review, with the final report being published at a similar time to this document. The summary of findings is replicated below:

Whilst the need for a formal adult critical care transfer service (ACCTS) in the UK has long been recognised, the COVID-19 pandemic has catapulted this need to the fore. Retrieve, the ACCTS which serves the South West of the UK was borne out of this need in the height of the pandemic. Having completed 16 months of operations, the South West Critical Care Network (SWCCN) was invited to conduct a formal review of Retrieve, to sense check the quality of the service and identify any opportunities for service development.

This thorough review has concluded that the safety and quality of care delivered by Retrieve is exemplary. The processes surrounding care- such as those involved with the delivery of consistency (which is intimately linked to safety and quality), governance, learning, risk management, training coupled with an open leadership style which invites quality improvement and change, have resulted in an enviable service which has elevated the quality of adult critical care transfer care immeasurably in the South West. These achievements are attributable to the hard work and professionalism of the leadership team who have built the service into what it has become today, and the duty consultants and transfer practitioners who have delivered an outstanding service. All staff should be congratulated on the delivery of a superb service.

Eighteen recommendations were made covering operational (e.g. continuing to seek permanent operational bases, reporting on challenges with 999 ambulance service interactions), education (e.g. supporting the SWCCN Transfer Group and developing our outreach programme) and quality (e.g. working on methods to capture the timings of the entire patient journey, updating our Referring to Retrieve and website information). We are actively reviewing these to ensure we address them in the 2022/2023 year. The report concludes:

These recommendations must not detract from our overall conclusions: that the leadership team have established an outstanding quality service which continues to be delivered by superb staff in a professional way. Congratulations.

Financial report

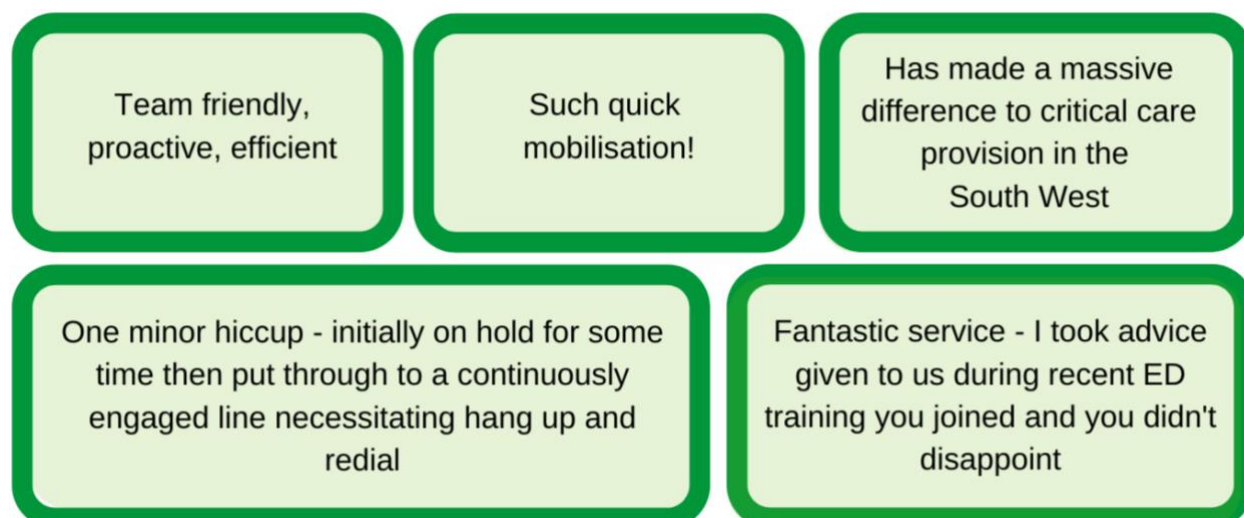
	Details	Costs
Staffing	Lead and Deputy Lead Consultant	£184,148
	General Manager and Lead Nurses	£121,022
	Pharmacist Support	£0
	Administrator	£59,484
	Duty Consultants	£749,266
	Transfer Practitioners	£406,232
Operations	Operational base - Bristol	£13,570
	Operational base - Peninsula	£31,663
	Ambulance and driver charges	£341,947
	Telephony and communications	£6,606
	Equipment	£10,728
	Servicing of equipment / Maintenance	£31,969
	Data capture system	£72,140
	Consumables	£35,891
	Drugs	£7,013
	Capital charges	£39,000
Miscellaneous	Insurance and drug licence	£28,740
	Training, education and engagement	£6,745
Trust overheads	15% of pay and non-pay	£321,922
Total spend 2020/21		£2,468,086

The 21/22 spend is standing at £2.5m against a budget of £3.2m. The underspends are in the region of £740k and are all relating to non-pay, the pay spend is in line with the plan.

