## Contents

1. Foreword .......................................................................................................................... 3
2. Highlights 2016/17 ............................................................................................................ 4
3. The Embrace service .......................................................................................................... 5
   Mission statement .............................................................................................................. 6
   Background to Embrace .................................................................................................... 7
   Who we serve? .................................................................................................................. 7
   What is the role of Embrace? ........................................................................................... 8
   Neonatal and paediatric transfer activity ....................................................................... 11
   In-utero calls facilitated .................................................................................................. 13
4. Embrace aeromedical service .......................................................................................... 14
5. Feedback ............................................................................................................................ 18
   Parent feedback responses ............................................................................................... 19
   What the parents say about Embrace ............................................................................ 19
   Sharing of feedback ......................................................................................................... 20
   Referring and receiving unit feedback .......................................................................... 21
6. Clinical governance and quality improvement .................................................................. 26
   Utilisation review ............................................................................................................ 26
   Safety review meetings .................................................................................................. 26
   Clinical governance meetings ......................................................................................... 26
   Audit ................................................................................................................................. 28
   Completed & presented audit and service evaluation projects 2016/17 ......................... 29
   Mortality meetings ......................................................................................................... 30
   Guidelines ....................................................................................................................... 30
   Research .......................................................................................................................... 31
   Oral presentations ........................................................................................................... 31
   Poster presentations ....................................................................................................... 32
   Lectures, presentations and academic ........................................................................... 33
   International and national committees and working groups ....................................... 35
7. Education and training ..................................................................................................... 37
   In-house Embrace education ......................................................................................... 38
   Outreach education ......................................................................................................... 38
   Link nurse days .............................................................................................................. 39
8. Embrace in the news ......................................................................................................... 40
9. Work in progress for 2017/18 .......................................................................................... 41
10. Appendices ....................................................................................................................... 42
    Appendix 1 ..................................................................................................................... 42
    Appendix 2 ..................................................................................................................... 43
    Appendix 3 ..................................................................................................................... 44
    Appendix 4 ..................................................................................................................... 45
1. Foreword

We are pleased to present the 2016/17 annual report for Embrace, Yorkshire & Humber Infant & Children’s Transport Service. Our 7th year of full operations has seen the team transfer its 15,000th patient and reach the 1,000,000 miles travelled landmark. No wonder we look tired sometimes! These achievements have only been reached by the hard work of a great team which we are immensely proud of. It’s a tough job sometimes and we set ourselves high targets, bringing extra pressure, but also great benefits for our patients.

Cath Harrison, Lead Consultant (Neonates)
Steve Hancock, Lead Consultant (Paediatrics)
Suzanne Palmer, Lead Nurse
2. Highlights 2016/17

- Embrace received 3431 referrals and sent teams for 2102 transfers of infants and children across Yorkshire, the Humber and beyond

- Embrace completed 30 helicopter and 8 fixed wing missions

- Fully accredited by the Commission on Accreditation of Medical Transport Systems (www.camts.org) for critical care transport by ground and rotary wing ambulance

- Continued successful CAMTS partnerships with Yorkshire Ambulance Service NHS Trust, Yorkshire Air Ambulance and The Children’s Air Ambulance

- Strengthened our relationship with IAS Medical as our provider of fixed wing air ambulance

- Full 12 month report from the Ground and Air Medical qUality Transport (GAMUT) database
3. The Embrace service

Embrace Yorkshire & Humber Infant & Children’s Transport Service has been operational since 6th December 2009. The service meets the standards set by the UK Paediatric Intensive Care Society¹, the National Institute for Health and Clinical Excellence Specialist Neonatal Care Quality Standard² and the Commission on Accreditation of Medical Transport Systems³ for the provision of specialist transport services by ground and air.

The host organisation for Embrace is Sheffield Children’s NHS Foundation Trust - one of only four independent children’s Trusts in the UK.
**Mission statement**

Embrace aims to provide the highest quality paediatric and neonatal care for infants, children and their families from the first point of contact to arrival at the destination unit.

It is the mission of Embrace to provide:

- A single point of telephone contact for referring clinicians
- Access to immediate specialist clinical advice
- Triage to an appropriate level of transport provision and dispatch of transport teams within a clinically appropriate time window
- Identification of a suitable cot or bed so that the most appropriate care is provided in the most appropriate location for any infant or child requiring specialist care in the Yorkshire & Humber region
- Logistical support for high risk obstetric transfers by locating a suitable maternal bed and neonatal cot


To achieve this Embrace will:

- Maintain appropriate communication between all parties to ensure the efficient and effective continuity of patient care
- Ensure every transfer is carried out in a way that maximises patient safety, comfort and dignity and minimises patient pain, discomfort, or distress and that of parents/guardians
Background to Embrace

Embrace provides specialised transport for all newborn infants and critically ill children from Yorkshire and the Humber who need moving between hospitals. The aim is to provide this service at the right time while providing the same high standards of care that they would receive in a specialist hospital. The vision was for a service separate from the receiving and referring hospital, enabling the team to be available on demand for the transfer of a critically ill infant or child. The service was founded on co-operation and collaboration between all parts of the Yorkshire & Humber NHS and this spirit has been fundamental to the continued success and growth of the service.

Embrace is part of the Surgery & Critical Care Division at Sheffield Children’s NHS Foundation Trust which includes Paediatric Intensive Care, High Dependency Care, Neonatal Surgery, Paediatric Anaesthesia, Theatres and the Pain Service. Working within a Division that specialises on the delivery of critical care to patients has allowed Embrace to develop strong clinical governance structures focussing on safety and quality.

Who we serve?

Embrace serves the children of Yorkshire and the Humber region which covers an area of 15,400 square kilometres, has a population of 5.3 million, of which 17% are aged under 16 years, and an annual live birth rate of approximately 75,000. The community includes large urban settlements such as Hull, Leeds and Sheffield as well as rural areas such as the East Riding of Yorkshire and North Yorkshire. We transfer newborn infants and critically ill children to and from the hospitals operated by the acute NHS Trusts in the region:

- Airedale NHS Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
What is the role of Embrace?

