



Interrupted Care/Delayed Conveyance Procedure

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Scope

- 1.1. The protocol describes the operational systems, patient safety and clinical governance arrangements which will allow resources to stand-down from the scene of 999 calls whilst awaiting another resource to convey a patient who has been assessed to an appropriate care facility.
- 1.2. The aim of this protocol 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.
- 1.3. The arrangements for Paramedic Practitioners (PPs) to make referrals and subsequent transport requests are outside the scope of this protocol. PPs booking routine transport for patients should follow the NET vehicle policy.
- 1.4. Healthcare Professional (HCP) calls requesting ambulance transfer to hospital are not in scope of this procedure.

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Responsibilities

- 2.1. The Consultant Paramedic Urgent and Emergency Care is responsible for managing this procedure.
- 2.2. The **Senior Operations Managers** and **Senior Operations Managers (Distribution)** are responsible for implementing this procedure.
- 2.3. The **Consultant Paramedic Urgent and Emergency Care** and the **Senior Operations Managers (Distribution)** are responsible for monitoring and auditing this procedure.
- 2.4. **Operations Managers** and **Operational Team Leaders** are responsible for local operational implementation and dissemination to clinicians.
- 2.5. **Paramedics** and **Specialist Paramedics** are responsible for following this procedure to ensure that patient safety is promoted.

3

Procedure

- 3.1. **Operational Arrangements:**
- 3.2. **Standing down and booking delayed transport**



3.2.1.1. 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.

3.2.1.2. 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 more senior clinician.

3.2.1.3. Paramedics and Specialist Paramedics (Paramedic Practitioners (PP) and Critical Care Paramedics (CCP)) are authorised to stand down under this protocol.

3.2.1.4. Although the patient will be conveyed at a later stage, Paramedics and Specialist Paramedics must follow any relevant guidance in the non-conveyance procedure.

3.2.2. **Transport arrangements:**

3.2.2.1.1. The patient must be conveyed and arrive at an appropriate care facility within the agreed timescale set by the clinician on scene. This will not usually exceed 2 hours, but longer timeframes can be requested where clinically justifiable. For example, a suitable patient with a possible scaphoid fracture at 03:00 AM could wait until 09:00 to attend for xray.

3.2.2.2. Delayed transports will be undertaken under the original incident and not rebooked as an HCP Admission journey.

3.2.2.2.1. 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.

3.2.2.2.2. If the attending resource fails to arrive within the agreed scheduled transport time, the Duty Dispatch Team Leader will task an emergency transport response and review via the "EOC Manager comments" in the incident via info.secamb

3.2.3. **Clinical Arrangements:**

3.2.3.1. The patient must be deemed safe to leave, and those with capacity must agree with the plan. For those who lack capacity an appropriate carer must agree with the decision, and must give assurance that they will remain with the patient until scheduled transport arrives.

3.2.3.2. All patients or carers must be left with clear documented guidance about how to escalate in the event of worsening of symptoms.

3.2.3.3. The patient must be in an appropriate setting and not in a public place/outdoors.



- 3.2.3.4. The patient must have a recognised and recorded clinical presentation which is not expected to progress/worsen within the agreed timescale.
- 3.2.3.5. No patient should be left in moderate or severe pain, or with abnormal clinical observations.
- 3.2.3.5.1. An example of a suitable patient would be a patient with a possible scaphoid fracture which has been immobilised and treated with oral analgesia.
- 3.2.3.5.2. 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. This holds even when the patient is currently stable.
- 3.2.3.6. When considering leaving the patient while awaiting conveyance, the clinician must do the following:
- 3.2.3.6.1. Refer to the **Red Flag Guidance** to ensure that any clinical red flags are considered and ruled out.
- 3.2.3.6.2. Complete full and detailed clinical documentation, which will include a Patient Clinical Record (PCR) and any additional continuation sheets or other documents in the document set. Non conveyance forms are not required. This must be done to ensure that the patient has been appropriately and comprehensively assessed.
- 3.2.3.6.3. A care plan must be documented for the scheduled transport crew to follow. This may include serial observations (within the scope of practice of the scheduled transport crew) or specific care instructions (i.e. patient positioning)
- 3.2.3.7. 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.
- 3.2.3.8. Complete relevant baseline and serial observations and be satisfied 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 PCR.
- 3.2.3.9. Provide a formal diagnosis or differential diagnosis for the patient.
- 3.2.3.10. Ensure immediate treatments have been applied or considered (i.e. non-parenteral analgesia and/or limb splintage).
- 3.2.3.11. Give the patient and/or family/carers explicit documented instructions of what to do if the patient deteriorates. This must



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include advice to call 999 if their condition worsens or the agreed time of the scheduled transport crew passes.



