KSS AIR AMBULANCE CHARITY KENT SURREY SUSSEX

KSS Standard Operating Procedure

SOP SD 26: Hospital In Reach

SOP name	SOP SD 26: Hospital In Reach		
Author	R de Coverly & Dr D. Bootland		
Approved by	KSS Medical Director		
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Version number	Revision Date	Nature of Revision	Next Review Due
1.0	28/08/22	Document drafted from original SELKaM MoU	
1.1	29/09/22	Internal review and submission to Sussex Trauma Network	
1.2	20/02/24	Annex B for hospital documentation	
1.3	01/10/24	Annual review and an addition of a summary	09/25
1.4	04/11/24	Internal review and submission to Southwest London and Surrey Trauma Network (SWL&STN)	09/25

Audience	Service Delivery Staff and Hospital Staff
Public facing SOP (yes/no)	No

Related Policy Statement

- Air Ambulance Charity Kent Surrey Sussex (KSS) provides a primary enhanced care service to incidents in the community, and a secondary time critical inter-hospital transfer service to the population of Kent Surrey and Sussex
- KSS have for many years had a very successful 'in-reach' agreement with the South East London Kent & Medway (SELKaM) trauma network which allows KSS to extend primary tasks into acute hospital settings to expedite the delivery of enhanced care and rapid transfer, primarily for candidate major trauma patients
- KSS are committed to supporting acute Hospital Trusts and patients in the provision of appropriate care and rapid transfer of candidate major trauma patients to an appropriate receiving hospital

Purpose

- To provide a safe and robust framework that provides a clear system of accountability and responsibility for patient care between KSS and an acute Hospital Trust
- Ensure that there is clear clinical governance for patient care while KSS teams are present in host Trust Emergency Departments with overarching consultant support and advice where required
- To ensure there are clear working practices in place support both the KSS clinical team and hospital staff when providing care for major trauma patients within the acute hospital site (TU and LEH) premises of the below named trauma networks.
    - South East London, Kent and Medway (SELKaM) Trauma Network
    - Sussex Trauma Network
    - Southwest London and Surrey Trauma Network (SWL&STN)
- Describe the likely patient cohort and circumstances for KSS 'in reach'
- Describe the process of handover, clinical responsibility, and governance arrangements
- Detail the clinical review process between partner organisations

Background and Scope

KSS has historically been predominantly a primary Helicopter Emergency Medical Service (HEMS) service, tasking directly to potential major trauma incidents and critical illness in the community.

For the last few years, KSS has increased its ability to support time critical inter-hospital transfers, for major trauma patients or neurosurgical emergencies.

With the development of Trauma Networks, hospitals were designated as Local Emergency Hospitals (LEH) which would not routinely receive major trauma patients, Trauma Units (TU) which would receive major trauma patients that could not bypass the hospital, and Major Trauma Centres (MTC), to which patients could be taken to directly, by-passing where possible local trauma units. The guidance provided to the NHS Ambulance Service supports decision making for the ambulance clinicians in these circumstances and they are further supported by a robust Critical Care Paramedic system in the South East and by KSS providing a 24/7 HEMS service.

Given the size of population KSS covers, there are occasions when KSS are tasked to a trauma patient in the community, who prior to the arrival of the enhanced care team, are moved from scene to the nearest Emergency Department (either a TU or LEH) for resuscitation or to optimise the use of a hospital Helicopter Landing Sites (HLS) to allow a rapid rendezvous between South East Coast Ambulance Service (SECAmb) and KSS.

There are also situations where time critical trauma patients 'self-present' to hospitals in the region and require rapid clinical intervention and swift onward transfer.

A Memorandum of Understanding (MoU) was previously agreed with the SELKaM major trauma network, aimed specifically at the more outlying hospitals in the network, which laid out a framework for KSS clinical staff to work within the hospital premises and alongside the hospital team to expedite the stabilisation and transfer of a major trauma patient where appropriate, but only ever with one organisation having clinical responsibility for the patient.

The 'in reach' response, is a standard HEMS response similar to a standard primary task and HEMS exemptions will apply and a standard primary task may evolve into an 'in reach' (previous described as an extended primary) situation if the SECAmb crew decide to leave scene before HEMS arrive.

This SOP and the processes within are separate to the KSS inter-hospital transfer policy in which KSS support a time-critical transfer. A formal transfer is considered where a patient has been assessed, imaged and resuscitated and the accepting hospital have agreed a time critical transfer to a specific MTC or another tertiary centre.

'In reach' is designed to extend the reach of KSS into a hospital with the aim of providing immediate lifesaving interventions and rapid transfer alongside SECAmb and hospital clinicians.