Most infants and children can be cared for close to home in their local hospitals, however there are some for whom this is not possible. Embrace provides a single point of contact by which clinicians caring for these infants and children can access regional services, get advice and arrange transfers.

A single phone number puts the clinician through to a call handler who takes some basic information before bringing in one of our specialist transport consultants. As more details are obtained a picture of the infant or child is put together. Other specialists, such as neonatologist, cardiologists or intensive care physicians, can be ‘conferenced’ into the call by the call handler as required. Together these clinicians can make a plan for the care of the infant or child. All calls are recorded and these recordings form part of the clinical records.
When a plan involves moving the infant or child to more specialist care, the transport consultant and nurse co-ordinator decide upon the makeup of the transport team to provide the best possible care during the journey. This will depend on the level of critical care that the infant or child requires. The sickest children would have a team consisting of a transport consultant, middle grade doctor or Advanced Nurse Practitioner working with a transport nurse and ambulance driver; a more routine transfer may involve a transport nurse and a driver.

On arrival at the referring hospital the Embrace team take a handover from the referring team before assessing the child. The child can be moved onto the transport equipment once the team are satisfied that the patient is stable. The journey can then begin. Wherever possible, Embrace encourages a parent to accompany their child during the journey. On arrival at the destination hospital the child is handed over to the receiving team and moved from the transport trolley into an appropriate bed or cot for their ongoing care. Once the transfer has been completed the Embrace team will liaise with the base to determine the next task to be completed.

Air transport is provided in collaboration with specialist partners, by either fixed wing or rotary wing.

Regular feedback from the referring and receiving hospital teams as well as parents has enabled Embrace to be responsive to the needs of those it serves and to modify our service.
Activity 2016/17

During the report period Embrace took 3431 referrals which resulted in 2102 neonatal/paediatric transfers and 546 in-utero transfers.

The following graphs and tables show this activity in greater detail.

<table>
<thead>
<tr>
<th>Embrace Activity</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Year to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>279</td>
<td>301</td>
<td>267</td>
<td>291</td>
<td>255</td>
<td>261</td>
<td>284</td>
<td>346</td>
<td>345</td>
<td>267</td>
<td>255</td>
<td>280</td>
<td>3431</td>
</tr>
<tr>
<td>Paediatric Transfers</td>
<td>43</td>
<td>47</td>
<td>34</td>
<td>42</td>
<td>36</td>
<td>22</td>
<td>46</td>
<td>51</td>
<td>64</td>
<td>51</td>
<td>37</td>
<td>44</td>
<td>517</td>
</tr>
<tr>
<td>Neonatal Transfers</td>
<td>118</td>
<td>138</td>
<td>142</td>
<td>144</td>
<td>138</td>
<td>140</td>
<td>128</td>
<td>161</td>
<td>121</td>
<td>118</td>
<td>104</td>
<td>133</td>
<td>1585</td>
</tr>
<tr>
<td>Total Transfers</td>
<td>161</td>
<td>185</td>
<td>177</td>
<td>186</td>
<td>174</td>
<td>162</td>
<td>174</td>
<td>212</td>
<td>185</td>
<td>169</td>
<td>141</td>
<td>176</td>
<td>2102</td>
</tr>
<tr>
<td>Advice Calls</td>
<td>57</td>
<td>57</td>
<td>41</td>
<td>45</td>
<td>32</td>
<td>43</td>
<td>55</td>
<td>63</td>
<td>77</td>
<td>40</td>
<td>49</td>
<td>40</td>
<td>599</td>
</tr>
<tr>
<td>In-utero transfers facilitated</td>
<td>47</td>
<td>44</td>
<td>41</td>
<td>45</td>
<td>39</td>
<td>42</td>
<td>51</td>
<td>52</td>
<td>53</td>
<td>42</td>
<td>41</td>
<td>49</td>
<td>546</td>
</tr>
<tr>
<td>Non Embrace transfers</td>
<td>14</td>
<td>15</td>
<td>9</td>
<td>15</td>
<td>10</td>
<td>14</td>
<td>4</td>
<td>19</td>
<td>30</td>
<td>16</td>
<td>24</td>
<td>14</td>
<td>184</td>
</tr>
</tbody>
</table>
Neonatal and paediatric transfer activity

The following table shows the break down between neonatal and paediatric work compared between 2015/16 and 2016/17, with further break down between in utero and advice calls.

<table>
<thead>
<tr>
<th>Embrace activity comparison</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total referrals 2015/16</td>
<td>3574</td>
</tr>
<tr>
<td>Total referrals 2016/17</td>
<td>3431</td>
</tr>
<tr>
<td>Embrace paediatric transfers 2015/16</td>
<td>583</td>
</tr>
<tr>
<td>Embrace paediatric transfers 2016/17</td>
<td>517</td>
</tr>
<tr>
<td>Embrace neonatal transfers 2015/16</td>
<td>1609</td>
</tr>
<tr>
<td>Embrace neonatal transfers 2016/17</td>
<td>1585</td>
</tr>
<tr>
<td>Embrace total transfers 2015/16</td>
<td>2191</td>
</tr>
<tr>
<td>Embrace total transfers 2016/17</td>
<td>2102</td>
</tr>
<tr>
<td>No transfer/advice 2015/16</td>
<td>635</td>
</tr>
<tr>
<td>No transfer/advice 2016/17</td>
<td>599</td>
</tr>
<tr>
<td>In utero transfers facilitated 2015/16</td>
<td>535</td>
</tr>
<tr>
<td>In utero transfers facilitated 2016/17</td>
<td>546</td>
</tr>
<tr>
<td>Other transfers 2015/16</td>
<td>212</td>
</tr>
<tr>
<td>Other transfers 2016/17</td>
<td>184</td>
</tr>
<tr>
<td>Activity difference 2015/16-2016/17</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Total referrals</td>
<td>-143</td>
</tr>
<tr>
<td>Embrace paediatric transfers</td>
<td>-66</td>
</tr>
<tr>
<td>Embrace neonatal transfers</td>
<td>-24</td>
</tr>
<tr>
<td>Embrace total transfers</td>
<td>-89</td>
</tr>
<tr>
<td>No transfer/advice</td>
<td>-36</td>
</tr>
<tr>
<td>In utero transfers facilitated</td>
<td>11</td>
</tr>
<tr>
<td>Other transfers</td>
<td>-28</td>
</tr>
</tbody>
</table>
In-utero calls facilitated

Part of Embrace’s role is to provide an in-utero bed finding service and facilitate obstetrician to obstetrician discussions. The following table and graph show activity handled by the call centre team. IUT Activity with comparison between 2015/16 and 2016/17. Embrace work closely with the Neonatal Operational Delivery Network and the regional Maternity Clinical Group to ensure effective use of all the available cots in the region.