The costs for Vehicle and Ambulance are £344k below plan, this is activity related although it should be noted that Bristol Ambulance have identified some undercharging which they have billed in 22/23. Consumables and drugs are below plan by £120k, and this is also activity related. Equipment costs are £40k below plan, some purchases were made towards the end of 21/22 but further spend is anticipated in 22/23. Property costs were £94k below plan, as the service was able to remain in the 2 “temporary” sites throughout 21/22. Work is ongoing to make Launceston more resilient and solutions are being sought for the Bristol base. Capital charges and overheads were below plan, due to overall spend being lower than expected.

Service user feedback

Since launch, Retrieve has invited feedback from clinicians interacting with the service via email and an electronic survey. Whilst the majority (approximately 80%) is positive, neutral and negative feedback is examined and, where relevant, discussed with external partners. We use feedback to shape our service development and quality improvement strategies.



During the 2021/2022 year, response rates to email invitations have been under 20%. We have changed our email and feedback form and discussed this with experts in marketing. As a result, a number of modifications are being launched in Q1 2022/2023 which include feedback webpages, QR codes on new Retrieve posters and 'calling cards' with QR codes that are distributed to clinical colleagues.



Key achievements and developments 2021/2022

NHS England service specification for Adult Critical Care Transfer Services

In June 2021, NHS England published a brand new [service specification for ACCTS](#) co-authored by the Retrieve Lead Consultant. This represented a remarkable milestone in ACCTS development and was rapidly followed by confirmation of recurrent national funding for all NHS England regions to establish and maintain dedicated ACCTS. As a result of this confirmation, the 2021/2022 Annual Report is presented from a confident foundation upon which all future developments can be built. This is a remarkable achievement in such a short period of time.

Retrieve have continued to play a key part in the national developments surrounding ACCTS, inputting into the various workstreams covering training and education, data and quality and operational and clinical management as well as collaborating with other established and developing ACCTS to share the service's expertise and learn from others.

Collaboration with partners

As knowledge of Retrieve has become more mainstream, the service has built collaborative relationships with a number of organisations and specialties to ensure their needs and those of their patients are met. Examples of these include:

Memoranda of Understanding

- **HM Coastguard** to deliver a resilient flight capability for the rare but important time-critical or urgent escalation that requires longer-distance transfer out of the South West. Retrieve is the first ACCTS to adopt this MOU and it is hoped this model will be established nationally.
- **South Western Ambulance Service NHS Foundation Trust** to formalise the existing relationship around the triage, coordination and delivery of transfers when Retrieve are unavailable.



Specialties and Networks

- **Mechanical thrombectomy for stroke** – Retrieve are undertaking a pilot with the West of England and Peninsula Integrated Stroke Delivery Networks and NHS England South West focussed on improving access to time-critical transfer and care en-route.
- **Thrombotic thrombocytopenia purpura** – Retrieve are supporting this new highly-specialised service delivered by UHBW by coordinating and delivering the critical care transfer of these time critical patients from hospitals across the South West.

Training and education

Significant advances have been made across the domains of training and education both within Retrieve and between the service and partners across the region.

Supporting training within Retrieve

Continuous professional development for the clinical team members is an essential aspect of delivering our service. In order to support this, Senior Transfer Practitioners were appointed in January 2022 in education roles and in Q1 2022/2023, additional Duty Consultant roles for Training and Education will be appointed to. An Education Group has also been established to support the day-to-day delivery of skills drills, case discussions and simulation.

Medical trainees

The service has been working with the Peninsula and Severn Schools of Anaesthesia and Intensive Care Medicine to develop a training pathway to support the transfer elements of the Royal College of Anaesthesia and Faculty of Intensive Care Medicine curricula. This will ensure that trainees gain experience and are taught by Retrieve team members which has enormous potential benefit to critical care patients being transferred within hospitals as well as those transferred when the service is unavailable.