This SOP provides guidance for the clinical teams about how this process should be employed across **all three trauma networks** in the KSS region.

There are four situations that this SOP covers:

- A patient that SECAmb and KSS have dispatched to, and the SECAmb crew feel that immediate transfer to the nearest ED for resuscitation is needed and KSS can divert to the receiving ED to offer support and onward transfer if indicated

- A patient in the community close to an acute hospital with a suitable hospital HLS where the hospital is used as a timely rendezvous location

- When a patient was detected by the HEMS dispatcher through the 999-call interrogation process, but the patient is conveyed by private transport prior to the arrival of an ambulance response

- A patient that self presents to a TU, LEH or minor injuries unit with a life-threatening condition where HEMS are specifically requested by the hospital team as an emergency response (by air or by land) to support the delivery of enhanced care and where the patient is clearly still being resuscitated (which differentiates this from a formal transfer)

From these four situations, the following actions may be:

A) Patient brought to a hospital by SECAmb. KSS will liaise with hospital trauma team leader (TTL) and the following actions may happen:

- KSS will take clinical handover and responsibility for the patient although they may co-opt members of the hospital staff into the team
- **OR**, KSS will leave the clinical responsibility with the hospital team
- **OR**, KSS will be co-opted in the hospital trauma team working under the TTL for a specific intervention (most likely to be resuscitative thoracotomy or resuscitative hysterotomy)

B) Hospital used as a rendezvous (KSS should not routinely use hospital car parks or ambulance bays to treat patients)

- KSS or SECAmb will alert the hospital via the ASHICE line to pre-alert the hospital of the incoming patient and ETA of the responding HEMS team
- If KSS are present when the patient arrives, the KSS team will ask the senior lead in the Emergency Department for use of a resuscitation bay and patient care will transfer from SECAmb to KSS
- If there is any delay in the arrival of the KSS team, then the hospital must commence treatment and resuscitation of the patient and the options in section will be applicable once hospital care commences (section A)

C) Patient self presents to an LEH or TU and KSS have already deployed or are specifically requested by hospital team as an emergency response

- Actions as detailed in Section A

In all situations where the hospital team take responsibility for patient care, before the KSS team are on site, all necessary resuscitation interventions must be delivered within the scope of the team and care should not be delayed waiting for the arrival of the KSS team.

In certain situations, the Duty HEMS Consultant may call the hospital team ahead of the KSS team arriving to support the delivery of immediate care.
Definitions

Standard operating procedure (SOP)	Detailed operational procedure outlining how the organisational policy will be implemented.
KSS	This describes the clinical team working for KSS and which always includes a physician and paramedic, working to a defined set of SOPs under the clinical governance of KSS
In Reach (formally described as Extended Primary)	KSS clinical team delivering care and clinical interventions within the footprint of a hospital (normally the Emergency Department)
Candidate Major Trauma Patient	A patient who meets the criteria for rapid direct transfer to a Major Trauma Centre
Critically ill[1]	Patients requiring care greater than that normally available on a standard ward or from a standard ambulance crew
Primary response[1]	The response to scene and transfer of a patient from scene of injury or illness to the nearest or most appropriate receiving hospital
Secondary Transfer[1]	Movement of a patient from any hospital facility (for KSS this is only the ED) to another centre
Inter-hospital transfer[1]	Transfer of a patient between hospitals
Major Trauma Network	One of three trauma networks in the south east providing acute care and rehabilitation for trauma patients. This policy will be managed through the individual network CAG
Time Critical Transfer[2]	Needs to be transferred for immediate life or limb saving intervention.

Application

Identification of Patients

- There are patients that will be detected in the community from the generation of a 999 call and KSS will be dispatched in the standard format. KSS may subsequently divert to follow the patient into an Emergency Department, making a primary task into an in reach primary task and HEMS rules will still be applicable
- Patients may self-present to an Emergency Department or other healthcare setting which could generate a 999 call to the NHS Ambulance Service and HEMS may already be attending, even if the patient is subsequently moved to hospital by private transport or HEMS can be requested by the hospital team. The quickest route is via a 999 call HCP request, and this will result in a standard HEMS activation if it meets the immediate dispatch criteria
- The incident scene may be close to an acute hospital with an appropriate helicopter landing site (HLS) and in the interests of time and safety, the hospital may be used as a rendezvous location between the NHS ambulance service and the KSS enhanced care team. In these situations, it is preferable to use a resuscitation bay for the assessment and stabilisation of a patient, rather than the hospital car park or helipad