IUT Activity

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUT Activity 2015/16 Facilitated</td>
<td>47</td>
<td>60</td>
<td>54</td>
<td>61</td>
<td>46</td>
<td>26</td>
<td>36</td>
<td>36</td>
<td>40</td>
<td>34</td>
<td>40</td>
<td>55</td>
</tr>
<tr>
<td>IUT Activity 2016/17 Facilitated</td>
<td>47</td>
<td>44</td>
<td>41</td>
<td>45</td>
<td>39</td>
<td>42</td>
<td>51</td>
<td>52</td>
<td>53</td>
<td>42</td>
<td>41</td>
<td>49</td>
</tr>
</tbody>
</table>
4. Embrace aeromedical service

2016/17 was a period of consolidation in the aeromedical service that Embrace provides. The philosophy is to ensure that our patients have access to the best form of transport depending on clinical condition, distance, weather and logistics. This will often be a road ambulance, but may be a fixed wing aircraft or helicopter.

Embrace are the biggest provider of inter-hospital aeromedical transport in England.

Working with our partners we are able to provide a comprehensive NHS service and have developed the capability to transfer ventilated patients on multiple infusions and nitric oxide by fixed wing aircraft (IAS Medical\textsuperscript{5}) and by helicopter (The Children’s Air Ambulance\textsuperscript{6}). The important relationship with our local HEMS service (Yorkshire Air Ambulance\textsuperscript{7}) continued, allowing us to get specialist teams and equipment out to the patient’s bedside at our more distant hospitals. We also formed a partnership with a government search and rescue contractor (Bristow). When working with TCAA and YAA we are fully accredited by the Commission on Accreditation of Medical Transport Systems.
In 2016/17 Embrace transferred 8 patients by fixed wing aircraft and 30 patients by helicopter. In addition we used a helicopter to fly an Embrace team and equipment to 3 critically ill patients. Please see Appendix 1 for a detailed utilisation review.

2015 saw the handover of search and rescue services from the military to a private contractor, Bristow helicopters. From September 2015 Embrace had access to a new state-of-the-art helicopter (Sikorsky S92) based at Humberside airport. This provides us with valuable resilience for when our usual air providers are not available or not able
to fly. In 2016/17 we utilised Bristow 3 times for patients who were likely to be compromised by a long road journey.

Five of the eight fixed wing flights involved moving patients into England from foreign destinations. For the first time an Embrace team crossed the Atlantic and transferred a patient from Canada, a complex logistical exercise which pushed our organisation and logistical skills to the limit, but which had a successful outcome.

We are pleased to be able to continue to offer a fixed wing service in partnership with IAS Medical, who are based at Teeside airport. We are working with IAS Medical to achieve our fixed wing CAMTS accreditation in 2017. Embrace are now able to safely transfer patients in fixed wing aircraft who require inhaled humidified gases, thanks to a generous gift of specialist equipment from the hospital charity. We are currently the only transport service in England to offer this service.

We flew 19 patients with The Children's Air Ambulance in 2016/17, more than any other service in the country. This service continues to be limited to daylight hours but during 2016 a weekend service was introduced. We look forward to TCAA's exciting plans to develop their service by adding an additional aircraft, increasing operating hours and upgrading their fleet to larger, more modern helicopters.

The lack of an appropriate air-compatible incubator continues to hamper our operations and Embrace have been advocating with NHS England for support in filling this gap in provision. This will hopefully be an exciting project for Embrace in 2017/18, working alongside our aircraft providers.

The important relationship with our local HEMS service (Yorkshire Air Ambulance) continued, allowing us to get specialist teams and equipment out to the patient’s bedside at our more distant hospitals. Development of aeromedical work in Yorkshire continues to be limited by a lack of suitable landing sites. We are desperately in need of upgraded helipad facilities in many of our referring and receiving hospitals.
Night of Flight

The 8th Night of Flight was in July 2016. There were speakers from all across the region, and also guest presenters from transport services in the North West and Wales. The format continues to be a successful way of sharing our air experience with others and celebrating our successes. It is also a valuable opportunity to relax and enjoy food and conversation with our stakeholders and partners.

www.bristow.com/
www.iasmedical.com
www.thechildrensairambulance.org.uk
www.yorkshireairambulance.org.uk
5. Feedback

Since Embrace was first established we have invited feedback from stakeholders including patients, parents and referring/receiving hospital staff. There are feedback forms on our website which can be completed and emailed directly to the service.

Embracing parents

Embrace aims to offer one parent the opportunity to travel with their baby/child. Parent’s views of the service are collected throughout the year using an anonymous feedback form. Parents are also able to email their feedback regarding their experience.

The table below show the results from our parental feedback work.

