## ITT SCHEDULE 1 – SPECIFICATION

**A. Service Specifications**

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| Summary Service Specification & Quality Monitoring | |
| Service | To provide call handling services for the management of referrals for advice and critical care transfer for Southwest Neonatal Advice and Retrieval (SoNAR), Wales and West Acute Transport for Children, Retrieve Adult Critical Care Transfer Service, Bristol Extracorporeal Membrane Oxygenation (ECMO) Service and Paediatric major trauma service across Peninsula and Severn regions (to note WATCh also covers South Wales). |
| Period | Three years: 01/08/2024 – 31/07/2027, with the option to extend for one year (3+1) (01/08/2027 – 31/07/2028).  The contract will be reviewed during year two to ensure that it is efficient and remains fit for purpose. As a result of this review, amendments to the contract may be required, e.g., to account for advancements in digitalization processes. |

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| 1. Purpose |
| * 1. **Aims & Objectives**   The aim of the South West Critical Care Transfer Services call handling service is to receive and direct calls to the appropriate service using a call cascade to triage emergency, urgent and scheduled transfer requests 24 hours per day, seven days per week, 365 days per year for Neonatal (SoNAR), Paediatric (WATCh), Adult (Retrieve), Bristol Extracorporeal Membrane Oxygenation (ECMO) Transfer Services and the Paediatric major trauma service1. These five services receive a range of requests, varying from clinical advice on treatments and stabilisation to requests for patient transfers to and from hospitals in the South West and for paediatric transfers, additionally South Wales. The call handling service ensures that patients who require critical care, benefit from remote expertise and effectively coordinated transfer care, when required.  The call handling provider will receive and direct requests for advice and/or transfers according to processes that will be developed, agreed and implemented with the clinical service leads for the respective services – different processes will be required for each. In order to deliver this service the call handling provider is required to supply both the system and the staff to answer, manage and direct the calls. An example of current practice for each service is provided in Appendices 1-5. Currently these requests are made via a telephone call which must be recorded. There are plans that will be actioned within the time frame of this contract to implement a digital referral platform, although this will not eliminate telephone calls. The call handling provider must also therefore be able to interact with such a platform in addition to call handling. The call handling service will also be required to manage and record further conference calls between the referring Trust, the Clinical Services, and the receiving Trust as necessary for ongoing patient management, again this requires both the system and the staff to manage the calls.  Objectives of the call handling service provider:   * + To provide a call-handling service that meets this specification which will be embedded within the Contract for the management of all advice/transfer call activity associated with Neonatal, Paediatric, Adult, ECMO and Paediatric Major Trauma patients requiring critical care advice and/or transfer.   + To provide accurate and timely information on all contacts (digital and/or telephone calls) managed as per this service specification (5.5 below).   + To digitally record all telephone calls undertaken by all services and ensure these are accessible. |
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*1Throughout the remainder of this document for simplicity SoNAR, WATCh, Retrieve, ECMO and Paediatric Major Trauma who provide the clinical services to support patient transfers will be referred to as the Clinical Services. These are the core users of this service.*

