



## Urgent Transport Vehicle (UTV) Policy

### Contents

1	Statement of Aims and Objectives.....	2
2	Principles .....	2
3	Model of Care.....	3
4	Deployment.....	4
5	Start of Shift Procedure .....	6
6	End of Shift Procedure.....	6
7	Additional Considerations .....	6
8	Definitions .....	6
9	Responsibilities .....	7
10	Monitoring.....	7
11	Audit and Review.....	7
12	Data Privacy Impact Assessment .....	8
	Data Privacy Impact Assessment Form .....	9



## **1 Statement of Aims and Objectives**

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is responsible for transporting patients to definitive care as appropriate. When performing this role, not all patients are in a life-threatening condition requiring an independent clinician led emergency Double Crewed Ambulance (DCA). Many patients are assessed by a Health Care Professional and deemed to require high quality care, support and transport, delivered by trained staff.

To ensure that appropriate transportation is supplied to meet individual patient needs, the Trust will utilise Urgent Transport Vehicles (UTVs) to convey suitable patients. The use of UTV will ensure that emergency DCA vehicles are available for patients who are in a life-threatening condition and/or require clinical interventions during transportation.

All front-line operational and Emergency Operations Centre (EOC) staff must ensure they are aware of and understand this document, including its impact on the day-to-day operations of the Trust.

## **2 Principles**

UTV supports the principles of the Ambulance Response Programme (ARP) which aims to allocate the most clinically appropriate response to patients to meet their individual needs.

UTV improves the Trust's response to higher acuity patients by ensuring emergency resources are protected to attend life-threatening calls.

UTV crews will utilise a frontline emergency ambulance equipped as per the Trust Standard Load List.

UTVs are identified on the Computer Aided Dispatch (CAD) system in EOC by the Resource Dispatcher changing the 'resource type' to 'UTV' for the duration of the shift.

UTVs will be crewed by Emergency Care Support Workers (ECSWs) and/or Trainee Associate Ambulance Practitioners (TAAPs). At least one ECSW or TAAP on the crew must have completed a minimum of six months operational experience to be able to work together.

Paramedics, Associate Ambulance Practitioners (AAPs), and Technicians will not be routinely rostered to work on the UTVs to ensure the most efficient use of the clinical workforce.

Paramedics, Technicians and AAPs may be rostered to work on a UTV in exceptional, pre-agreed circumstances, for example, during a phased return to



work, an agreed change to working pattern or a period of restriction to duties/practice. This will not change the nature of the vehicle. The purpose of UTV is to promote high-quality, appropriate, and timely care and transport for patients who have been assessed by a Healthcare Professional (HCP) and deemed to require urgent transport to or between a healthcare facility, with no or minimal clinical interventions other than recognition of gross deterioration and Immediate Life Support (ILS) if necessary.

UTV also supports patients who have been deemed as requiring unequivocal urgent transport through remote triage where a category 4 response is the selected outcome.

### **3 Model of Care**

UTVs are deployed to patients who have had their care needs assessed as unlikely to deteriorate or require clinical interventions during transport.

Routine clinical observations (including 3-lead ECG monitoring where appropriate) can be undertaken whilst the patient is being transferred. UTV crews will attend to the care needs of the patient. When red flags are identified, UTV crews should manage the patient in line with their scope of practice and request clinical support.

When a UTV crew requires additional advice or support, appropriate backup should be requested via the Resource Dispatcher or clinical advice sought from the Urgent Care Hub or Critical Care Desk. UTV crews may choose to expedite transport to hospital if this will provide more timely care for their patient.

UTV crews can utilise audible/visual warning devices and exemptions for a 'blue light' transfer if this is requested by the hospital or there is unexpected deterioration during the journey.

UTV crews must operate within their scope of practice, irrespective of any request from another health care professional.

UTV transport may be requested by a HCP following a remote or face to face clinical assessment. The requesting HCP should clearly communicate a chief complaint, the patient's care needs and receiving facility when transport is requested.