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>279</td>
<td>301</td>
<td>268</td>
<td>291</td>
<td>255</td>
<td>261</td>
<td>284</td>
<td>346</td>
<td>345</td>
<td>267</td>
<td>255</td>
<td>278</td>
</tr>
<tr>
<td>Paediatric Transfers</td>
<td>43</td>
<td>47</td>
<td>35</td>
<td>42</td>
<td>36</td>
<td>22</td>
<td>46</td>
<td>51</td>
<td>64</td>
<td>51</td>
<td>37</td>
<td>44</td>
</tr>
<tr>
<td>Neonatal Transfers</td>
<td>118</td>
<td>138</td>
<td>142</td>
<td>144</td>
<td>138</td>
<td>140</td>
<td>128</td>
<td>161</td>
<td>121</td>
<td>118</td>
<td>104</td>
<td>132</td>
</tr>
<tr>
<td><strong>Total Transfers</strong></td>
<td>161</td>
<td>185</td>
<td>177</td>
<td>186</td>
<td>174</td>
<td>162</td>
<td>174</td>
<td>212</td>
<td>185</td>
<td>169</td>
<td>141</td>
<td>176</td>
</tr>
<tr>
<td>Forms Distributed</td>
<td>99</td>
<td>101</td>
<td>82</td>
<td>92</td>
<td>108</td>
<td>101</td>
<td>81</td>
<td>103</td>
<td>109</td>
<td>104</td>
<td>97</td>
<td>125</td>
</tr>
<tr>
<td>Forms Returned</td>
<td>12</td>
<td>11</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>7</td>
<td>16</td>
<td>10</td>
<td>15</td>
<td>16</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Distribution Rate</td>
<td>68%</td>
<td>55%</td>
<td>47%</td>
<td>49%</td>
<td>62%</td>
<td>63%</td>
<td>47%</td>
<td>49.5%</td>
<td>60%</td>
<td>62%</td>
<td>69%</td>
<td>71%</td>
</tr>
<tr>
<td>Response Rate (from issued forms)</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
<td>11%</td>
<td>9%</td>
<td>7%</td>
<td>20%</td>
<td>10%</td>
<td>14%</td>
<td>15%</td>
<td>19.5%</td>
<td>12%</td>
</tr>
<tr>
<td>Overall Response Rate</td>
<td>7.5%</td>
<td>6%</td>
<td>4.5%</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
<td>9%</td>
<td>5%</td>
<td>8%</td>
<td>9.5%</td>
<td>13.5%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>
**Parent feedback responses**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you informed about the reasons for your child's transfer?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this done by the referring hospital team?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this done by the Embrace transport team?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Embrace transport team introduce themselves?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Embrace transport team explain the transport process?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Embrace transport team make time to update you on your child's condition and answer any questions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you given contact and travel details for the hospital to which your child was being transferred?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We can sometimes offer one parent/carer a seat in the ambulance to travel with your child. Were you offered a seat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, did you accept this offer?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What the parents say about Embrace**

“The team were excellent. Friendly, reassuring and explained everything to me before, during and after the journey. Amazing work. Thank you.”

“You are absolutely amazing. As parents your calm, professional approach helped us cope during such a stressful time. Thank you so much for taking such good care of our baby.”

“This is the 4th time our baby has been moved and Embrace have done the process each time. They have been fantastic each time. Every embrace team we have met have been professional, supportive and helpful throughout the move. Thank you.”
“We were not aware of Embrace before having our ill newborn son. We certainly hope that Embrace receives continued good funding support to offer the same crucial service to other families in the same way they helped us. We cannot speak highly enough of the professionalism shown to us when my wife and I were at York hospital at 4am about to be transferred to LGI. However we were most impressed with

1) The close, friendly communication to tell us what was happening, easy to understand, sympathetic attitude but took proactive control
2) When at LGI the nurse switched to ultra-medical mode handover which was extremely impressive, something like on ER.”

“The team that flew my daughter, I am very grateful for everything you did that day.”

“Very approachable and make you feel that your child is safe and well cared for. Very pleasant drivers/team.”

Sharing of feedback

Parent feedback is reported quarterly to the Embrace Reference Group. In addition, the feedback and learning points are shared with Embrace staff and link nurses from across Yorkshire & Humber. Embrace have established links with the Patient Advice and Liaison Service (PALS) at SC(NHS)FT for parents who may wish for Embrace to provide a formal response.
Referring and receiving unit feedback

Feedback forms are available online but once a year Embrace aims to produce a snapshot survey by distributing paper copies to referring and receiving unit teams. Over the two month period 1/6/16 – 31/8/16, 51 forms were returned from referring units and 25 from receiving units. The results are presented below.

Referring unit feedback to Embrace (n=51)
Respondent’s professional group:
Nurse: 31
Specialist Trainee: 3
Consultant/Associate Specialist: 4
Unknown: 13

![Pie chart showing 68% planned and 32% unplanned transfers.]

Was the Transfer Unplanned or Planned?
Q10. Were you asked by Embrace to perform any procedures? No – 100%

Free text comments:

- A brilliant and highly skilled team
- Prompt professional and pleasant
- Seamless handover from the BRI team to the embrace team / baby stable and transferred to embrace equipment safely. The team worked swiftly/ excellent communication skills with mum who was extremely upset. A great team effort
- Both staff were very considerate to the family. Both were patient and understanding and explained clearly what they needed. I felt we worked as a team. All in all a positive experience.
- Very friendly team. Very supportive towards mum. Respected what I said and was informative when asked questions
- Always professional and knowledgeable
- Great friendly team. Helpful when unable to gain access. Thank you
- Excellent communication, particularly regarding arrival times. All staff who came to retrieve were very appropriate and efficient. Transfer of care was effective and patient left the unit swiftly. Thank you
- Very supportive team who integrated well with the many specialities involved in this patient's care, thank you for your assistance
• Worked well as a team to ensure that the transfer went smoothly. Mum spoken to by embrace team to explain what would happened and information leaflet given, was good to feel I could help and support embrace team
• Good effective team
• Really good & supportive embrace staff. Made transfer easy.
• Prompt attendance to our needs. Phoning back for update was well appreciated.
• Staff very friendly and approachable. A positive transfer - very professional but easy going and helpful. Thank you
• Uncomplicated transfer for on-going care
• Team arrived very quickly, there were very efficient and helpful throughout. Hazel and Michelle were really lovely to work with and helped me a lot. Thank you. You were both very professional and yet appropriate
• Complex baby transferred safely.
• The staff were very patient, waited and listened carefully. As it was my first handover transfer, they supported me by giving me lists of what they want to say next. Asked appropriate questions and answered my questions very well. Work through what they do and how they do things which made it easier to understand their role.
• The team were superb to work with. The consultant was extremely knowledgeable and worked well with the needs of own doctor. A pleasure to work alongside.
• Would have been useful to know embrace would want fluids running for transfer so we could have got them prescribed and drawn up ready for use.
• Always a pleasure to work with
• Very good communication displayed. Good communication within the team.
• Good rapport with staff team embrace. Have handed over the same team for two consecutive days which did help.
• Excellent transfer overall. Thank you
• No problems. Good support and facilitation of discussion with other specialities.
• Professional and friendly as always.
• Always a pleasure dealing with embrace. Always professional and friendly and very knowledge.
Receiving unit feedback to Embrace (n=25)
Respondent’s professional group:
Nurse: 13
Specialist Trainee: 5
Consultant/Associate Specialist: 1
Unknown: 6

Was the Transfer Unplanned or Planned?