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| 2. Scope |
| * 1. **Extent of Service Delivery**      + The call handling service provider will provide a communications system and staff to manage telephone calls for all contacts between referring hospitals, receiving hospitals and the Clinical Services and, as necessary, within and between the clinical teams of the Clinical Services and their leadership teams.      + The location of beds/cots within the UK for patients requiring transfer will be managed within the individual clinical transfer service but will require additional call/digital communications volume to that presented within number of referrals data. This activity will be included in this contract with the call handling service provider being responsible for the provision of the necessary communication platforms. The activities undertaken by the call handling service provider is an administrative service and does not require clinical qualifications. However, the call handling service provider staff should have a basic understanding of the Clinical Services as it will involve communicating and facilitating discussions between clinicians – appropriate briefing and educational material will be made available to the provider. |
| 3. Service Delivery |
| * 1. **Service Provision**      + The service is to be delivered 24 hours a day, 7 days per week (including bank holidays), 365 days per year.      + The service must have robust business continuity arrangements to ensure the Clinical Services are always contactable and able to continue to deliver their respective services.      + The service will deliver the Key Performance Indicators (KPIs) as specified in point 5.5 of this document.      + If there are any issues regarding service delivery, a senior manager from the Clinical Services is to be notified immediately upon knowledge, and a Recovery Action Plan must be provided within 12 hours of this notification with full service restoration by 48 hours. |
| 4. Referral/Access |
| * 1. **Who can use the service?**   Any clinical organisation (usually an acute NHS Trust) who wishes to seek medical advice from the Clinical Services and/or refer a critically ill or injured patient for interfacility transfer, or any member of the Clinical Services requiring a recorded voice telecommunications system to contact a colleague within their service, in a sister service, or a clinician within another acute NHS Trust (including the statutory ambulance service).   * 1. **Location of Service Delivery**   Due to the critical and sensitive nature of the services, it is expected that this service is provided from an office base which has secure and reliable internet and telephony connection, with appropriate system redundancy. The call handling service provider’s premises must include adequate physical security measures to ensure Information Governance requirements can be met with regards to sensitive patient information passed through their telephony suite as part of delivery of this contract. The call handling service provider must be based in the UK with any data storage being located in the UK or EU.   * 1. **Days / Hours of Operation**   The call handling service provider must deliver activity against this contract on a 24-hour basis, 365-days of the year, including bank holidays.   * 1. **Staffing**   The call handling service provider is required to provide suitably qualified and skilled staff who have adequate knowledge of the operating principles of the Clinical Services to deliver against the levels of activity as set out in Appendix 6 below. The call handling service provider is expected to provide sufficient levels of staffing to operate the service at all times of the day and night, including flexibility and surge capacity to manage and respond to any planned or unplanned surge activity, and cope adequately with sickness or absence within its own staff without compromise to delivery against the contract. |
| The call handling providers staffing will be comprised of   * Senior Manager (for oversight of contract delivery and KPI performance) * Service Lead (accountable for day-to-day service delivery and available to manage any issues) * Call handlers (in sufficient numbers to manage calls)   1. **Referral Route**   The contract will require the call handling service provider to be able to accommodate contacts to the Clinical Services both by telephone and digital platforms. It is anticipated that digital referral processes will become more mainstream in the duration of this contract although the impact on calls to the Clinical Services is unclear. The call handling service provider may be required to input data into the Clinical Service(s) electronic patient record or digital referral system in the future.  Each of the Clinical Services described in Section 1.1 will specify their preferred route of communication for incoming contacts. This may differ depending on the urgency and nature of the contact and may differ between each of the five Clinical Services. The preferred route of contact will be agreed in writing by each Clinical Service with the call handling service provider and may be revised by the Clinical Services as their operations evolve. The call handling service provider will facilitate onward communications to the specific Clinical Service(s).  The current referral routes and processes are identified in Appendices 1-5 of this specification, although it is expected that these will change due to digital enablers and will be regularly reviewed by the call handling service provider, the Clinical Services and the purchaser (University Hospitals Bristol and Weston NHS Foundation Trust) to ensure they are still relevant, efficient and fit for purpose.   * 1. **Verification, Logging and Recording of referrals**      1. **Logging of Referrals**   All systems used must be secure data systems located in the UK or EU, that will facilitate pertinent information regarding the request to be recorded from an operational and clinical audit perspective. Examples of information to be logged include (but not limited to);   * + Date and Time call received   + Source of contact (name of caller, hospital, professional title, contact details)     1. **Recordings of contacts**   All telephone calls must be audio recorded and securely and safely stored so that they can be easily accessed, reviewed and retrieved by authorised personnel for a number of years following the referral in line with NHS Records Retention Policy (currently 25 years from when the record was created). These records may inform any legal process, complaints or quality concerns that arise at any time up until 25 years following the records creation, including after expiry of this contract.  Access to call recordings must be carefully controlled and an auditable record of access and download maintained. An electronic process for access to call recordings (e.g., via a secure web-based facility) must be provided to authorised senior members of the Clinical Services for the purposes of quality assurance, audit, staff training and investigations of incidents and complaints.  Call recordings and patient identifiable data must not be shared with unauthorised personnel.  **4.6.3 Outgoing calls**  The Clinical Services are required to make outgoing calls to the referring teams and to coordinate speciality input. Approximately 14,000 outgoing calls are made per year and the provider will need facilities that support these calls similar to those required for incoming calls. |