G7 Summit in Cornwall

During June 2021, the world leaders of the G7 countries visited Carbis Bay in Cornwall for their annual conference. As part of the healthcare response to this globally significant event, Retrieve were asked to provide a 24/7 critical care transfer service. Using team members from across the South West and learning from the second wave of the pandemic, Retrieve met this request and was widely acclaimed although not required for any transfers beyond business-as-usual work.

Awards

Retrieve were awarded the Critical Care Team of the Year in the BMJ Awards 2021 which was a remarkable achievement against stiff competition.



In addition, the temporary transfer service that preceded Retrieve and the service's Lead Consultant were South West regional champions in the NHS Parliamentary Awards 2021.

The Excellence in Healthcare Award Nominees



Dr Scott Grier (North Bristol NHS Trust)

South West

Dr Scott Grier is the lead consultant responsible for the rapid development and launch of Retrieve, a new Adult Critical Care Transfer Service which enables the safe transfer of critically ill patients between intensive care units in the South West region. The success of the service reflects Dr Grier's passion for improving patient outcomes, patient safety and quality of care and is an excellent example of multidisciplinary partnership working.

Nominated by: Darren Jones MP

The Excellence in Urgent and Emergency Care Award Nominees



South West Critical Care Transfer Service

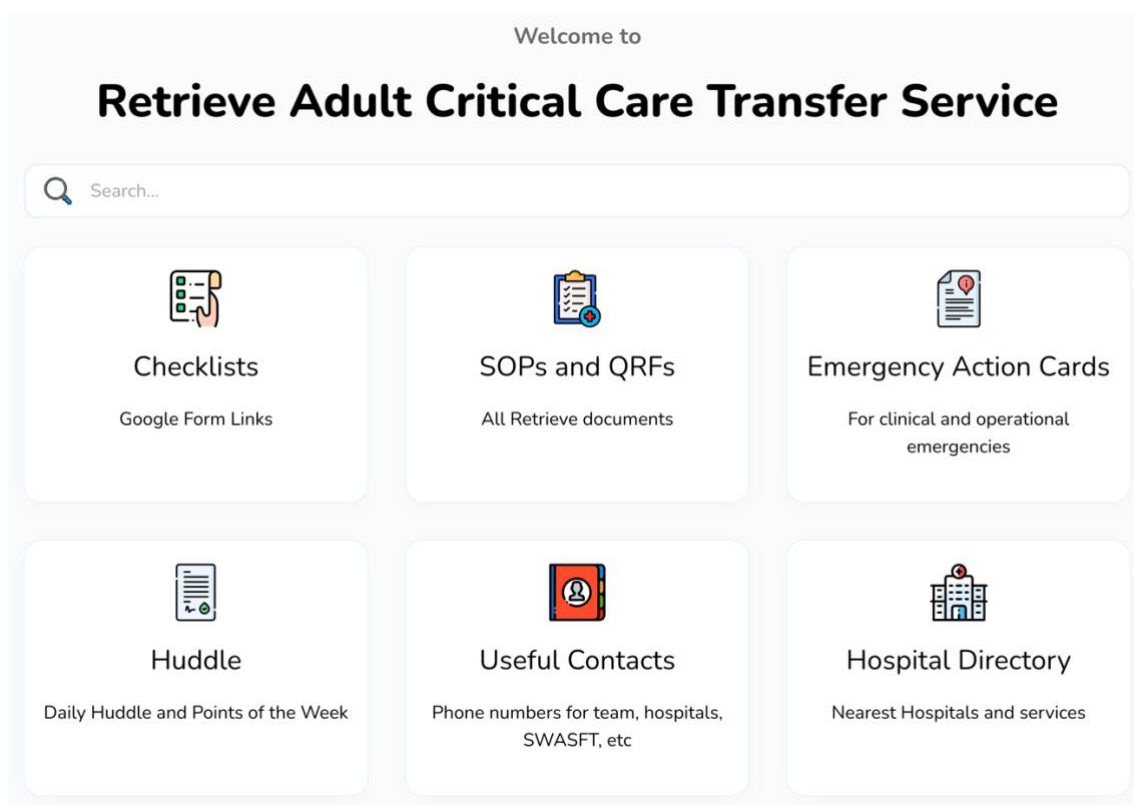
South West

Early in the pandemic, Dr Grier worked in partnership with South Western Ambulance Service NHS Foundation Trust and other organisations to establish a transfer service to ensure critically ill patients could be moved safely between hospitals. Since then, he has developed and launched Retrieve, the new Adult Critical Care Transfer Service for South West England – one of the first in the country and a crucial part of the region's pandemic response.