Q1. The Embrace Staff were Highly Professional

Q2. I was provided with all necessary information before the patients arrival

Q3. Embrace called us before departing the referring unit
Free text comments:

- Very polite and friendly
- Medical had over was not as slick as it often is. It lacked some structure but the Embrace nurse had it all under control. Sorry we weren't better prepared. I have escalate it to our lead nurse.
- Embrace experience excellent - very smooth transfer and communication excellent (note comment re badger letter from referring hospital)
- Detailed handover, all relevant information passed on
- Team unable to leave paperwork as no photocopying facilities on unit. Aim to fax paperwork through on return.
- Friendly efficient and professional
- Phone call given to PICU before departing DG as nurse accepting patient I was told embrace is on route will be 30 mins. No details of weight tracheostomy size given to sister on the phone and the sister did not ask for them. As a result I did not feel fully set up for the patients arrival
- Well structured efficient handover. Friendly and professional
- Thank you
- Very professional staff. Efficient handover
- Thank you for the transportation. This was easily one of the most concise comprehensive handovers
- Many thanks for providing transfer and being compassionately flexible to need of family. Very smooth transfer and this was from all parties travelling with the baby,
6. Clinical governance and quality improvement

Embrace has a robust clinical governance structure focused on safety and quality. We continue to work towards reaccreditation for critical care transport by ground, fixed wing and rotary wing due in July 2017 from the Commission on Accreditation of Medical Transport Systems (www.camts.org).

Utilisation review

All referrals and transfers are reviewed the day after by a consultant to identify any issues that need urgent action or clarification. Safety reports are completed and a trigger list flags up cases for more detailed analysis in a multi-professional forum.

Safety review meetings

Incident reports can be filled in by any member of the team and an open, just culture is promoted. All reports are initially reviewed by the Lead Nurse, acting as the Safety Officer and an appropriate action plan made. There is follow-up on the results of actions for all events at the monthly Safety Review Meeting to ensure loop closure is achieved. A summary is presented at the monthly Clinical Governance meetings.

The reports are also reviewed weekly by the SC(NHS)FT incident grading group. Any re-grading, clarifications and further action points are communicated back to Embrace. Embrace is represented at the monthly Divisional Risk meeting.

Clinical governance meetings

Monthly minuted meetings chaired by the governance lead occur with representation from every staff group (medical, nursing, call handling and drivers). The meeting covers quality improvement, audit, service evaluation, guideline development, risk management, safety and equipment.

Our service partners also attend Embrace governance meetings on a rotational basis.
After a review, these meetings were revised in March 2017 and have been re-launched as Quality Improvement meetings to not only reflect safety and governance, but improve the quality of our service.

**Quality improvement**

Embrace continues to submit data to three benchmarking organisations to help drive quality improvement. Links to the reports from these organisations can be found at [www.embrace.sch.nhs.uk](http://www.embrace.sch.nhs.uk)

a) **Paediatric Intensive Care Audit Network (PICANet)**
Every PICU and paediatric transport team in the UK and Eire submit quality data to this national organisation which publishes an annual report.

b) **Neonatal Transport Group (NTG)**
The UK Neonatal Transport Group collates data from every neonatal transport team in the UK over a 6 month period January to June every year. The annual returns are presented to allow comparison data and benchmarking relating to activity, key performance indicators and service provision.

c) **Ground and Air Medical qUality Transport (GAMUT)**
GAMUT is a US based database which tracks, reports and analyses performance on key transport specific quality metrics allowing comparison with other teams. Metrics apply to adult, paediatric and neonatal transport. It is hosted by Cincinnati Children’s Hospital with support from the Air Medical Physicians Association (AMPA) and the American Academy of Pediatrics Section on Transport Medicine. Embrace began submitting data in January 2015, the first transport service in Europe to do so.

**Regional meetings**

There is Embrace representation by a member of the consultant team at regional clinical expert groups and strategy group meetings. These include trauma, surgery, anaesthesia, paediatrics, critical care, neonatology and maternity services.
Embrace sit on the Neonatal ODN and Paediatric Critical Care ODN executive boards, as well as being represented at clinical forums.

Audit

All staff groups are encouraged to be involved in audit projects. Most Specialist Trainees carry out an audit project in their 6 month placement supervised by a consultant. Projects are registered through the Clinical Governance Department at SC(NHS)FT.

The majority of audits have resulted in changes to our practice and have been presented at local, regional and international meetings.
Completed & presented audit and service evaluation projects 2016/17

Level 1 Rolling projects

Deep cleaning compliance audit
J Dive

NHSLA clinical record keeping
S Palmer

PICANet
R Trent, F Rajah

Winter rota
C Harmaine

Level 2 Trust/commissioned projects

Parental views of transport service
L Kay, J Hervo

Questionnaire for referring and receiving hospitals
J Sharpe

Level 3 National Accreditation projects

National Neonatal Transport Group (NTG) annual data return
C Harrison, S Hancock, F Rajah, R Trent

National Neonatal Transport Group (NTG) Prospective survey of infants transferred for assessment and management of bilious vomiting in the first 7 days of life
K Spinks

Level 4 Clinician and Divisional Interest

Burns Pathway and the management of burns
R Cronin

Utilisation of Lights and sirens
B Basu

Use of therapeutic hypothermia in newborns with HIE
A Manou

Embrace abandoned transfers
E Wilbraham
Never events and near misses
C Halton

Effectiveness of Nurse-Led Transfer Guideline
L Crabtree

Splenic Rupture management
L Jordan

Sucrose Protocol
R Kent

Advice calls
R Riddell

Mortality meetings

Embrace have monthly internal mortality review meetings. We also attend mortality & morbidity meetings in hospitals around our region when Embrace has been involved in the care of the infant or child. These are invaluable in developing relationships between Embrace and referring and receiving units and help to encourage a learning environment. Embrace also sit on regional ODN mortality review panels.