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| 5. Quality Requirements and Monitoring | | | | | | |
| * 1. **Applicable Standards**   The Provider must be registered with the relevant regulator(s) (e.g. Ofcom, Information Commissioners Office) and shall inform the Clinical Services senior management of any restrictions on that registration.   * 1. **Policies and Procedures**   The call handling service provider shall ensure that it adheres to the policy and procedures which are set out within the Contract in line with national and local guidance, and they should be reviewed on a regular basis. Examples include but are not limited to:   * + - Information Governance     - Data protection     - Risk, Incident and Complaints Management     - Serious Incident Management     - Environmental Policy, including an Environmental Management System     - Staff health and wellbeing     - Significant event auditing     - A robust and detailed Business Continuity Plan covering all aspects of service provision   1. **Audit**   There may be a requirement to undertake / participate in other ad-hoc audits in order to support and/or improve service delivery.  The service must be robustly managed and supervised. In line with good employment practice and NHS standard practice, it is essential that the service is able to meet the following local standards:   * Staff receive a regular appraisal (at least annually) where competencies are reviewed and professional development is maintained. * Staff have basic operational knowledge of the Clinical Services and are appropriately trained to ensure safe and competent delivery of this service specification and receive training ‘refreshers’ as appropriate. * Staff have relevant clinical knowledge and information to understand the significance of the tasks placed before them. * Staff are appropriately trained in the required call cascade processes for each Clinical Service   The call handling service provider shall promote innovative practice that leads to improved quality, safety and outcomes and will have suitable arrangements in place for quality assurance and clinical audit of the service they are providing.  The call handling service provider shall be required to meet with the Clinical Services senior teams monthly at Contract Delivery Meetings (CDMs) (or as per agreed Terms of Reference) to discuss contract delivery and on an ad-hoc basis to discuss any concerns or issues raised relating to the delivery of this service.  The call handling service provider may also be asked to provide additional information which may be required by the Department of Health or NHS England. 5.4 Incidents, investigations and response timesThe call handling service provider will respond to requests for information within agreed timescales – e.g. in relation to requests for call recordings, investigation etc. 48 hours. **5.5**   * 1. **Key Performance Indicators** | | | | | | |
|  | **Performance Indicator** | **Threshold** | **Method of Measurement** | **Consequence of Breach** | **Reporting** |  |
|  | **Call handling: Activity Related** | | | | |  |
|  | Calls offered are to be physically answered by a human within 20 seconds  (35 seconds inclusive of the IVR message) | ≥ 99% | Of the total calls offered, the number and % of calls which were physically answered by a human within 20 seconds.  (calls answered within 20 seconds / total calls offered =  %) | Exception report where indicator not met | Monthly data provided and reviewed by the Purchaser and Clinical Services at CDMs |  |
|  | Abandoned call rates not to exceed 5% of the calls offered per month.  (Abandoned defined as caller ends call) | 5% | Of the total calls offered, the number and % of the calls abandoned  (Calls that are abandoned / total calls offered = %) | Exception report where indicator not met | Monthly data provided and reviewed by Purchaser and Clinical Services at CDMs |  |
|  | **Call handling: Service / Quality Elements** | | | | |  |
|  | Calls to be monitored and audited as a learning exercise and outputs, learning and actions implemented to  be shared | 2% of calls per month | 2% of calls answered to be reviewed | Exception report where data not available | Through CDMs |  |
|  | All occurrences to be recorded and reported concerning;   * Complaints   from referring units, or transfer services   * Concerns (resolved through informal discussion) * Compliments | 100% |  | Exception report where data not available | Through CDMs |  |
|  | Report of any interruption to service impacting on provision of 24/7 service | 100% | Major interruptions reported to Purchaser and Clinical Service leads as they occur | Exception report | Through CDMs |  |
|  | Report of any occasion where incidents or problems have arisen as a consequence of  unclear pathway processes | 100% | Monthly data provided | Exception report | Through CDMs |  |
|  | Report on call handling staffing numbers in post, vacancies, sickness, training and any impact on service provision.  Outcomes, learning and actions implemented to be shared. | 100% | Monthly data provided | Exception report where data not available | Through CDMs |  |
|  | Review experience of Clinical Services utilising the service with outcomes, learning and actions to be implemented  shared | =>85%  satisfaction rate to be achieved | Twice annually | Exception report where data not available | Through CDMs |  |
| The monthly Data and Information required includes (but is not limited to);   * number of calls into the Clinical Services (separated into each service) * number of calls out from each Clinical Service (separated into each service) * start time for each call received * time for call handler to answer each call * time to connect caller to clinical team * length of call | | | | | | |

## Appendices 1 - 6

The *current* referral routes for non-digital referrals are identified in the Appendices of this specification, although it is expected that these may change due to digital enablers and will be regularly reviewed by the call handling service provider, the Clinical Services and the Purchaser to ensure they are still relevant, efficient and fit for purpose.