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- 3.2.3.12. Ensure that the patient understands the plan of care and that their transport will be arriving after the clinician has left, or if the patient lacks capacity, that an appropriate carer understands this information.
- 3.2.3.13. 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.
- 3.2.4. **Requesting Appropriate grade of transporting resource**
 - 3.2.4.1. 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. The following considerations must be documented on the PCR and stated as being appropriate for the planned resource:
 - 3.2.4.1.1. Any monitoring or observations required en-route
 - 3.2.4.1.2. Complexity of condition of patient
 - 3.2.4.1.3. Requirement of oxygen therapy
 - 3.2.4.1.4. Whether the patient(s), if they were to deteriorate, could be identified and managed by the grade of escorting clinician.
 - 3.2.4.2. Where possible, paramedics and Specialist Paramedics will seek to use the lowest appropriate clinical grade of escort, following the NET vehicle policy wherever appropriate.. This promotes the availability of appropriate crews to subsequent 999 callers who require paramedic intervention.
 - 3.2.4.3. The clinician will document their responses to the criteria in Appendix 1 when considering arranging delayed or lower grade transport to a care facility.
- 3.3. **Distribution Arrangements:**
 - 3.3.1. EOC will undertake the following actions:
 - 3.3.1.1. EOC will not send scheduled transport resources to 999 calls.
 - 3.3.1.2. Where a clinician proposes to leave the patient whilst awaiting transport, EOC will check that the patient meets the criteria according to the questions in Appendix 2. The response from the crew will be entered into the incident notes.



- 3.3.1.3. EOC will not allow the initial resource to stand down unless a scheduled transport resource has been identified that can undertake the journey within the required timescale
- 3.3.1.4. Where it is clear that 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 and a Clinical Supervisor will call the patient back to ensure they are comfortable and not deteriorating. This action will never be used to extend the agreed transport time.
- 3.3.2. The Clinical Supervisors will take an active role in monitoring incidents where the initial response has stood down. Dispatchers will inform the Clinical Supervisors of all incidents where this protocol is enacted.
- 3.3.3. The incident notes must be maintained and any narrative given by the clinician leaving the patient must be entered in the notes.
- 3.3.4. Incidents where the patient is awaiting delayed/scheduled transport which exceed the agreed time will automatically receive an emergency response from an emergency ambulance. Scheduled transport resources will not be used in these situations.

4 Audit and Review

- 4.1. All scheduled delayed transport incidents will be recorded automatically by infoman, based on call-sign information and will be included in the daily EOC report.
- 4.2. Scheduled transport incidents will be reviewed by the Consultant Paramedics for the initial 3 months of the protocol going live, to audit clinical appropriateness and compliance with agreed process.
- 4.3. Specifically, the following parameters will be monitored:
- 4.3.1. Instances where the grade of delayed crew was inappropriate (reported by the crew, care facility, patient, carers/family)
- 4.3.2. Instances where scheduled transport journeys exceed the agreed time frame, and report of profile of delays.
- 4.4. Instances where the patient deteriorates and/or a subsequent emergency response is made.
- 4.5. A monthly report with an agreed data set as above will be submitted by the Clinical Development team to the Medical Director.
- 4.6. This protocol will be reviewed every 3 years or sooner if new legislation, codes of practice or national standards are introduced.



4.7.

After the initial 3 month review period, the senior operations leadership team will review scheduled transports via automated reports and commission any required audits. These will be sent to the Medical Director on a six-monthly basis. Any further requests by the Medical Director for specific reports or investigations will be treated as a priority and be the responsibility of the SOM.

4.8.

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.

4.9.

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.

4.10.

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).

4.11.

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.

4.12.

All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

5 Equality Impact Analysis

5.1.

The Trust has undertaken an equality impact analysis to identify the impact this procedure may have on disparate groups. No adverse impacts were identified and no action plan has been developed as a result.

