

## **Interrupted Care/Delayed Conveyance Procedure**

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## **1 Scope**

- 1.1. This procedure describes the process for arranging routine conveyance following initial attendance, appropriate clinical assessment and management plan. This is intended to allow resources to stand-down from the scene of 999/111 calls, whilst awaiting another resource to convey the patient to an appropriate care facility.
- 1.2. The aim of this procedure is to allow the Trust to safely manage care for patients in a more strategic way by minimising the over-resourcing of incidents, by scheduling transport within a short-defined timescale, and by using the most appropriate grade of staff matched to the patient's clinical needs.

## **2 Procedure**

### **2.1. Operational Arrangements:**

#### **2.1.1. Standing down and booking delayed transport**

- 2.1.2. All SECAmb clinical staff at Experienced Paramedic (Band 6) level and above are authorised to arrange scheduled transport for their patients who meet the criteria for delayed conveyance.
- 2.1.3. Newly Qualified Paramedics (NQPs) (Band 5) are only authorised to arrange scheduled transport for their patients if shared decision-making has taken place with a senior clinician.
- 2.1.4. Although the patient will be conveyed at a later stage, Paramedics and Specialist/Advanced Paramedics must follow any relevant guidance in the non-conveyance procedure.
- 2.1.5. The decision to arrange a delayed conveyance must take in to consideration the patients best interest. If the initial attending resource is capable of meeting the patient transport needs relevant to the condition the patient should be conveyed in the first instance. Ensuring the patient is not adversely affected in reaching definitive care or treatment.
- 2.1.6. A delayed conveyance is predominantly for incidents initially attended to by a single response vehicle (SRV) or solo responding double crewed ambulance (DCA), with a view for an urgent transport vehicle (UTV) to be the conveying resource.
- 2.1.7. For those incidents where the initial response is a community falls team (CFT) e.g Community First Responder (CFR) or Fire and Rescue Services, The CFT flowchart/guidance must be followed.
- 2.1.8. **Transport arrangements:**
  - 2.1.8.1. The patient must be conveyed and arrive at an appropriate care facility within the agreed timescale set by the clinician on scene. The timeframe

for conveyance should reflect the patient's clinical condition. For example, a patient attended overnight could be considered for conveyance in the morning if appropriate.

- 2.1.8.2. Delayed transports will be undertaken under the original incident and not rebooked as an HCP Admission journey.
- 2.1.8.3. The agreed scheduled transport time can be shortened by agreement but not extended. The clinician who stood down cannot subsequently be asked for extra time on the journey.
- 2.1.8.4. If the attending resource fails to arrive within the agreed scheduled transport time, the Duty Dispatch Team Leader will review and if necessary task an emergency transport response and document rationale including any shared decision making.
- 2.1.9. **Clinical Arrangements:**
  - 2.1.9.1. The patient must be deemed safe to leave and be in an appropriate setting.
  - 2.1.9.2. The patient must have a recognised and recorded clinical presentation which is not expected to progress/worsen within the agreed timescale.
  - 2.1.9.3. An example of a suitable patient would be a patient with a possible scaphoid fracture which has been immobilised and treated with oral analgesia.
  - 2.1.9.4. An example of an unsuitable presentation would be abdominal pain, the origin of which is un-established and could indicate serious or life threatening pathology, such as an aortic aneurysm. Even when the patient is currently stable.
  - 2.1.9.5. When considering leaving the patient while awaiting conveyance, the clinician must have considered and ruled out any red flags relevant to the presentation. Shared decision making is strongly recommended
  - 2.1.9.6. Complete relevant clinical documentation, evidencing appropriate assessment has been undertaken. This will include a Patient Clinical Record (PCR) or Electronic Patient Clinical Record (ePCR) and any additional continuation sheets or other documents that are relevant.
  - 2.1.9.7. A care plan must be documented for the scheduled transport crew to follow. This should include, rationale for admission, observations required (within the scope of practice of the scheduled transport crew) and any specific care instructions (i.e. patient positioning, oxygen requirements, observation requirements).
  - 2.1.9.8. An ePCR case must be left open for the attending transportation resource to access and record any relevant information through their patient

interaction. If using paper documents, the PCR must be left with the patient for the attending crew. The PCR must not be separated or any part retained by the clinician standing down.