Should it be necessary to amend any processes or pathways following a review, all stakeholders are required and expected to collaborate fully and transparently in order to implement the changes promptly.

# Appendix 1 – Neonatal critical care transfers and call handling process

## Background

The Southwest Neonatal Advice and Retrieval Service (SoNAR) provides 24/7 routine and emergency transport for infants and preterm babies between the 12 hospitals in the Southwest Neonatal Operational Delivery Network (SWODN). There are occasions where these transfers are into, or out of the SWODN. SoNAR is also responsible for giving and coordinating clinical advice between specialist teams and the referring partners. These calls will often include multiple additional specialists.

There are two transport team bases. The coordinating centre and North Base is in Bristol and the South Base is at Derriford Hospital in Plymouth. As well as coordinating referrals for advice and transport, there will be a volume of calls between the two sites which may need both teams to be included in the referral calls.

## Referrals into the Service

Referrals can be made by clinicians from any of the hospitals within the region, for clinical advice, referrals for emergency / planned transports or requests for availability of Neonatal Intensive Care Unit cots.

## Hospitals in the operating region

Bristol Royal Hospital for Children

Southmead Hospital, Bristol

Royal United Hospital, Bath

North Devon District Hospital, Barnstaple

Royal Devon and Exeter Hospital

Gloucester Royal Hospital

St Michael’s Hospital

Derriford Hospital, Plymouth

Great Western Hospital, Swindon

Musgrove Park Hospital, Taunton

Torbay Hospital

Royal Cornwall Hospital, Truro

Yeovil District General Hospital

## Out-going call categories:

Follow up advice

Transport planning

Cotline data capture

Conservatively, this call volume represents approximately 6,000 calls per year.

According to our current data, average call length is 8 minutes, though there is significant variation in this.

## SoNAR Process

## Incoming calls

* Primary calls through the SoNAR referral line will be answered by the Call handler, who will need to record the caller’s details (caller name, role, contact number (mobile and unit telephone numbers)
* The call handler will connect the caller to the clinical transport team.
* If the call handler is unable to connect the call to the on duty clinical team, they will work down an agreed escalation list of contacts until they connect the caller to someone who can give appropriate clinical advice.
* The call handler should remain on the line so that they are able to add additional parties to the call.
* The SoNAR Clinical team will make the decision as to whether or not the patient requires transfer.
* If the patient is accepted for transport and the transport team is available to transfer the patient the team will get ready to mobilise.
* The SoNAR clinicians may request the Call handler to connect with different hospital units to assist them with locating a bed for the patient.
* The Call handler will record all conversations and who is involved onto a secure database.

## Out-going calls

These are calls originating from the SoNAR clinical team to follow up cases to get clinical updates following advice giving, and to inform subsequent planning. The Call handler may be required to facilitate these follow-up phone calls and conference calls to enable clinical advice giving and advanced decision-making. These calls should all be recorded.

# Appendix 2 – Paediatric critical care transfers and call handling process

## Background

Wales and West Acute Transport for Children (WATCh) serves approximately 1.5 million children within South West England and South Wales, providing 24-hour support for 25 hospital sites.

This includes the transfer of:

* Children less than 16 years of age, presenting with critical illness in South Wales and South West England to the regional PICUs in Bristol and Cardiff;
* Critically-ill children undergoing planned transfer for specialist opinion, investigation or treatment in regional or supra-regional centres, including London, Birmingham, Leicester and Newcastle;
* Critically-ill children requiring transfer between the regional PICUs in Bristol and Cardiff;
* Back-transfer of children from PICU and HDU to their referring centres within South West England and South Wales.
* Transfer of children with both high dependency care needs and who require tertiary specialist input to designated high dependency beds within the Children’s Hospital for Wales / Bristol Royal Hospital for Children; to include specialist burns care and cardiac surgical assessment or management.
* In exceptional circumstances, and at the discretion of the receiving Trust’s unit, transfer of children and young adults over the age of 16 years, presenting in South Wales and South West England, who due to their specialist needs require critical care in a tertiary paediatric setting and are under formal transitional care arrangements.
* Transfer of children from a critical care unit in South West England or South Wales for palliative care at a regional hospice or to home.