The clinical care of any patient that needs transferring between facilities remains the responsibility of the hospital. Where ongoing treatment is required (for example, an infusion pump) or where there is a high risk of deterioration during transport, it is the responsibility of the hospital to provide an appropriate escort.



## Deployment

### Requests from SECamb clinicians undertaking remote clinical consultation / prioritisation

UTVs may attend any incident where an appropriately authorised SECamb clinician has undertaken a remote clinical consultation and decided that the patient requires simple/unequivocal urgent ambulance transport, with no clinical intervention en-route. Such incidents should be downgraded to a '**Non-Emergency Ambulance Response (Category 4)**' disposition to indicate suitability for UTV deployment.

Clinicians undertaking clinical prioritisation of the dispatch waiting list or remote clinical assessment can consider utilising a UTV to expedite transport for patients (of any category) for whom a delay in attendance from a DCA would potentially lead to deterioration. These patients must have received a remote clinical consultation to confirm suitability of UTV transport (including a clear need for transportation), with appropriate notes added to the incident instructions and CAD notes. The clinician should flag the incident to the relevant dispatcher or dispatch team leader to recommend dispatch of a nearby UTV resource.

### Requests from clinicians on scene

**Grade 1 back up requests.** UTV resources can be deployed where the request is for additional resources, e.g., to make up numbers at a cardiac arrest (chest compressions) or urgent transport requests e.g., STEMI for pPCI. In these cases, there must be a Paramedic on scene, who will retain clinical primacy and must travel with the patient if transported.

**Grade 4 'Delayed Conveyance'** (1-hour) transport requests from Health Care Professionals (HCPs) working within the Trust, who have undertaken a face-to-face patient assessment. This will predominantly apply to requests from Paramedics working on a Single Response Vehicle (SRV) or Double Crewed Ambulance (DCA), however may also include other clinical grades (NQPs, Associate Ambulance Practitioner and Ambulance Technician) with joint decision making from a registered HCP in EOC (e.g. Clinical Supervisor, Mental Health Practitioner or Urgent Care Practitioner) or Urgent Care Hub (e.g. Paramedic Practitioner).

### Requests from Health Care Professionals outside SECamb

**HCP Level 3 (within 2-hour) and HCP Level 4 (within 4-hour) Admissions/Transports** where a community-based Health Care Professional (e.g. GP, community nurse or midwife) has assessed the patient and deemed that the patient requires urgent transport to a healthcare facility. For most cases, the booking HCP is likely to have assessed the patient face-to-face and determined that they are suitable for UTV. There may however be occasions when an HCP has not seen the patient face-to-face and has requested urgent admission/transport based on recent history and patient interactions, if this is not "as given" advise should be requested by either the Urgent Care Hub or Critical Care desk UTV Crews should not routinely challenge a HCPs decision to admit.



**IFT Level 3 (within 2-hour) and IFT Level 4 (within 4-hour) Inter-Facility Transfers** between healthcare facilities. NB - SECAmb is only commissioned to transfer patients between facilities for escalation of care., Any 'routine' patient transfers that are not for escalation of care, that require no clinical interventions or monitoring, should be undertaken by the hospitals own Patient Transport Service (PTS).

**HCP and IFT Level 3 (within 1-hour) cases for Mental Health Admissions/Transfers** such as Section 135, Section 2 or Section 3 where the patient is being admitted or transferred to a mental health facility.

**Routine cases** (no timeframe) – such as humanitarian assistance for patients at End-of-Life, e.g. where a patient needs moving from one room to another within their home address. Note that many routine cases will not require the patient to be transported, therefore do not constitute 'clinical care' and thus can be completed within the ECSW scope of practice (i.e. there is no referral or discharge being undertaken).

**Category 4 (C4)** non-emergency ambulance dispositions (within 3 hours) reached by an Emergency Medical Advisor (EMA) through NHS Pathways. NB - UTV resources can provide manual handling, basic interventions (such as Entonox and splinting) and transport for C4 cases.

