South Central Ambulance Service NHS
NHS Foundation Trust

PRIVATE AND CONFIDENTIAL

Northern House,
7 - 8 Talisman Business Centre,
Talisman Road,
Bicester,
Oxfordshire,
OX26 6HR
Tel: 01869 365 000

Mr Tom Osborne
Senior Coroner for Milton Keynes,
Civic Offices
1 Saxon Gate East
Central Milton Keynes
MK9 3EJ

2nd September 2019

Dear Mr Osborne

Re: Inquest Touching on the Death of William Vickers

Thank you for your report dated 26th July 2019 and for giving SCAS the opportunity to work with you regarding your concern.

To confirm, your concerns relate to the provision of radios to private provider colleagues and assigning a paramedic to attend incidents within a prison environment. I will respond to your concerns separately below. I will also provide you with details of the work we are undertaking with our local prisons as part of this response.

1. Provision of radios to private provider staff

The airwave radio system used by SCAS, and NHS Ambulance Trusts nationally, is governed by strict licence conditions. I have included a copy of the 'Airwave Code of Practice – NHS Ambulance Service Profile' with this letter. The licence terms (copied below) dictate that any private provider using the radio system must have their own licence.

'5.2 TEA2 Sub-Licencing

Before an organisation can procure, use or handle any Airwave Service radio terminals, it is required to hold a valid TEA2 Sub-Licence which is a 'confidentiality and restricted usage undertaking'.

*It is a mandatory requirement that all individual organisations with a business requirement to handle and/use Airwave within the context of the Ambulance Radio Programme, must hold their own TEA2 sub-licences. This includes each Ambulance Trust, Air Ambulance providers (e.g. Bond and Medical Aviation Services), St John Ambulance, British Red Cross, equipment maintainers/suppliers **and private companies** used for Patient Transfer Services etc. This is managed by and carried out through the Airwave Accreditation Secretariat which also has the facility to provide ambulance Trusts with a list of relevant sub-licensees in each area'*. (Our emphasis added).

Under section 7.4.3 of the licence, we are permitted to temporarily loan a radio to another organisation for a particular incident. However, the licence is clear that this cannot be for a period over 28 days.

'7.4.3 Loaning Radio Terminals

Under the terms of the Airwave Public Safety Radio Licence issued by OFCOM, organisations can temporarily loan terminals provided that:

- *It is for the purposes of carrying out public safety functions during a particular incident (i.e. for public safety related coordination and communication) and not for 'business as usual' public safety functions; and*
- *The duration of the loan should not exceed twenty-eight (28) days, subject to compliance with the requirements of section 7.4.3.2',*

For private provider crews to have permanent access to the radio system, they must apply for a licence for their own organisation and procure the radio equipment. Following receipt of your report, we will ensure that the private provider firms that we work with are aware of this option so they can consider whether it is an option they would like to pursue.

However, it is important to note the following:

a. The Airwave coverage contract for emergency services guarantees coverage in outdoor roadside locations. It does not guarantee coverage in a building or vehicle. As such the ambulance vehicle should always be in coverage but coverage is not guaranteed for handheld portable radio devices.
b. The Airwaves radio system is due to be replaced by the Emergency Services Network critical communications system which will make radio use within emergency services obsolete. The initial intention of the Home Office was for this to be in place by the end of 2019. We understand this has now been postponed until 2022 due to unexpected difficulties surrounding the technology available.

2. <u>Skill set of crews sent to an emergency within a prison.</u>

As you will be aware, there are a number of different operational job roles within the prehospital environment. These include Specialist Paramedics, Paramedics, Ambulance Technicians and Emergency Care Assistants. Nationally there is a shortage of Paramedics which means that it is not feasible for us to guarantee a Paramedic is part of a crew on every resource.