The transport teams are based in Bristol.

WATCh routinely runs up to two acute transport teams during the day (07.30-23.00) and one at night 7 days a week. Occasionally an extra transport team (nurse delivered and/or medically led) is mobilised above these numbers in relation to winter pressures or surge.

## WATCh Consultants

WATCh is covered 24 hours a day by a dedicated Paediatric Transport Consultant who is solely on duty for WATCh. They will take referrals from any hospitals in the region covered (South West England and South Wales).

## Referrals into the Service

Referrals may be made by clinicians in any of the regional district general hospitals for advice or uplift of care into Paediatric Intensive Care (PICU) or Paediatric High Dependency (pHDU) units. They may also be received from our tertiary centres (Bristol Royal Hospital for Children and Noah’s Ark Children’s Hospital for Wales) for repatriation into their local hospital or to home or hospice for palliative care. The service also receives requests for transport or bed-finding from other regional transport services.

## Hospitals in the operating region

**South West England:**

Bristol Royal Hospital for Children

Southmead Hospital, Bristol

Royal United Hospital, Bath

North Devon District Hospital, Barnstaple

Royal Devon and Exeter Hospital

Gloucester Royal Hospital

Cheltenham General Hospital

Derriford Hospital, Plymouth

Great Western Hospital, Swindon

Musgrove Park Hospital, Taunton

Torbay Hospital

Royal Cornwall Hospital, Truro

Weston General Hospital

Yeovil District General Hospital

**South Wales:**

Noah’s Ark Children’s Hospital, Cardiff

Bronglais General Hospital, Aberystwyth

Princess of Wales Hospital, Bridgend

Glangwili Hospital, Camarthen

The Grange Hospital, Cwmbran

Withybush Hospital, Haverfordwest

Royal Glamorgan Hospital, Llantrisant

Prince Charles Hospital, Merthyr Tydfil

Morriston Hospital, Swansea

Singleton Hospital, Swansea

Conservatively, this call volume represents approximately 5,500-6,000 calls per year.

According to our current data, average call length is 30 minutes, though there is significant variation in this.

## Call handling Process

## Conference Calls

There are many times when the Call handler will be asked to add additional people into conference calls. The original two parties will continue to be connected whilst the Call handler conferences in additional parties.

## WATCh Process

* WATCh is available to take referrals for advice and/or transport 24 hours a day. The Call handler will need to record the callers details (caller name, caller role and caller contact number – both mobile and hospital unit telephone numbers) and confirm whether this is a new referral or follow up call.
* The call handler will connect the caller to the clinical team. If the WATCh middle grade doctor (Fellow) or transport practitioner is undertaking a transport this initial connection will be directly to the WATCh Consultant, otherwise the call will be put through to the WATCh Fellow or transport practitioner.
* Patient details will be discussed and the WATCh Consultant will make the decision as to whether or not the patient requires transfer.
* If the call handler is unable to connect the call to the Duty Fellow / Advanced Practitioner (AP) or Consultant, they will work down an agreed escalation list of clinicians until they connect the caller to someone who can give appropriate clinical advice. The Call handler should remain on the line so that they are able to add additional parties to the call at any point.
* If the patient is accepted for transport and the team is available to transfer the patient the WATCh nurse, Fellow/AP and possibly the Consultant will get ready to mobilise. It will then be the clinical team’s responsibility to inform the Ambulance Provider that the team is mobilising.
* If the Duty WATCh Consultant is required to attend the transfer and therefore unable to manage subsequent referrals, they will inform the call handling provider of the nominated point of contact for the service (telephone numbers are provided via a rota).
* The WATCh clinicians may request the call handler to connect with different hospital units to assist them with locating a bed for the patient.
* The call handler will record all conversations and who is involved onto the secure database.

## Outgoing calls

At any time the call handler may be required to facilitate follow-up phone calls to enable clinical advice to be given. This may be following a decision not to transfer a patient but where clinical input from the specialist team is required or in preparation for or during a transfer.

All calls should be recorded.