Nominated by: Jack Lopresti MP

Continued innovation

As Retrieve evolves, we continue to investigate how we can best meet the needs of our patients. In quarter 4 2021/2022 we piloted then launched a new web and mobile app in order to provide our team with instant access to our checklists, standard operating procedures, emergency action cards and other valuable information to facilitate their delivery of high-quality patient care. We anticipate that we will be able to offer an increasing proportion of these documents and processes to the wider healthcare community in the South West over time, thus continuing to improve transfer care for all.



Challenges facing the service

As the Retrieve service develops, the team have already overcome a number of significant challenges. The service maintains a risk register through our host, UHBW. The main challenges that face our evolving service are listed below and these align with the major risks on the register.

Growing to meet the Adult Critical Care Transfer Service specification

The publication of the NHS England ACCTS service specification in spring 2021 is a landmark moment in adult critical care in England and provides clarity on how our service must look longer term. The Retrieve Leadership Team are currently undertaking a gap analysis to compare our current service to the new service specification and describe how Retrieve should evolve to meet it. There will be significant changes to achieve this, including the introduction of senior trainee and clinical fellow grade doctors, 24 hour operating and expanded referral handling and call conferencing.



Operational bases and working remotely from our host Trust

Retrieve operates remotely to our host NHS Trust, UHBW, as the operational base locations were carefully chosen to most effectively cater for the complex geography of the South West and the hospitals within our operating area. There are two significant challenges posed by this. The first is in the practicality of running a remote base (e.g. consumable and drug supplies, equipment servicing, etc) and the second is the temporary and modular nature of the buildings currently occupied. It has been extremely challenging ensuring basic services (e.g. electricity, internet, piped water) are available consistently across the bases. We are working with the UHBW Estates team to secure long-term permanent operational bases to address these challenges.

Workforce

The Retrieve clinical team consists of a Duty Consultant and a Band 6 Transfer Practitioner. There have been challenges since launch in achieving a full Duty Consultant rota and, at times during 2021/2022, there were also challenges with the Transfer Practitioner rota.

Duty Consultants

The service has actively recruited Duty Consultants since inception. In order to provide a safe, sustainable and resilient service, we ask each individual to work 2 days and 1 night shift per month (averaged over a quarter). This means that the service requires 15 or more Duty Consultants per operational base.

At the end of December 21 there were 29 Duty Consultants (16 Peninsula, 13 Severn) actively involved in the service. There has been a low level of turnover, with individuals who have left falling into two groups – those

who joined to support the service in its infancy, and those who have found the work incompatible with family/other professional commitments.

The service has taken the following actions to address a continued shortfall in staffing:

- Active recruitment by word of mouth, formal approaches to each Clinical Lead in Anaesthesia and Intensive Care Medicine in the SWCCN, formal approaches to all Medical Directors in the South West, personal recommendation and referral by existing team members.
- Introduction of job planning to support sustainable and resilient working. At the end of 2021 this had been taken up by 14% of the Duty Consultant group. However the majority of new-joiners are taking this option.
- Consultation with the UHBW 'Talent Team' to seek their expertise in recruitment.

In addition to the above, the following operational mitigations have been adopted to ensure that the service offered is as robust as possible:

- Cross cover by other base Duty Consultant
- Remote Duty Consultant provision (where an individual cannot work in person but can support the Transfer Practitioner team)
- Doubling up of Transfer Practitioners to minimise solo working
- 'Transfer Practitioner operations' standard operating procedure

Transfer Practitioners

The Retrieve cohort of Transfer Practitioners (TPs) represents the equivalent of 3.61 WTE per base. During initial recruitment in 2020, the service was staffed to cover a 24 hour rota and therefore each base's staffing was 6.0 WTE.