#### **Rendering aid**

UTVs may be deployed as the nearest available resource to Category 1 incidents for **confirmed or suspected cardiac arrest**. UTVs will not be used to attend other Category 1 incidents. Where a Category 1 disposition changes to a lower priority after telephone triage, the UTV must be stood down if not already arrived on scene.

#### **Scope of Practice for Staff Working on UTVs**

The Trust Scope of Practice and Clinical Standard Policy outlines the skills and interventions that staff may carry out autonomously. This authority covers the following aspects:

- Decision to undertake the skill or intervention (i.e. deciding that the patient needs to have their observations undertaken)
- Undertaking the actual skill/intervention (e.g. pulse oximetry)
- Monitoring the response to an intervention or interpreting the result of a test (e.g. utilising the patient monitor)
- Acting upon the results (e.g. administration of oxygen)



## **5 Start of Shift Procedure**

UTV crews will book on-duty with EOC via the Mobile Data Terminal (MDT). The crew will contact the Resource Dispatcher (RD) for their Dispatch Desk via Airwave radio to confirm shift times and UTV status as per normal procedure.

The RD will show UTV out-of-service on the Computer Aided Dispatch (CAD) system, available for Category 1 (C1) incidents only. The RD will check for UTV incidents pending and allocate.

## **6 End of Shift Procedure**

UTV resources should be returned to their own Dispatch Desk for the last two hours of their shift. Within the last two hours of shift, UTV resources can be deployed to relevant incidents within their own Dispatch Desk. Dispatch teams should work collaboratively with UTV resources and identify suitable incidents that will not knowingly contribute to a resource having a late finish. Normal end of shift arrangements will remain in place for the last one hour of the shift.

## **7 Additional Considerations**

Any issues or delays regarding UTV deployment must be documented in the incident notes and a DIF-1 completed.

Only In exceptional circumstances (e.g. a declared Major Incident or Business Continuity Incident) the Strategic Commander may amend the use of UTVs.

Equipment carried on UTVs is the same as the standard load list for all DCAs. The only difference is found in the skill mix, scope and allocation of the crew. Drugs bags should be allocated to the vehicle, checked to ensure they are in date and locked in the secure cupboard at the start of the shift, following usual guidance.

## **8 Definitions**

UTV - Urgent Transport Vehicle

EOC – Emergency Operations Centre

HCP – Health Care Professional

RD – Resource Dispatcher

MDT – Mobile Data Terminal

CAD – Computer Aided Dispatch

ARP – Ambulance Response Programme.

DCA – Double Crewed Ambulance



SRV – Single Response Vehicle

GP – General Practitioner

DIF-1 - Datix Incident Form

## 9 Responsibilities

- The **Chief Executive Officer** has ultimate responsibility for deployment of resources.
- The **Associate Directors of Operations** are responsible for managing this procedure.
- The **Operating Unit Managers** are responsible for implementing this procedure.
- The **Operations Managers** are responsible for monitoring and auditing this procedure.
- **Operational Team Leaders** are responsible for local operational implementation and dissemination to clinicians.
- **EOC staff** are responsible for the day-to-day application of this policy when dispatching resources to incidents

## 10 Monitoring

East/West Operating Unit Managers will be responsible for auditing this policy, although this responsibility can be delegated to an appropriate manager at each Operating Unit.

Internal audit tools such as info.secamb and Datix will be used to ensure good utilisation and no patient safety issues have been highlighted.

Any patient safety concerns will be recorded via Datix and will be investigated by an appropriately trained investigator, with any learning outcomes shared.

## 11 Audit and Review

- Usage of UTV will be reviewed regularly by the Operations Leadership Team.
- Following the introduction of the UTV Procedure, a review will be conducted at the following frequencies with any issues highlighted and used to make any changes needed to the processes involved in their use:
  - Following the first day of deployment.
  - After one week of use.
  - At the one-month stage.
  - A formal review is to be completed at six months.
- Notwithstanding the specifics above, all policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.





- Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

## 12 Data Privacy Impact Assessment

If you are not required to undertake a Data Privacy Impact Assessment (DPIA), please delete this section. If a DPIA is required, this guidance should be deleted from your policy and the completed DPIA form retained within the document.

To establish whether you need to undertake a DPIA, work through the following screening questions. Answering 'yes' to one or more indicates the need for a DPIA. If one is needed, advise the Information Governance Team ([information.governance@secamb.nhs.uk](mailto:information.governance@secamb.nhs.uk)) that you are conducting one and they can provide full guidance and support. Even if a substantial DPIA is not necessary, we should still conduct a legal compliance check against the Data Protection Act (DPA) or Privacy and Electronic Communications Regulations (PECR) where appropriate.

- Will the policy and procedure involve the collection of personal information about individuals?
- Will the policy and procedure compel individuals to provide information about themselves?
- Will personal information be disclosed to organisations or people who have not previously had routine access to it?
- Will you be using personal information for a purpose it is not currently used for?
- Does the policy and procedure involve you using new technology that might be perceived as being privacy intrusive? For example, the use of biometrics, facial recognition, CCTV, etc.
- Will the change result in the Trust making decisions or taking action against individuals in ways that could have a significant impact on them?
- Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? I.e. Information defined as sensitive personal data under the Data Protection Act (ethnicity, race, criminal history, health, political views, religious views, sexual life, trade union membership) or other information that people would consider being private, e.g. bank account details.
- Will the policy and procedure require you to contact individuals in ways that they may find intrusive?





### Data Privacy Impact Assessment Form

<b>Data Privacy Impact Assessment Reference Number:</b> (Request from the Information Governance Team)		DPIAYYYY/XXXX	
<b>Project / Initiative / Service Name:</b>			
<b>Organisation department:</b>			
<b>Individual responsible for completing the DPIA:</b>	<b>Name:</b>		
	<b>Job Title:</b>		
	<b>Date:</b>		
<b>Overview:</b> (Summary of the proposed change)			
<b>Planned go-live date:</b>			

No.	Question	Response
1	Will person-identifiable data (staff or service user) be collected?	
2	What data will be collected?	
3	Why is it being collected?	
4	Who is the 'owner' of the data?	
5	Does the project involve multiple organisations? (Give details)	
6	Will the data collected be stored electronically or on paper?	
7	Where will it be stored?	
8	What measures are in place to ensure the data remains secure? (technical and/or physical)	
9	Have patients/users/staff been informed of the changes which may affect their data?	



No.	Question	Response
10	If applicable, have service users been asked to consent for the collection/sharing of their data?	
11	Are there any new or additional reporting requirements for this project?	
12	Are there audit trails in the system?	
13	Will staff be trained in how to collect information or use the system?	
14	Will any information be transferred outside the organisation?	
15	If so, are information sharing agreements in place?	
16	What processes are in place to allow service users access to their data? What processes are in place for removal/destruction of data when it is no longer needed?	
17	If the project should stop, are plans in place for how information will be retained/archived/transferred?	

**Stage 1 Authorisation: Information Asset Owner**

*Confirmation of ownership of the privacy risks and treatments identified in this document with any comments / recommendations for further reduction of privacy risk.*

<b>Reviewed by:</b>		<b>Date reviewed:</b>	DD/MM/YY

**Stage 2 Authorisation: Information Governance Manager (or delegate)**

*Confirmation that the DPIA is sufficient to address privacy risks and compliance with relevant legislation.*

--	--	--	--



<b>Reviewed by:</b>		<b>Date reviewed:</b>	DD/MM/YY

<b>Stage 3 Authorisation: Senior Information Risk Owner (SIRO) / Committee / Board</b> <i>Confirmation that the DPIA is sufficient to address privacy risks and compliance with relevant legislation.</i>			
<b>Noted by:</b>		<b>Date noted:</b>	DD/MM/YY
<b>Publication date:</b>	DD/MM/YY	<b>Webpage:</b> (URL)	