# Appendix 3 – Retrieve adult critical care transfers and call handling process

## Background

Retrieve is the dedicated Adult Critical Care Transfer Service for South-West England. Currently the service provides:

* 24/7 single point of contact for all adult critical care transfer referrals via a dedicated 0300 number. All referrals are received by a Duty Consultant who triages, provides clinical advice, and determines whether the team is required to undertake the transfer.
* Two dedicated transfer teams 24/75, one in Launceston, Cornwall, covering the Peninsula region and one in Bristol covering the Severn region. Each team consists of a Duty Consultant (all of whom also work within the region in Critical Care and/or Anaesthesia), Transfer Practitioner (all of whom are experienced Critical Care Nurses), driver and dedicated ambulance with specialist critical care transfer equipment and drugs.

During the 2022/2023 financial year Retrieve received 1,215 referrals and undertook 661 transfers. However, in December 2023 the service has increased to a 24/7 operational team and the impact of this on the volume of calls is as yet unknown but will result in an increase.

## Referrals into the service

All requests for transfers within the region will arrive via the service’s single-point of contact number (0300 030 2222).  There are two origins for these calls:

* Direct referral from clinician in a hospital
* Referral passed via South Western Ambulance Service NHS Foundation Trust (SWASFT) 999 system from a hospital

The call handler will ask which hospital the caller is calling from and, using this, will pass the call to the Duty Consultant (DC) in the relevant base.

## Hospitals in the operating region

Southmead Hospital, Bristol

Royal United Hospital, Bath

North Devon District Hospital, Barnstaple

Royal Devon and Exeter Hospital

Gloucester Royal Hospital

Cheltenham General Hospital

Derriford Hospital, Plymouth

Great Western Hospital, Swindon

Musgrove Park Hospital, Taunton

Torbay Hospital

Royal Cornwall Hospital, Truro

Weston General Hospital

Yeovil District General Hospital

Conservatively, this call volume represents approximately 2,000 calls per year.

According to our current data, average call length is 8 minutes, though there is significant variation in this.

## Retrieve call handling process

Once the call has been received by the call handler they will contact the Duty Consultant at the appropriate base via the DC phone number (a rota is provided identifying the DC for each shift in each region). If the first-call DC is unavailable for any reason, the call will pass down the call-referral cascade until answered.  If the call cannot be disposed of via Retrieve, the call-handler will offer the caller one of two options.  As the referring clinician with direct knowledge of the patient, they will remain responsible for selecting the option of:

* Call-back by Retrieve within 15 minutes
* The caller rings 999 instead

If the caller selects a call-back option and the call still cannot be handed to a Retrieve clinician within this time, the call handler will recall the caller and confirm this.  Depending on the urgency of the case, they may continue to await call-backs or default to 999, at their own discretion and responsibility.  Any call reaching this stage of the call must be notified to the Base Lead Nurse for the respective base via email by the call handler.

Once the call has been passed to the Retrieve team, the call handler must stay on the line for the duration of the call to ensure that it is recorded and also to facilitate re-connecting any participant in the call should their line be dropped. The call handler may be asked to conference other clinicians into the call. In some cases, the call is passed to South Western Ambulance Service NHS Foundation Trust through their Healthcare Professional Line.

## Outgoing calls

At any time the call handler may be required to facilitate follow-up phone calls to enable clinicians to have further conversations with the referring hospital or to follow-up on patients already transferred. All calls must be recorded.

# Appendix 4 – Extracorporeal Membrane Oxygenation (ECMO) transfers and call handling process

## Background

Extracorporeal Membrane Oxygenation (ECMO) is the use of an artificial lung (membrane) located outside the body (extra corporeal) that puts oxygen into the blood (oxygenation) and continuously pumps this blood into and around the body.

Most critically ill patients with severe respiratory failure (where the lungs do not work effectively) will need a machine called a mechanical ventilator to ‘breathe’ for them. ECMO may be used in adults or children with very severe lung disease which is not responding to the usual treatment of mechanical ventilation (breathing machine), medicines and extra oxygen, ECMO can take over the function of the lungs, allowing the patient time to rest and heal.

## Adult Services

There are seven adult ECMO centres in the UK.