In March 2021 the decision was taken to reduce the number of TPs through a competitive interview process, bringing staffing levels in line with a 12 hour service. The Leadership team recognised that 3.0 WTE did not provide adequate resilience with a higher sickness rate due to the COVID-19 pandemic and a limited pool of individuals able to take on bank shifts. A formal request was approved to bring forward the Band 7 Senior Transfer Practitioner funding and increase the TP staffing pool to 3.61 WTE per base. This enabled Retrieve to better staff the service, fill rota gaps and become more resilient against short-term sickness.

With the successful recruitment of Band 7 Senior Transfer Practitioners in January 2022, new substantive contracts have been agreed with all TPs, a recent recruitment drive was successful, and Retrieve will be at full TP establishment from October 2022.

Each of the Band 6 TPs will be working between 0.61 WTE to 0.75 WTE, with the majority in shared roles with regional critical care departments.



South Western Ambulance Service NHS Foundation Trust (SWASFT)

Retrieve have an excellent working relationship with SWASFT and are in the process of finalising a MOU to formalise this. Over the past year ambulance services across England have been under significant operational pressure. We have experienced delays in answering the phone and delays in dispatching time critical ambulances to support critical care transfers that Retrieve are unable to undertake (see declined referral section above). Work concerning these challenges is being led by the SWCCN, SWASFT and NHS England South West and Retrieve are contributing to it.



SWOT analysis of Retrieve

As part of the SWCCN quality assurance peer review data report, we undertook a SWOT analysis of the Retrieve service. This presents a succinct overview of our current service.

<p>Strengths</p> <ul style="list-style-type: none"> • Award winning service • Nationally recognised across NHS England • Pioneering. Significant role in shaping ACCTS development nationally • Regionally respected for using service to drive improvements across specialties, networks and wider South West region (e.g. collaborative work with SWASFT) • Cohesive leadership • Support from UHBW Division of Surgery • Flexible, dynamic, adaptable service provision to meet needs of population we serve and partners • Clinical team represents most regional hospitals (11/14) and brings broad group of experts with differing interests • Established, high-performing team of Transfer Practitioners • Training programme for new staff members evolved with service requirements • Service structure for 22/23 year established to ensure foundations laid for long-term resilience, service development, and 24/7 operating (includes appointment of Band 7s, consultant leads for training & education / governance) • Mobile electronic patient record and database system with data on >1,400 referrals and >900 transfers 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Lack of 24/7 funding • Inequitable service to region daytime vs night-time as no overnight clinical service • Peninsula subregion has longer transfer times due to geography and road network • Call handling, referral management process cumbersome, time-consuming and inefficient across region • Small team size poses risk to service provision (e.g. with sickness) despite additional steps taken to mitigate this • Incomplete Duty Consultant cover • Duty Consultants have competing work commitments which can make rota management challenging and limit service provision • Small pool of dedicated drivers limits resilience
<p>Opportunities</p> <ul style="list-style-type: none"> • Leadership Team involved in national workstreams around ACCTS development which will further strengthen Retrieve and future evolution of service • Collaborative alignment roadmap with NEST and WATCH regional transfer services, supported by NHSE and UHBW <ul style="list-style-type: none"> • Improved operational bases, transport and referral handling across SW critical care transfer services as a result • Network and specialty engagement to standardise and improve transfer care across the region <ul style="list-style-type: none"> • SWCCN with focus on intra-hospital transfer • Neurosurgery • Mechanical thrombectomy for stroke • Aortic dissection • Obstetrics (intra-uterine and maternal critical care transfers) • Acute liver failure • SWCCN Transfer Group workstreams <ul style="list-style-type: none"> • Updates to Network transfer guideline • Retrieve to manage transfer paperwork, audit and data collection (in line with NHSE Service Specification) • Training and Education <ul style="list-style-type: none"> • Medical workforce – work with Schools of Anaesthesia and ICM • Transfer training collaborative working with SWCCN, development of regional transfer course and passporting system • Collaboration with HM Coastguard / Bristow Group on long-distance time critical/urgent transfers by air (particularly Peninsula to London) 	<p>Threats</p> <ul style="list-style-type: none"> • Funding for 24/7 operations • Operational bases – lack of permanent locations and infrastructure to support day-to-day working (e.g. internet, electricity, piped water) • Capacity of service is limited by provision of teams – full capacity unknown and unmet need being monitored • Reputational harm caused by lack of 24/7 provision, inequity and capacity limitations • Difficulties in filling Duty Consultant rota • Reputational harm caused by inadequate staffing • Remote working to UHBW (accepted risk on Risk Register) • Long travel times for clinical team members (particularly in Peninsula) as well as long transfer times limit provision of service • Significant delays to SWASFT provision of Inter-Facility Transfers risks patient and reputational harm

Our future vision

This second Retrieve Annual Report demonstrates the remarkable progress our service has made in 18 months. It has evolved at an extremely rapid rate and helped improve the care of patients across our region as well as contribute to a permanent change in the way adult critical care transfer is provided. As we look ahead, we are clear that our strategic direction is to ensure equitable provision and access to our service and working ever more closely with our partners to ensure the best use of resource.