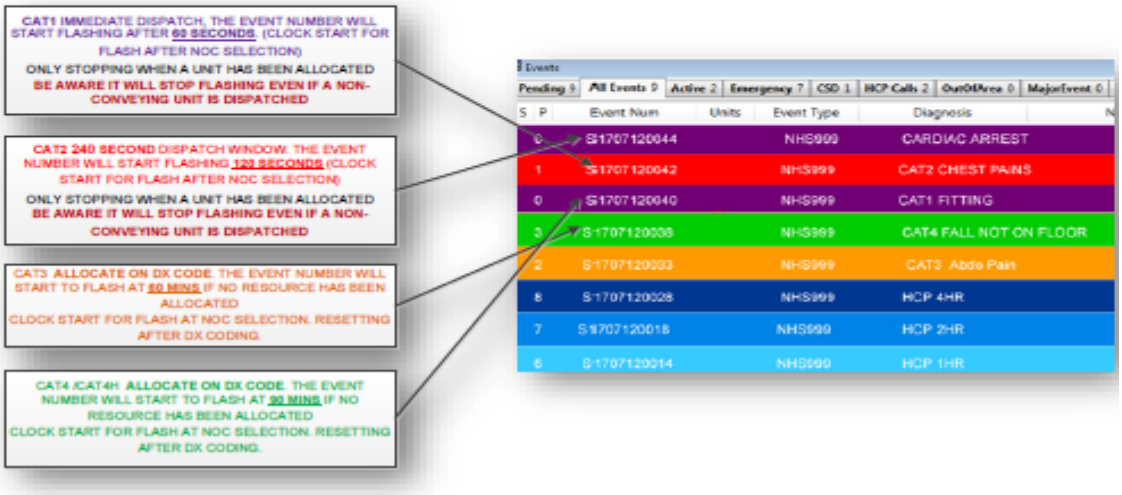
When we receive an emergency call, it is really important that we receive accurate information regarding the patient's condition to ensure that we are able to triage the call appropriately. This is something which will be expanded on further below in the section on the work we are undertaking with our local prison services. It is not appropriate for the location of the incident to be included as part of the triage; the focus must be on the clinical condition of the patient. Therefore, we are unable to provide a different response to a call for help just because the location is a prison.

To offer you assurance that a Paramedic will always be dispatched to attend immediately life-threatening incidents, within our standard operating procedures, there is already a specification for a paramedic crew to be sent to all patients who are in cardiac or respiratory arrest (see below).

Paramedic Backup / Diverting Resources

EDs must ensure that paramedic skills are dispatched immediately in response to a cardiac/respiratory arrest, (adult or paediatric) regardless of the distance and type of other resources already dispatched.

Fig 5-3-2: Event Warning Alerts



Paramedic back up must always be dispatched to the following conditions:

- ✓ Fitting and not breathing Category 1 response + Paramedic backup
- ✓ Fitting with ?agonal breathing Category 1 response + Paramedic backup
- ✓ Fitting effective breathing Not Verified >35yrs Category 1 response + paramedic backup
- ✓ Fitting during Pregnancy Category 1 response + Paramedic backup
- ✓ Fitting and diabetic Category 1 response + Paramedic backup
- ✓ Fitting breathing not verified <35yrs Category 1 response + paramedic backup

This will only apply if there is not a Paramedic on the initial vehicle dispatched.

In times of high call volume / limited resource, the EOC clinician will support EDs by determining the highest clinical priority of an event within a call category. At all times, the clinician must document fully within the I/CAD event log the full rationale for the decision. An example could be when 2 simultaneous calls are received within the same category and geographical area with only

1 resource to dispatch. The clinician will assess the events and support the ED to allocate a resource to the event with the higher clinical risk.

EDs must consider diverting a double crewed ambulance (DCA) which is en route to back up the first arriving SCAS resource e.g. RRV (or specialist paramedic), if they are the nearest and most timely resource to a Category 1 and 2 event. The ED must liaise with the first arriving SCAS resource at scene and advise that back up has been diverted. The clinical needs of the patient must be established for the clinician on scene to determine the level of response required for the patient.