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| University Hospitals of Leicester NHS Trust (Glenfield Hospital) | Papworth Hospital NHS Foundation Hospital Trust (Cambridge) |
| Manchester University NHS Foundation Hospital Trust (Wythenshawe Hospital) | Guy’s & St Thomas’ NHS Foundation Hospital Trust (London) |
| Royal Brompton & Harefield NHS Foundation Hospital Trust (London) | Aberdeen Royal Infirmary (Aberdeen) (Designated centre for Scotland) |
| Unviersity Hospitals Bristol and Weston NHS Foundation Trust (Bristol) |  |

## ECMO Referral Process

**Referrals into the service**

The ECMO service currently receives the majority of adult ECMO referrals via a digital platform called “Refer a Patient”, which commenced in March 2020. However on occasions referrals will be made directly to the call handling service provider. Additional calls may also be required on occasion to discuss the patient with the referring centre, however these may be made directly using the ECMO referral phone held by the ECMO co-ordinator.

The call handling service will be taking ECMO referrals for the Bristol ECMO centre located at the Bristol Royal Infirmary. These referrals will be for and adults only. The calls are received via the dedicated 0300 Retrieve Telephone line and then diverted to the ECMO team by the call handling provider. The referral will normally result in a conference call facilitated by the call handler.

## ECMO Referral Process (Direct telephony referrals to the Call handling service)

* The call handler receives a call from a Health Care Professional with an ECMO referral request.
* The call handler will need to record details of the referrer (referrer’s name, job title, hospital name and contact number).
* The call handler will contact the Duty ECMO co-ordinator and facilitate a conference call between the Duty ECMO co-ordinator, ECMO Consultant and the referrer. If the call handler is unable to contact the Duty ECMO co-ordinator, then the call handler will follow a call cascade until the phone is answered.

## Outgoing calls

The call handler will be required to dial in the ECMO consultant and the ECMO co-ordinator into the call with the referrer. On occasion, there may be a requirement to dial in an additional ECMO consultant and/or ECMO Nurse Specialist for training purposes.

At any time the call handler may be required to facilitate follow-up phone calls to enable clinicians to have further conversations with the referring hospital and these calls should be recorded. However, these follow up calls are normally made using the ECMO referral phone or ECMO consultant mobile phone.

# Appendix 5 – Paediatric Major Trauma Service (South West)

## Background

## The Bristol Royal Hospital for Children is the Paediatric Major Trauma Centre (PMTC) for the Severn and Peninsula regions and works closely with the Severn and Peninsula Major Trauma Networks. Together these key individuals and organisations within the South West improve patient pathways and quality of care for paediatric Major Trauma Patients.

## The PMTC is able to care for children with injuries that require the services of:

## Paediatric Neurosurgery

## Paediatric General Surgery

## Paediatric Orthopaedic Surgery

## Paediatric Cardiothoracic Surgery

## Plastic Surgery

## Vascular Surgery

## Burns Surgery & Care

## Paediatric Critical Care, including both Paediatric Intensive Care and Paediatric

## High Dependency Care

## General Paediatric medicine & other medical sub-specialities

## PMTS Referral process

## All acute referrals to the PMTC regarding acceptance of a paediatric patient with Major Trauma must go to the Paediatric Trauma Team Leader (PTTL) via the dedicated 0300 number. The PTTL carries a dedicated trauma phone and will involve the appropriate specialities via the call handling service.

## Transfers can be undertaken by pre-hospital teams or by WATCh. When undertaken by a pre-hospital team these calls will be made to SWASFT not via this call handling service. Further calls conferencing in specialty staff may be required during the ongoing management of the patient prior and during transfer – these will be managed through this contract. Some children require non-urgent transfer – these will still be referred to the PTTL via the 0300 number and specialist teams will be conferenced into the call – these will be managed via this call handling contract. Some of these transfers will then be managed by the WATCh Team.

## Referrals may be made by any hospital operating within the Peninsula and Severn regions.

## Outgoing Calls

## The PMTS does not require outgoing calls to be managed via the call handling provider.

# Appendix 6 – Call handling activity

# As already described all of the services included in this contract receive calls via dedicated 0300 numbers which then require the call handling service to contact the appropriate team and manage a conference call. The call handler needs to remain on the call throughout so that further specialists or team members can be added to the call as required. This also ensures that should a caller drop off the call they can be brought back into it. Also all of these calls need to be recorded.

# The length of call varies between the services as does the number of callers required to be conferenced in – please see the attached appendices describing the services for further information.