24/7 operating

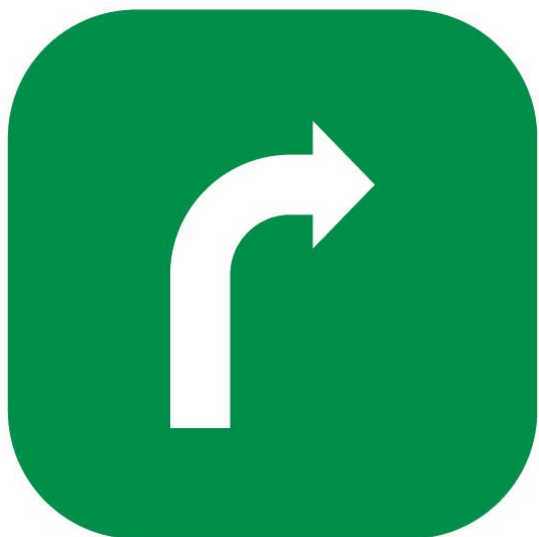
Our 2021/2022 data strongly demonstrates a need for our service to operate 24/7. It is the most commonly requested service development and one of the most frequent feedback comments provided by stakeholders. Although we await additional investment in order to provide this, we have developed a roadmap to ensure the foundations of our service are constructed in a way that means we can progress towards delivering this in the next 1-2 years.

Collaborating and aligning with neonatal and paediatric transfer services.

During 2021, a collaboration and alignment roadmap was developed with the Newborn Emergency Stabilisation and Transport Team (NEST) and Wales and West Acute Transport for Children (WATCH) services, both hosted by UHBW. This work recognises that there is great commonality between our three services, with consistent requirements for operational bases, ambulances, referral handling solutions and consumables.

The roadmap, supported by the three services, UHBW and NHS England looks to maximise the use of available resources, support the continued delivery of high quality care by NEST, WATCH and Retrieve and look to a future of closer collaboration and sharing of experience and expertise. This model has been adopted in the devolved nations of Northern Ireland (NISTAR) and Scotland (ScotSTAR) and we look forward to progressing these plans in 2022/2023.

Continuing to strive for excellence



The development of Retrieve and other comparable ACCTS across England has been remarkable and has benefitted from the circumstances surrounding the COVID-19 pandemic. However, the need for services such as ours existed many years prior to 2020 and will continue to do so forever. As we look forward, it is important that our service continues to evolve to meet the needs of our patients and partners.

As a small team, we are enormously proud of the achievements described in this Annual Report, of the patients whose journeys we have improved and of the recognition we have been granted regionally and nationally. We will continue to be ambitious in pushing the boundaries, innovating and striving for excellence.



Adult Critical Care Transfer Service

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Appendix 1. National Quality Indicators and Retrieve 2021/2022 data