Guidelines

Guideline development is managed through a quarterly Guideline Group meeting. All guidelines are reviewed annually in-house, and 3 yearly through the SC(NHS)FT Quality and Audit department. Completed guidelines and standard operating procedures are ratified through the SC(NHS)FT Clinical Effectiveness and Audit Committee. Guidelines are available on SC(NHS)FT intranet and relevant guidelines are also available publicly on the Embrace website www.embrace.sch.nhs.uk

New guidelines 2016/17:

- PPHN
- CFM Guidance
- Embrace Splenic Rupture Guideline
- Developmental Care Guideline
**Research**

Embrace promote a research culture and have encouraged the multi-professional team to collaborate on projects. A number of papers have been presented and published during 2016/17.

**Research bursary**
Award of the Sir Peter Tizard Research Bursary to Dr Bob Basu

**Publications**
*Contributor to BLISS report on national air transport*
July 2016
C Harrison

*The burden and impact of in utero transfers*
R Musson, CM Harrison

*How stressful is the Newborn Life Support airway test? An observational study*
BMJ STEL 2016;2:4 108-111
NJ Holme, CM Harrison, NB Shaw

*Considerations for infant aeromedical transport in England.*
Infant, 12(4), 118–122, 2016
I Braithwaite I, S Cox

Referral and transfer of the critically ill child
BJA Education, 16(8):253-257(2016)
D Gilpin, SW Hancock

Embracing the will to survive: developing a survival training programme for a UK-based transport service
*Infant* (13)1; 2017
D Stewart-Watson, C Vas, J Whiston, I Braithwaite, S Hancock

**Oral presentations**

Near misses and ‘Never Events’ in a combined neonatal/paediatric transport model
C Halton, C Vas, S Hancock
Retrieval 2016, Glasgow, April 2016

In-situ simulation – the public’s perspective
Self care & resilience at work,
*Neonatal Nurses Association Annual Conference, November 2016*
R Kent, J Mason

Embracing the will to survive. Developing a survival training program for a UK based transport service
*UK Neonatal Transport Group Conference, Bristol, November 2016*
D Stewart-Watson, I Braithwaite, S Hancock

**Poster presentations**

Using standardised checklists to reduce adverse outcomes from elective intubation and extubation
*BAPM Annual Meeting, September 2016*
C Harrison

Effect on delayed cord clamping on neonatal outcomes
*BAPM Annual Meeting, September 2016*
C Harrison

Investigating hypothermia in neonates: an analysis of first look and pre departure temperatures in neonates arriving at destination hospital with temperature < 36.5 degrees.
*UK Neonatal Transport Group Conference Bristol, November 2016*
N Ramjeeawon, C Vas, C Harrison

Introducing the practice of carrying controlled drugs in ambulances for neonatal and paediatric transport: legalities and logistics,
*UK Neonatal Transport Group Conference Bristol, November 2016,*
T Carolan, S Palmer, K Fletcher

Making it real- utilising simulation environments to enhance learning for critical care environments
*International Pediatric Simulation Symposium and Workshops, Glasgow, May 2016*
C Vas, S Hancock, J Whiston, I Braithwaite, B Basu

Paediatric Resuscitation and Stabilisation (PReS): A Simulation Outreach-Training Program
*International Pediatric Simulation Symposium and Workshops, Glasgow, May 2016*
C Vas, K Perring, F Motaleb, J Blythe, E Ekersley, S Cooper, S Hancock, J Perring, C Mann

Cross regional collaboration to test protocol for management of paediatric status epilepticus
International Pediatric Simulation Symposium and Workshops, Glasgow, May 2016
A Quayle, L Wilson, O Farooq, F Motaleb, J Blythe, C Vas

Simulation teaching in the development of advanced paediatric nurse practitioners
International Pediatric Simulation Symposium and Workshops, Glasgow, May 2016
C Vas, F Motaleb, J Blythe, J Longden,

The challenges of a part time nursing role within a combined infant and childrens transport service
UK Neonatal Transport Group Conference, Bristol, November 2016
R Russell-Ward

A retrospective study on the monitoring of temperature in paediatric cardiac arrests
Paediatric Intensive Care Society Annual Meeting, Southampton October 2016
A Dickens, F Rajah

Planning for the worst: testing a post-accident plan
Retrieval 2016, Glasgow, April 2016
I Braithwaite, S Hancock, R Trent

Lectures, presentations and academic

Cath Harrison
Early stabilisation and thermal control
Bukavu Hospital, Democratic Republic of Congo, January 2017

CV writing and Interview skills
Yorkshire School of Paediatrics annual meeting, York, November 2016
**Neonatal training pathway**
Perinatal Trainee Day, Royal College of Paediatrics, London, October 2016

**Session chair – QI projects**
REaSoN conference, July 2016

**Transport as a special interest**
**Training on the neonatal grid**
CSAC annual meeting, Birmingham, June 2016

**Steve Hancock**
UK aeromedical update
UK National Neonatal Transport Group Conference, Bristol, November 2016

Stabilisation and transfer of the critically ill patient
Yorkshire & Humber School of Paediatrics Annual Meeting, York, November 2016

Stabilisation and transfer of the critically ill child
Anaesthesia and Critical Care CPD Day – Barnsley, November 2016

Transport model pros and cons: amalgamated PICU/NICU model

Benchmarking of transport services

Children’s Emergency Rescue plus Q&A with Embrace
The University of Sheffield - Life: A Festival of Health from Head to Toe, April 2016

**Suzanne Palmer**
*Parent Engagement*
PICS Managers Meeting, October 2016

**Karen Spinks**
*Embrace and the transport process*
Neonatal degree students, University of Sheffield, January 2017

*What is the effect of Inhaled Nitric Oxide in the preterm, term and paediatric population during transport and what is the outcome for the patient research project*
Health Research Authority, November 2016