# The table below give details of the activity for each service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service | Number of calls per month | Average call length | Total time per month | Total time per annum | Variance |
| SoNAR | 500 | 8 minutes | 67 hours | 800 hours | 760 - 850 hours |
| WATCh including PMTS | 450 | 15 minutes | 113 hours | 1356 hours | 1256 – 1456 hours |
| Retrieve including ECMO | 275 | 6 minutes | 28 hours | 330 hours | 290 – 380 hours |

# 

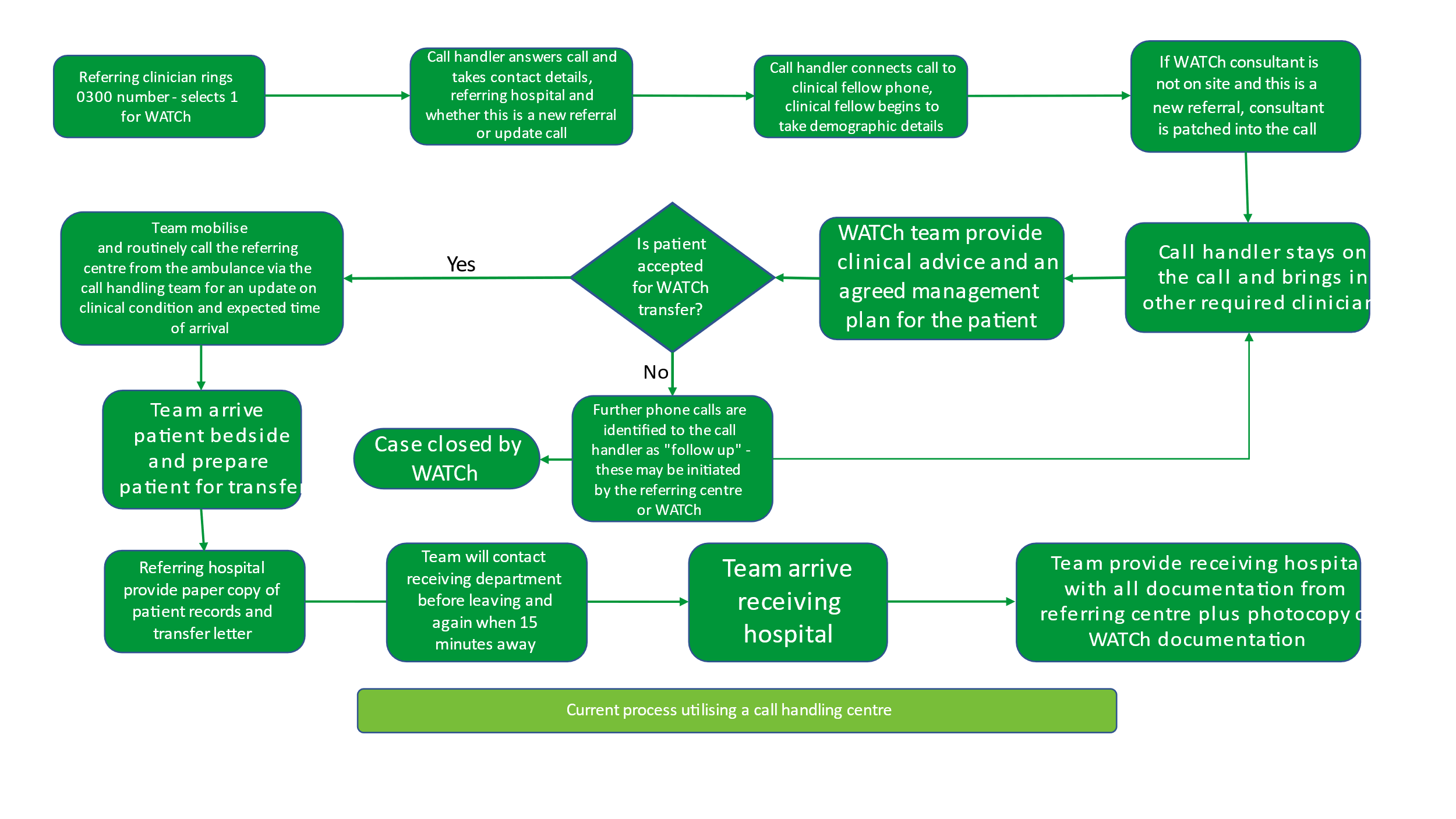
# Appendix 7 – Call handling flow charts

# SoNAR

A diagram of a company

Description automatically generated

# WATCh



# Retrieve

# 

# ECMO

# 

# Paediatric Major Trauma Team

# 