It is possible that the first attending resource to a time critical event will not have a Paramedic on board if they are the closest available resource to the incident scene. However, a Paramedic will always be dispatched to attend along with them. This is to ensure that there is not a delay in a resource arriving with the patient if a Paramedic crew has a further distance to travel to the incident location.

Collaboration between SCAS and our local prison services

As part of the review we are undertaking with our local prisons, we are facilitating a fixed process regarding call triaging, access to the prison and retention of our personnel's operational radios and mobile telephones. I will detail each point separately below.

1. Call triage

   As detailed above, it is vital that we receive the correct information regarding a patient's condition to ensure that an appropriate triage can take place. Within a prison setting, it is often someone within their control room which undertakes the call to the ambulance service based on a code they have been provided with by prison staff at the patient's side. Unfortunately, their coding of a 'red' or 'blue' emergency is lacking the information required for an accurate and appropriate triage to take place. This is also often the only information that the caller has regarding the patient's condition. As an example, the criteria for a code 'red' prison emergency is a prisoner who is either bleeding heavily, has sustained a severe burn or has a suspected fracture. Whilst a fracture may be painful and does require emergency medical treatment within a hospital environment, it is not a time critical event which requires an immediate ambulance dispatch. In comparison, significant bleeding or substantial burns do require an urgent response.

   The work we are completing will ensure that an accurate account of the medical emergency and the patient's condition will be provided by the caller to ensure the appropriate response is provided. In the case of Mr Vickers, the person making the call was telephoning from the prison control room. Importantly, the caller was unaware of whether the patient was breathing and conscious. The only information they were able to provide was that he was a male prisoner and the incident was a code blue which indicated a possible fit or potential breathing difficulties. This resulted in a category 2 disposition requiring an ambulance response within 18 minutes. If the caller had been aware that Mr Vickers was unconscious and was not breathing, a category 1 disposition would have been reached which would have ensured a Paramedic was allocated to attend the incident.

2. Access to the prisoner (patient).

   Our joint working agreement will also ensure that the ambulance crew will be provided with timely access to their patient. To assist the prison with their security protocols, we will aim to provide the prison with the call sign of the resource and the number of staff on board. The call sign is visibly displayed on the outside of a resource and staff will be instructed to have their NHS photographic ID cards ready to show prison gate staff. The provision of the vehicle call sign will enable gate staff to recognise that the vehicle is expected and requires emergency access to the prisoner.

3. Operational radios and mobile telephones

   The joint agreement will seek to ensure that ambulance staff can keep their operational radios and work mobile telephones with them whilst they attend to the prisoner. This is to ensure that they have the ability to contact our control centre directly as well as being able to access their clinical guidelines via the Joint Royal Colleges Ambulance Liaison Committee mobile app. As detailed above, radio coverage is not guaranteed within the prison building so their mobile telephones may be required to contact our control centre. In addition, access to the guidelines via their mobile telephone is vital to ensure that the correct treatment and / or medication and doses of medication are provided to the patient.

   Historically crews had access to the guidelines via a pocket book which they carried on their person. With the advance of technology, these are now provided to them via a mobile app. The benefit of the app is that any updates or changes to specific topics of the clinical guidelines can be released and made available to crews almost instantaneously. Our internal clinical memos and directives are also available to our crews via the mobile app.

We will ensure that the memorandum of understanding produced will apply to our private provider colleagues undertaking work on our behalf.

I hope this response has addressed your concerns. However, we would like to offer you the opportunity to meet with our Clinical Governance Leads, who are working with our local prisons, and our Head of Communications / Lead Airwave Advisor to discuss these matters with you further. If you would like to accept this offer, please ask your office to liaise with Jennifer Saunders to arrange a convenient time for a meeting to be held.

Yours sincerely

Will Hancock
Chief Executive

Enc. Airwave Code of Practice – NHS Ambulance Service Profile