South Central Ambulance Service NHS
NHS Foundation Trust

PRIVATE AND CONFIDENTIAL
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8th February 2018

Our reference: PFD/RRA/TCT

Dear Mrs Harold

Further to your report dated 27th November 2017 following the inquest into the sad death of Rafe Robbie Angelo, please now find our response to your concerns below.

'Discretion of SCAS call handlers if time critical factors are mentioned but birthing centre staff do not actually request a time critical transfer is requested.'

As you are aware, the Standard Operating Procedure (SOP) in place at the time of the request from Blake Birthing Centre was dependent on the Midwife making the call and requesting a "time critical transfer" (TCT). This request would invoke the TCT SOP and prioritise the call so that it will take priority over any other incoming call to the Emergency Operations centre. This priority of call would also mean that a Dispatcher would divert a resource away from another Category 1 call in the community (e.g. paediatric respiratory / cardiac arrest) to respond to this event should there be no other suitable resource available.

Following your report, we have reviewed the SOP and updated it so that any Health Care Professional (HCP) requesting an Inter-facility transfer (i.e. Hospital or Birthing Unit) who asks for an emergency / immediate response will now be asked "Do you require a Time Critical Transfer?" Due to the known risks associated with obstetric cases, Midwives will be asked whether the case is time critical when they call from a patient's home as well as a standalone birthing centre. If the HCP answers positively then the Emergency Call Taker (ECT) will prioritise the call using the TCT pathway and will process the call as a Category 1 response. This questioning will act as a prompt to the HCP and ensure that where a patient is for example in a hospital where treatment cannot be given for their condition, such as requiring transfer to Hyper-acute stroke unit (HASU), the resource will be allocated in line with their condition. If the request is being made through a third party, they will be instructed to ask the HCP directly if a TCT is required.

The new Standard Operating Procedure and Clinical Directive has been sent to all staff in the Emergency Operations Centre. A mail drop will also be issued to all Emergency Departments and Birthing units across the South Central Area to remind all HCP's of the correct process to request a Time critical transfer.

'Clarification of what would be classified as urgent / non-urgent or an emergency in the transfer policy'

It is not possible to provide an exhaustive list of diagnoses and circumstances that would or would not be classified as a time critical transfer due to the complex nature of medical care. However, as above, the ECT who is taking the call will now be speaking to a clinician and will ask the

clinician whether the case is time critical. This is designed to ensure that the appropriate response is provided to the patient. As you will recall, the issue in the index case was that neither party involved in the call was clinically trained; with one party also being unfamiliar with the TCT process.

The Trust has provided the below list of diagnoses and circumstances as a guide to EOC staff. ECT's are also instructed that if they do not understand what the medical condition is, assistance must be gained from the Clinical Support Desk.

- Primary or rescue cardiac angioplasty (PCI)
- Vascular emergencies – ruptured abdominal or thoracic aortic aneurysm or aortic dissection / transection
- Immediate cardiothoracic surgery for stab / gunshot wound or emergency cardiac surgery
- Major trauma management (e.g. transfer of severely injured patient to a regional major trauma centre)
- Paediatric sepsis when retrieval service is not available
- Neurosurgical transfer for evacuation of inter-cranial haematoma, management of sub-arachnoid haemorrhage or neurosurgical intensive care
- Transfer from midwifery Led Unit to Obstetric Delivery suite for fetal or neonatal distress / anti-partum or post-partum haemorrhage or maternal or neonatal medical emergency
- Stroke - Eligible for thrombolysis or mechanical thrombectomy (if not provided on site)

To ensure that TCT requests are made by clinicians and are made in appropriate circumstances, as well as the mail drop described above, requests for inter-hospital TCT's will now be audited by SCAS and feedback will be provided to acute Trusts and commissioners when there is a discrepancy between the information provided when the request was made and the clinical condition of the patient when SCAS arrive. This is because it is important to ensure that SCAS resources are used appropriately and are not diverted from medical emergencies in the community unnecessarily. This process will also identify at an early stage occasions where re-education or further engagement with acute Trusts is required.

'Consider where the "Use of Standby Points" policy needs to be refreshed to make it clearer and more consistent'

In response to this point, the Trust has reviewed the said policy and amended section 7.13 which previously read:

7.13 Staff requests for facilities will be accommodated and honoured where reasonable; these will be at the most locally Trust recognised star facility in the area, unless specific requirements for welfare create a need to return to another suitable location: for example change of uniform or health requirements. A request for facilities use and welfare is a shared staff and EOC responsibility.

to confirm that it will not be considered reasonable to request the use of facilities where a crew has been dispatched to a Time Critical or Category 1 call. I understand that Miss Saunders has already informed you that making changes to this policy requires a review by staff union representatives in addition to senior members of the operational team. The final review will take place on 13th February 2018 and we will of course forward a copy of the amended policy to you once it has been finalised.

I hope that this letter has addressed your concerns, but please do come back to me if you wish to discuss this matter further.

Yours sincerely

Will Hancock
Chief Executive Officer