**Hazel Talbot**
*Preterm newborn simulation*
Yorkshire Ambulance Service, January 2017

**Session chair- simulation**
Retrieval 2016, Glasgow, April 2016
BIG lessons
SMACC, Dublin, June 2016

Ray Trent
The Work of Embrace Transport Service

March 2017 - Gawber Women’s Institute, Barnsley
February 2017 - Netherwood Advanced Learning Centre, Wombwell, Barnsley
November 2016 - Dodworth Ward Local Residents Meeting - Dodworth, Barnsley

Speaker on Community Education Programmes, Inspire the future, project supported by SCH(NHS)FT

November 2016 - Ecclesfield School, Sheffield
June 2016 - Woodsetts Primary School, North Anston, Sheffield

International and national committees and working groups

Suzanne Palmer
UK Neonatal Transport Group
PICS Nurse Manager’s Group

Steve Hancock
International Pediatric Simulation Society (IPSS) Education Committee
PICS Acute Transport Group
ALSG NAPSTaR course working group member
Air Medical Physicians Association (AMPA) Membership Committee chair
Board Member (AMPA representative) Commission on Accreditation of Medical Transport Systems - Europe

Cath Harrison
Chair of UK Neonatology College Specialty Advisor Committee for RCPCH
UK Neonatal Transport Group member
UK NTG air group chair
Member of RCPCH Invited Review Panels for UK
Lecturer for RCPCH Improving Paediatrics study days
Lead Neonatologist for Birthlink charity
Management Board Member for LTHT charity, Optin
NLS Course Director – Rotherham, Leeds
CESR advisor for GMC
Editorial Board, Infant Journal
Scientific Committee member REaSOn

**Abi Hoyle**
Paediatric Training Lead for the Defence Medical Services
Deployed Paediatrics Special Interest Group (DEPSIG)

**Fatemah Rajah**
Embrace PICANet representative
RCPCH ST3/ST4 interview panel member

**Cath Smith**
NLS Course Director

**Ian Braithwaite**
Chair The Children’s Air Ambulance Equipment User Group
DoH Nitric Oxide Tender Expert Group representative

**Claire McLean**
DoH Nitric Oxide Tender Expert Group representative

**Jenny Longden**
Programme Lead for MMedSci Advanced Paediatric Nurse Practitioner Course, University of Sheffield

**Jennifer Mason**
Sheffield Childrens Hospital NHS Foundation Trust Staff Governor
7. Education and training

The on-going education and development of all team members remains a priority for Embrace. To achieve this goal the education team have developed an education plan reflecting SC(NHS)FT, PICS, NTG and CAMTS guidance to achieve local national and international standards.

This has been a year of change for the education team as Claire Howard who worked for Embrace from its development has taken on the role of lead nurse for Neonatal Surgical Unit at SCH. Jo Whiston continues in her role and has welcomed Ian Braithwaite and Jenny Ashley to the team.

The education plan has been delivered at both a trust level in mandatory training sessions and by the Embrace education team. During 2016/17 Dr Christopher Vas and Dr Bob Basu have strengthened the team in their roles as Health Education Yorkshire & Humber Leadership Fellows with a focus on service evaluation of key performance indicators for quality improvement.
In-house Embrace education

A continued focus for the education team has been to maintain the requirements to achieve the CAMTS accreditation. Clinical procedures highlighting high risk, low frequency events remain a key part of the education plan to maintain high standards of knowledge and skills throughout the Embrace team.

The Crisis Resource Management (CRM) courses have been utilised to reinforce key standard operating procedures and develop team situational awareness and communication.

Our competency document has been revised and updated to incorporate both neonatal and paediatric national standards. Rotating Specialist Trainees all completed the new competency document, attended the SC(NHS)FT induction for medical staff as well as a two week induction programme at Embrace combining theoretical knowledge and practical skills and scenarios training and testing.

We had two new nurses start at Embrace who also completed the competency package, and attended both neonatal and paediatric resuscitation courses. They had a supernumerary period of transition from observer to independent practitioner.

Outreach education

Members of the Embrace team from all disciplines have delivered regional outreach education in the form of talks, small group teaching, in situ simulation and OSCE’s covering the Embrace process, reviewing data and clinical cases. We have had an increasing number of observers visit and accompany the transport team from nursing specialities, anaesthesia, emergency medicine, neonatal and paediatric backgrounds.

Members of the Embrace team also provide their time and expertise to teach on accredited life support and resuscitation courses regionally, nationally and internationally.
- European Paediatric Life Support (EPLS)
- Advanced Paediatric Life Support (APLS)
- Neonatal Life Support (NLS)
- Advanced Trauma Life Support (ATLS)
- Paediatric and Infant Critical Care Transport (PICCTS)
- Paediatric and Neonatal Safe Transport and Retrieval (PaNSTaR)
- Sheffield Children’s Advanced Trauma (CAT)
- Generic Instructor Course (GIC)
- Advanced Resuscitation of the Newborn Infant (ARNI)

Embrace continues to work closely with the Neonatal and Paediatric Operational Delivery Networks to assist with the delivery of regional training relating to transport.

**Link nurse days**

We held three link nurse days over the year providing a platform for education and discussion for all nurses involved with resuscitation, stabilisation and transfer of neonates and children. These were well attended and are an ideal way to share information and learn. The days also provide a forum for clinical governance issues to be discussed and allow direct feedback to Embrace to help develop our service.
8. Embrace in the news

22 July 2016

The Star

Sheffield Ambulance Service head honoured by the Queen

Solihull Observer

Childrens Air Ambulance unveils purchase of two new helicopters to help save the lives of the UK’s youngsters

8 September 2016

Harrogate Advertiser

Incredible bravery of three years old Oscar from Knaresborough.