KSS Commitments

- KSS will work collaboratively with hospital teams to ensure that at all times only one organisation has the clinical lead for the patient care and that this is clearly communicated between all teams
- KSS will ensure that all HEMS clinical/medical staff attending Emergency Departments (ED) are appropriately qualified, competent and appropriately indemnified
- KSS will ensure that all clinical/medical staff only undertake clinical activity for which they are trained and competent, and within the scope of KSS SOPs
- KSS will ensure that all clinical/medical staff comply with the 'NHS Employment Check Standards', outlining legal and mandatory checks employers must carry out for the appointment and on-going employment of all individuals in the NHS across England, which includes as a minimum
    - Verification of identity checks
    - Right to work checks
    - Professional registration and qualification checks
    - Employment history and reference checks
    - DBS enhanced check
    - Occupational health checks
- KSS clinical/medical staff will always carry approved identification and display this if and when requested
- KSS remains, at all times responsible for the management of its staff, examples including, but not restricted to, the management of poor performance and misconduct, completion of statutory and/or role specific essential training

- The duty HEMS Consultant may call the hospital team if there is any anticipated delay in the HEMS response, to support the delivery of appropriate care and assist in the preparation of the patient
- Where patient documentation is required to complete hospital records, this can be provided post incident by the HEMS team and transferred using secure email
- Participate fully with hospital Trusts in joint training, audits, PSIRF investigations or After Action Reviews of patient care, where appropriate

Host NHS Trust Commitments

- To agree to allow KSS teams to practice their duties, for the benefit of patient care, on Trust premises, without conflict, inappropriate challenge or confrontation
- Support the delivery of patient care and clinical interventions
- Work collaboratively to ensure that at all times, only one organisation has the clinical lead for the patient care and that this is clearly communicated between all teams
- Ensure all local Trauma Team members are aware of this Framework
- Participate fully with KSS in joint training, audits, RCAs or After-Action Reviews of patient care, where appropriate

Joint Commitments

- If KSS arrive after the patient, and the patient is being treated by the hospital team, then the KSS team will introduce themselves and discuss the options available with the hospital TTL
- The hospital team will continue to hold responsibility for the patient and provide care, until a formal handover has taken place, and this is communicated with all members of the team
- It may be in the best interests of the patient for imaging to take place prior to the handover of care, in which case the clinical responsibility will remain with the hospital TTL and the KSS team will remain in place but not assume any accountability for the patient until it is indicated by the hospital team that onward transfer is required
- If KSS arrive simultaneously with SECamb and the patient is clearly a major trauma patient, then a handover from SECAmb to KSS will take place in the Emergency Department and KSS will assume clinical leadership in the care of the patient. A request will be made to a senior nurse or doctor to use the hospital facilities, but all medicines, equipment (monitoring and ventilator) and procedures will be provided by KSS (with the exception of oxygen and suction) and care delivered according to KSS SOP's
- Controlled drugs will not be moved between organisations
- The hospital team will provide support as requested by the KSS team, and for clinical governance purposes would effectively be co-opted into the KSS team with KSS holding the clinical governance responsibilities

- If it is deemed that the patient is stable, or less seriously injured than originally reported, and the hospital team feel they can provide care for the patient, then a formal handover of care must take place between KSS and the hospital TTL
- All parties involved in these complex situations will always act with the best interest of the patient at the centre of all decision making and conversation

Annexes

A. List of hospitals in Kent Surrey Sussex
B. Procedure for hospitals to obtain patient documentation from KSS HEMS
C. Summary of SOP for hospital teams

Related Documents

SOP MED 17: Inter-Hospital Transfer
SOP SD 30: Dispatch and Coordination

Responsibilities

Medical Director	Responsible for the safe delivery of clinical care
KSS CAG representatives	Responsible for the review of the SOP and delivery. Investigate any issues raised through the network governance log or raised at a CAG meeting
Hospital Trust CAG representatives	Responsible to dissemination and monitoring of this agreement and review at network CAG

Further Reading and References

1. Intensive Care Society. Guidelines for the transport of the critically ill adult, 3rd Edition. 2011
2. SWL&S trauma network – transfer definitions v4 July 2022

Acknowledgements

Dr M. Jones, Consultant Anaesthetist, East Kent Hospitals University Foundation Trust

ANNEX A: List of Hospitals and HLS

Hospital Matrix - January 2024 (V10)