- 2.1.9.9. Complete relevant baseline observations and ensure that the values are within a range appropriate to make delayed conveyance safe. The patient must have a low NEWS2 score, with no single observation measuring at 3, documented on the ePCR or PCR
- 2.1.9.10. Ensure immediate treatments have been applied or considered (i.e. non-parenteral analgesia and/or limb splintage).
- 2.1.9.11. Give the patient and/or family/carers explicit documented instructions of what to do if the patient deteriorates. This must include advice to call 999 if their condition worsens or the agreed time of the scheduled transport crew passes.
- 2.1.9.12. Ensure the patient has capacity to understand and agree the plan of care. This must include an understanding that that their transport will be arriving after the clinician has left. If the patient lacks capacity, an appropriate carer must be informed and understand the plan.
- 2.1.9.13. No patient should be left in moderate or severe pain, or with significantly abnormal clinical observations.
- 2.1.9.14. Liaise with EOC to advise that a scheduled conveyance is required. Clinicians must not stand down until EOC confirm a scheduled transport resource will be available to undertake the transport within the required timescale.
- 2.1.10. **Requesting Appropriate grade of transporting resource**
  - 2.1.10.1. When considering the grade of crew to undertake the transport to a care facility, the scope of practice of the resource must be taken into account.
  - 2.1.10.2. Paramedics and Specialist/Advanced Paramedics will seek to use the lowest appropriate clinical grade of escort, following the UTV vehicle policy where suitable . This promotes the availability of appropriate crews to attend subsequent 999 callers who require paramedic intervention.
- 2.2. **EOC Arrangements:**
  - 2.2.1.1. EOC will undertake the following actions:
  - 2.2.1.2. In the event that an UTV crew has been unable to attend the incident within the given timeframe and, it is clear for delayed transport journeys the scheduled transport or other resource will not get to the patient within the agreed timescale, the next available resource will be sent.
  - 2.2.1.3. In the case of journeys which have exceeded the stated response time a Clinical Safety Navigator must be informed and a welfare call must be made in the interest of patient safety. This action will never be used to

extend the agreed transport time, however where deterioration is identified a clinician should upgrade the response as required.

- 2.2.2. The incident notes must be maintained with any relevant dispatch delays.

### **3 Responsibilities**

- 3.1. The Consultant Paramedic Urgent and Emergency Care is responsible for managing this procedure.
- 3.2. The **Operating Unit Managers** are responsible for implementing this procedure.
- 3.3. The **Consultant Paramedic Urgent and Emergency Care** and the **Operating Unit Managers** are responsible for monitoring and auditing this procedure.
- 3.4. **Operations Managers** and **Operational Team Leaders** are responsible for local operational implementation and dissemination to clinicians.
- 3.5. **All staff responsible for arranging and delivering patient care** are expected to follow this procedure in the interest of patient safety.

### **4 Audit and Review (evaluating effectiveness)**

- 4.1. All scheduled delayed transport incidents will be recorded on the CAD system.
- 4.2. This procedure will be reviewed every 3 years or sooner if new legislation, codes of practice or national standards are introduced.
- 4.3. Any adverse incidents will be treated according to the Trust reporting procedures, and this procedure will be reviewed in light of any complaints or Serious Incidents arising as a result of delayed conveyance.
- 4.4. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 4.5. 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).
- 4.6. 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.
- 4.7. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

## **5 Financial Checkpoint**

- 5.1. This document has been confirmed by Finance to have no unbudgeted financial implications.

## **6 Equality Analysis**

- 6.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 6.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.