5.2.

The appraisal will be reviewed six months following publication of the procedure to ensure that no unforeseen equality issues arise as a result of the procedure.

5.3.

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.



5.4.

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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.

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Appendix 1.

Red Flag Considerations for Delayed Conveyance.

This list is not exhaustive. Ensure you have thoroughly examined your patient.

Respiratory

- Difficulty in breathing
- Painful breathing
- Altered physiology on auscultation or percussion

Cardiovascular

- Chest Pain
- Central penetrating injury
- ECG changes
- Postural hypotension
- Bleeding from mouth or throat
- Facial or neck swelling
- Lacerations with uncontrolled bleeding
- Hot, painful calf

General considerations

- Patient in public place
- Patient not safe to be left
 - Morphine given
- Severe mental health problem
 - High pain score
- Does the patient have capacity?

Neurological

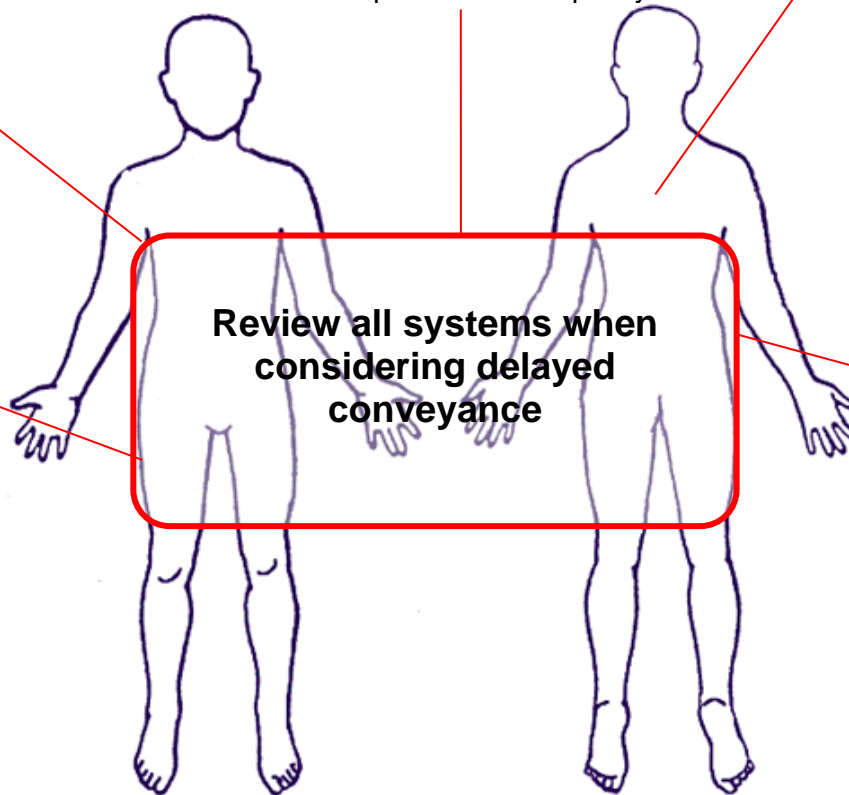
- Severe headache
- Head injury (except minor scalp wound)
 - Period of unconsciousness
- Visual disturbance (caution with migraine sufferers)
- Any parasthesia/numbness
 - CVATIA

Abdominal & GU problems

- Labour with contractions increasing
- Retention of urine with worsening pain
 - PR/PV bleeding

Orthopaedic and trauma

- Long bone fractures
- Non weight bearing hip pain
- Non immobilised possible fractures of wrist or hand





Appendix 2

- 5.5. Questions which must be considered and documented when requesting a delayed conveyance:
- 5.5.1. Has the patient agreed to you booking scheduled transport and standing down?
 - 5.5.2. Has the patient capacity to agree with the plan? If not is there an appropriate carer to agree with the plan and who will remain with the patient?
 - 5.5.3. Has the patient/family/carers been given clear instructions as to what to do if the patient deteriorates?
- 5.6. If the answer to one of the above questions is 'no', then the patient is not to be subject to interrupted care/delayed conveyance.
- 5.6.1. Is the patient suitable for transport/care from a lower acuity crew, such as PTS or voluntary aid services?