	HOPSITAL LANDING SITES				HOSPITAL DESIGNATION						
	Primary site	Secondary site	No landing site	Notes	MTC	TU	LEH	PPCI	HASU	PICU	Notes
KENT Hospitals											
Darent Valley (Dartford)				Helipad in hospital grounds			√		√		
Kent and Canterbury									√		downgraded to MIU
Tunbridge Wells Hospital	24					√					
Maidstone	24						√		√		
Medway Maritime						√					
Princess Royal (Farnborough)						√					
QEQM (Margate)	24						√				
William Harvey (Ashford)	24					√		√			
SUSSEX Hospitals											
Conquest (Hastings)				Helenswood College		√		√			PPCI alternates between Conquest & Eastbourne
Eastbourne	24						√	√	√		
Princess Royal (Haywards Heath)				Sports Pitch			√				
Royal Sussex (Brighton)				East Brighton Park	*		√	√	√		*Adult only MTC (>16)
St. Richards (Chichester)				Rugby Pitch 'site A'		√			*		*HASU 0900-1700 Mon - Fri
Worthing				adjacent park with trolley push		√			√		
SURREY Hospitals											
East Surrey (Redhill)				Helipad in hospital grounds		√			√		
Epsom							√		√		
Frimley Park (Camberley)	*			* Elevated deck - check staffing		√		√	√		
Kingston							√				
Royal Surrey (Guildford)						√					
St. Peters (Chertsey)						√		√	√		
LONDON Hospitals											
King's College	24			2* site - Ruskin Park	√			√	√		
Royal London				2* site - Victoria Park	√			√	√		
St. Georges				Helideck open 0800 - 2000	√			√	√		
St Marys					√			√	√		
BORDER Hospitals used by AAKSS											
Basingstoke						√					
Broomfield (Chelmsford)				Secondary site when helideck closed		*					*on site burns centre
Southampton	24				√			√	√		
QA Portsmouth	24					√		√	√		
Queens, Romford						*			√		*neurosurgical unit

		Primary landing site = trolley push to/from ED. Those site with *24* are available 24/7. Those without are limited to either opening hours or daylight operations
		Secondary landing site = ambulance transfer to/from ED and all sites are limited to daylight operating hours
		No landing site for patients into the ED. At some hospital sites a HEMS response maybe possible

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ANNEX B: Patient Documentation

HEMS request

- If a patient is still in the Emergency Department, and has had tests and imaging prior to KSS taking responsibility for the patient, but this is yet to reach the threshold of a more formal Inter-Hospital Transfer, then the KSS HEMS team can request copies of the patient notes which can be either be photographed on a KSS device and added to the KSS patient report form, or paper copied can be taken with the patient

- If a hospital team require patient documentation because a hospital record has been generated for the patient, but the majority of care has been provided by the HEMS team, then this can be requested after the conclusion of the incident by contacting the HEMS dispatcher in Ambulance Control on 0300 123 5811. Please leave a contact number (preferably a mobile) and an NHS email address and the team will make contact

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ANNEX C: Summary of Air Ambulance Charity Kent Surrey Sussex (KSS) Hospital In Reach SOP

KSS enhanced care teams may 'in-reach' into Hospital Emergency Departments for the rapid delivery of enhanced care and timely transfer of a major trauma patient to an MTC by air or land

Three situations:

1. A patient that SECAmb and KSS have dispatched to from a 999 call in the community, and the SECAmb crew feel that immediate transfer to the nearest ED for resuscitation is needed and KSS can divert to the receiving ED to offer support and onward transfer.

2. A patient in the community close to an acute hospital with a suitable hospital helicopter landing site (HLS) where the hospital is used as a timely rendezvous location.

3. A patient that self presents to an Emergency Department with a life-threatening condition where HEMS are specifically requested as an emergency response (by air or by land) or where this patient is detected by the HEMS dispatcher through the 999 call interrogation process, to support the delivery of immediate care and facilitate onward transfer (the patient will still be in the resuscitation phase, which differentiates this from a formal transfer)

Agreed working principles:

- KSS HEMS team will always ask if a resuscitation bay/cubicle can be used if they arrive ahead of the patient
- KSS HEMS team will introduce themselves and liaise with the trauma team leader (TTL) to outline options available if the patient is already being treated by the hospital team
- Only one organisation can ever have clinical responsibility for the patient, but members of each team can be co-opted into the other parties' team to support the delivery of care and deliver specific interventions
- If the patient is clearly a major trauma patient, it should be expected that KSS HEMS assume the clinical lead for the patient and interventions and procedures will be delivered within the KSS scope of practice using KSS equipment and medicines. This will allow for a 'pit stop' style model of care and rapid transfer

Key principles:

- Clear communication between team leaders and wider team members is essential in maintaining safe patient care
- Only one organisation can ever have clinical responsibility for patient care