Clinical outcomes

	Indicator	Definition	Frequency	Compliance
101	Proportion of cases referred to the Adult Critical Care Transfer service that were considered time-critical in terms of escalation of care (these are defined as patients requiring transfer to a specialist centre for immediate (within 1 hour of arrival) life-, limb- or sight-saving intervention).	Total number of referrals categorised as 'Escalation – Time-Critical' in ARCEMS in each calendar month divided by total number of referrals in each calendar month.	Monthly	36.8%
102	Proportion of time critical patients transferred by the commissioned service.	Total number of transfers categorised as 'Escalation – Time-Critical' in ARCEMS in each calendar month divided by total number of referrals categorised as 'Escalation – Time-Critical' in ARCEMS in each calendar month.	Monthly	48.8%
103	Proportion of occasions where the transfer team departs from the transport base within 5 minutes of the clinical decision that transfer is required for a time-critical patient.	For each transfer categorised as 'Escalation – Time-Critical', ARCEMS status update time from 'Accepted' to 'Mobile'. Number ≤5 minutes in each calendar month divided by total number of transfers categorised as 'Escalation – Time-Critical' in ARCEMS in each calendar month.	Monthly	46.5%
104	Proportion of occasions where the transfer team delivers a patient to the destination hospital within 240 minutes (4 hours) of the decision to retrieve a time-critical patient	For each transfer categorised as 'Escalation – Time-Critical', ARCEMS status update time from 'Accepted' to 'Arrive Receiving Hospital'. Number ≤240 minutes in each calendar month divided by total number of transfers categorised as 'Escalation – Time-Critical' in ARCEMS in each calendar month.	Monthly	75.9%
105	Proportion of occasions where transfer team departs from the transport base within 15 minutes of the clinical decision that transfer is required for a non-time-critical escalation of care patient.	For each transfer categorised as 'Escalation – Urgent', ARCEMS status update time from 'Accepted' to 'Mobile'. Number ≤15 minutes in each calendar month divided by total number of transfers categorised as 'Escalation – Urgent' in ARCEMS in each calendar month.	Monthly	47.0%
106	Proportion of cases where a clinical incident was reported.	A clinical incident is a reported DATIX on the UHBW system that pertains to clinical care (patient deterioration, harm, event that affects the patient such as loss of vascular access, accident extubation, etc.) during a particular transfer. Total number of clinical incidents from the DATIX system in a calendar month divided by total number of transfers in a calendar month.	Monthly	2.1% 1 incident with minor harm, 13 incidents with no harm
107	Proportion of patients in whom a completed minimum mandatory dataset was submitted to the national database.	January 2022 – MMDS is not yet published.	Monthly	N/A

Patient Experience

201	There is written information about the Adult Critical Care Transfer service for relatives and carers.	Annual statement confirming that Retrieve have reviewed and continue to provide access to information for relatives and carers both online and on paper.	Annually	Published June 2022
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202	There is a policy in place regarding transfer of the patient's next-of-kin/carer.	Annual statement confirming that Retrieve have reviewed the 'Transfer of next-of-kin' SOP.	Self-declaration	In draft
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Structure and Process

301	The Adult Critical Care Transfer service has the leadership team as described in the service model.	Annual statement to confirm that Retrieve Leadership Team has at least a Lead Consultant, Service Manager and Lead Practitioner.	Annually	Compliant
302	The service is consultant-led 24/7.	Annual statement to confirm that there has been no break in service where a Duty Consultant was unavailable to the region. Consultant led means at least 1 DC was available (in person or remotely by telephone) across each 24-hour period in the past calendar year.	Annually	Compliant
303	For each operational shift the Adult Critical Care Transfer service has team members as per the service model.	Annual statement to confirm that the Retrieve duty team consists of the following for Level 3 transfers: <ul style="list-style-type: none"> A doctor in Intensive Care Medicine or Anaesthesia with appropriate experience and training to lead transfers A practitioner with appropriate experience and training to carry out transfers. 	Annually	Partially compliant due to Duty Consultant rota gaps
304	There is a communications infrastructure in place as detailed within the service model.	Annual statement to confirm that Retrieve provides: <ul style="list-style-type: none"> Electronic referral pathway Single point of access telephone number Real-time, consultant-led, joint decision-making involving referring and receiving clinicians, Retrieve and specialty teams. 	Annually	Partially compliant - due to implement Referapatient in Q2/3 22/23
305	There is a Partnership Board that provides accountability for the Adult Critical Care Transfer service.	Annual statement to confirm that Retrieve have a Partnership Board within the Division of Surgery at UHBW.	Annually	Compliant
306	A QIA has been undertaken in the last 12 months to review the impact on the wider service and any services changes/innovations following COVID-19.	Annual statement to confirm.	Annually	Due to complete Q2/3 22/23
307	Following the QIA detailed above, please list any patient safety issues within the current service that have been identified.	Annual statement to confirm.	Annually	Due to complete Q2/3 22/23
308	There are agreed clinical guidelines as per the service model.	Annual statement to confirm that Retrieve have 'guidelines based on national standards for stabilisation and transfer' of critically ill patients	Annually	Compliant, update expected Q2 22/23