12 April 2017

Louth Leader

Louth couple’s even to thank causes that helped their son Ellis.
9. Work in progress for 2017/18

A number of projects are underway at Embrace for the year 2017/18

- Working towards our CAMTS reaccreditation in October 2017
- Introducing a new database which will allow national key performance indicators and other data points to be fed directly into national audit projects
- Increased research involvement with University colleagues, other transport teams and national programmes
- Analysis of the Ground and Air Medical Transport qUality Transport (GAMUT) data to assess potential improvements in the service
- Securing access to a flight incubator
## 10. Appendices

### Appendix 1

**Embrace aeromedical utilisation data 2016/7**

<table>
<thead>
<tr>
<th>2016 - 2017</th>
<th>Neonatal Team</th>
<th>Neonatal Patient</th>
<th>Paediatric Team</th>
<th>Paediatric Patient</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repatriation</td>
<td>19</td>
<td>3</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Planned</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Emergency</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td><strong>Acuity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low dependency</td>
<td>18</td>
<td>2</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>High dependency</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td><strong>Reason</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>ENT/Airway</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Metabolic</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Neurology</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Post Treatment Return</td>
<td>19</td>
<td>3</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Prematurity</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Respiratory</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Trauma</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td>41</td>
</tr>
<tr>
<td><strong>Mode</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotary</td>
<td>8</td>
<td>17</td>
<td>3</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Fixed Wing</td>
<td>6</td>
<td></td>
<td>2</td>
<td>8</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operator</th>
<th>YAA</th>
<th>SAR</th>
<th>TCAA</th>
<th>CEGA</th>
<th>IAS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>12</td>
<td>0</td>
<td>25</td>
<td>7</td>
<td>3</td>
<td>47</td>
</tr>
<tr>
<td>2015/16</td>
<td>8</td>
<td>3</td>
<td>32</td>
<td>6</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>2016/17</td>
<td>11</td>
<td>3</td>
<td>19</td>
<td>8</td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>
Appendix 2
Embrace organisational chart and team profile

Associate Clinical Director Surgery & Critical Care Division SC(NHS)FT – Mr Prasad Godbole

Associate Director Surgery & Critical Care Division SC(NHS)FT – Jim Butler

Clinical Nurse Manager, Paediatric Critical Care & Embrace – Claire Harness

Embrace Lead Nurse – Suzanne Palmer

Embrace Lead Consultant (Neonates) – Dr Cath Harrison

Embrace Lead Consultant (Paediatrics) – Dr Steve Hancock

Locality Manager YAS – Andrew Flavell
Appendix 3
Embrace staff profile

The Embrace team that delivers this front line service consists of:-

- Consultants from specialist backgrounds in Paediatric and Neonatal Critical Care who are skilled and experienced in managing the medical care of very sick infants and children

- Specialist Trainee doctors who rotate from the regional paediatric rota; these doctors bring with them general paediatric experience and they leave with enhanced skills in triage, leadership, stabilisation and transfer to take back to the regional hospitals

- Nursing staff who have come from both neonatal and paediatric critical care backgrounds so have vast skills and experience in caring for critically ill babies & children

- Call handlers and a call centre manager to ensure that the telecommunications system runs smoothly; the call handlers provide a professional and reassuring first point of contact

- Yorkshire Ambulance Service (YAS) drivers; Embrace is an integrated team and the drivers play a key part ensuring the transfers are safe and efficient
Appendix 4
Embrace staff list 2016/17

Consultants
Dr Steve Hancock  Dr Cath Harrison  Dr Jessica Oldfield
Dr Fatemah Rajah  Dr Hazel Talbot  Dr Cath Smith
Dr Sam Wallis  Dr Abi Hoyle  Dr Dan Gilpin

Specialist trainees
Dr Helen Holroyd  Dr James Blythe  Dr Khaleel-ur Rahman
Dr Victoria Dachtler  Dr Abigail Callender  Dr Rob Ferguson
Dr Davinder Singh  Dr Suvradeep Basu  Dr James Farrant
Dr Liz Wilbraham  Dr Ameen Shamsudeen  Dr Lindsay Lewis
Dr Louise Jordan  Dr Tamanna Williams  Dr Aimee Foster
Dr Amelia Shaw  Dr Anne Bean  Dr Eihab Abou-Ehid
Dr Kalwa Munthali

Lead nurse
Suzanne Palmer

Clinical nurse educators
Jo Whiston  Ian Braithwaite  Jenny Ashley

Advanced nurse practitioners
Karen Spinks  Sheila Hands  Jan Hervo
Rose Kent  Nia Evans  Sally Courtney
Helen Doyle  Lydia Whiteman (trainee)  Jo Chubb (trainee)

Senior transport nurses
Jo Sharpe  Tracey Carolan  Louise Crabtree
Ann Jackson  Michelle Pearsall  Karen Fletcher
Claire Mclean
**Transport nurses**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Clay</td>
<td>Emma Gilpin</td>
<td>Jennifer Dive</td>
</tr>
<tr>
<td>Hayley Smith</td>
<td>Charmaine Hamer</td>
<td>Natalie Webb</td>
</tr>
<tr>
<td>Paul Rokhar</td>
<td>Francois Brearley</td>
<td>Louise Kay</td>
</tr>
<tr>
<td>Catherine McNeilly</td>
<td>Rebecca Russell-Ward</td>
<td>Victoria Phillips</td>
</tr>
<tr>
<td>Rebecca Thompson</td>
<td>Justine Redhead</td>
<td></td>
</tr>
</tbody>
</table>

**Call centre manager**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ray Trent</td>
</tr>
</tbody>
</table>

**Call handlers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audrey Pike</td>
<td>Jesssica Butler</td>
<td>Jessica Medlam</td>
</tr>
<tr>
<td>Stacey Harwood</td>
<td>Sheila Holland</td>
<td>Deborah Newbould</td>
</tr>
<tr>
<td>Louise Roper</td>
<td>Jennifer Mason</td>
<td>Amy Stephenson</td>
</tr>
</tbody>
</table>

**Administrative support**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louise Pymer</td>
<td>Julie Smith</td>
</tr>
</tbody>
</table>

**YAS drivers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Howarth</td>
<td>Steve Holmes</td>
<td>Sally Mitchell</td>
</tr>
<tr>
<td>Steve O’Marr</td>
<td>Paul Summerscales</td>
<td>Paul Vickers</td>
</tr>
<tr>
<td>Lisa Walledge</td>
<td>Sally Levitt</td>
<td>Dan Douglas</td>
</tr>
<tr>
<td>Pete Fox</td>
<td>Lee Boyes</td>
<td>Julie Coddington</td>
</tr>
<tr>
<td>Fiona Thornton</td>
<td>Richard Eaton</td>
<td>Paul Fidler</td>
</tr>
</tbody>
</table>