South Western Ambulance Service NHS
NHS Foundation Trust

BASICS SOUTH WEST AND SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST

MEMORANDUM OF UNDERSTANDING

Version:	2.0
Status:	Final
Title of originator/author:	Dr Andy Smith (executive Medical Director) Dr James Hickman (BASICS South West Chairman) Dr Simon Scott-Hayward (Medical Director Primary Care)
Title of responsible director:	Dr Andy Smith – Executive Medical Director
Developed/revised by group/committee and Date:	Clinical Effectiveness
Approved by group/committee and Date:	Directors 30/9/14
Date of issue:	Date of issue
Review date:	Date due for review
Date Equality Impact Assessment Completed	1st June 2013

responsive committed effective

Contents

1 Introduction

1.1 The British Association of Immediate Care (BASICS) is a charity that was founded in 1977. It provides a framework for practitioners who respond to medical emergencies alongside the ambulance service. It promotes standards and training as well as encouraging communication between schemes. Historically four BASICS schemes worked with the ambulance service in Somerset, Devon and Cornwall. In 2010 these schemes linked under the umbrella of BASICS South West (BASICS SW) to provide a common governance framework and as a channel for unified communication with the ambulance service

1.2 This document provides an overarching governance framework to be used for the care of all patients treated by BASICS SW responders. This policy aims to define the procedures and policies of pre-hospital care in relation to BASICS SW on behalf of South Western Ambulance Service NHS Foundation Trust (hereafter SWASFT or "the ambulance service" or "the trust") and BASICS SW responders. It also defines the Clinical Governance reporting and assurance process to SWASFT.

2.0 Background

2.1 Statement of Common Purpose of SWASFT and BASICS SW

2.1.1 To provide expert clinical care in the pre-hospital environment and facilitate safe and timely transfer to hospital, promoting recovery and preventing further harm.

2.1.2 To reduce risk to the general public and to all personnel involved in patient care and / or rescue.

2.1.3 To ensure co-operation with all other organisations involved in patient care, patient rescue and incident investigation.

2.2 Scope

2.2.1 This document is applicable to all actively operational BASICS SW responders.

2.2.2 This document embraces diversity, dignity and inclusion in line with human rights guidance. We recognise, acknowledge and value differences across all people. We will treat every person with respect, courtesy and with consideration for their individual backgrounds. We will ensure that everyone is treated fairly and that we convey equality of opportunity in service delivery and employment practice.

2.3 Roles and Responsibilities

2.3.1 Responders work voluntarily under the terms of an honorary contract between each individual clinician and The Trust. SWASFT and BASICS SW will work together to minimise any discrepancies between guidance and governance procedures, and to reduce any risk of poorly defined or conflicting clinical governance and responsibility frameworks.

2.3.2 The governance arrangements concerning the relationship between BASICS SW responders and SWASFT are based on two key documents:
i) This memorandum of understanding.
ii) An honorary contract between SWASFT and each medical responder.

2.3.3 The activities of BASICS SW responders will be subject to the same clinical audit process as NHS ambulance crews.

2.3.4 It is the responsibility of BASICS SW responders to ensure that their proficiency, knowledge and skills are maintained. In addition to clinical skills, all responders must maintain competencies in relation to the protection of vulnerable adults and safeguarding of Children. Responders may undertake such training in these competencies as part of their other medical roles, but where they cannot provide evidence of this, they may be required to undergo appropriate training programmes to be provided by SWASFT. Failure to maintain competency in either field will prevent BASICS SW members from responding for SWASFT.

2.4 The Role of BASICS SW Responders

2.4.1 The role of the BASICS SW responder is to provide enhanced pre-hospital care by providing both immediate medical care in the pre-hospital environment and/or clinical support during the transfer to hospital. This is defined in the BASICS constitution as follows:

"Immediate medical care is the provision of skilled medical help at the site of an accident or other medical emergency or in transit. It also encompasses the medical aspect of the management of major incidents, mass gathering medicine and disaster medicine."

2.4.2 The actual care delivered on scene depends on the background, training and experience of the practitioner, as well as the role in which they have been deployed, for example as a sole responder or as part of a medical team.

2.4.3 Taking this into consideration, the responder, as a registered medical practitioner may (if appropriate and within a thorough risk benefit analysis) be able to provide care that extends beyond the guidelines set out by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

3 Accreditation as Operational BASICS SW Responders

3.1 New Responders Eligibility and Appointment

3.1.1 Individuals wishing to respond as a member of a BASICS SW scheme in an operational capacity, will normally be expected to have a commitment to working for at least two years in that region. Consideration will be given to individuals based in the ambulance service area for less than two years on a case-by-case basis. In all cases, each application will initially be assessed on an individual basis by the BASICS SW Committee.

3.1.2 Criteria for a BASICS SW scheme member to be deployed in an operational capacity and the process for approval are laid down in the BASICS SW document "*Approval and Accreditation Process for New Medical Responders*", which has been agreed between BASICS SW and SWASFT. Proposals for new responders will be made by local schemes to the BASICS South West Committee, who will review the application and, where appropriate, recommend the new responder to the SWASFT Medical Director for a final decision regarding approval.

3.1.3 BASICS SW responders must maintain the following, and be prepared to provide evidence to the medical director of SWASFT when requested

- GMC registration and a licence to practice
- Appropriate up to date occupational health requirements including required immunisations
- Record of pre-hospital responses
- Evidence of participation in relevant audit, governance, case reviews, appropriate education and training

3.1.4 On approval by the SWASFT medical director as an operational BASICS SW responder, SWASFT will provide the following:

- An honorary contract between SWASFT and the responder
- A call sign and PIN number
- A SWASFT ID Card
- Access to the SWASFT Intranet and a security policy
- Personal protective equipment as agreed between BASICS SW and SWASFT and to include a helmet and hi-visibility clothing
- A defibrillator
- A pager
- A major trauma checklist pad
- Training in protection of vulnerable adults and safeguarding of children (if required)

3.1.5 In addition the Trust will offer appropriate "blue light" driver training within a year of approval. The training is outlined in the SWASFT document "*Driving Standards for Non Trust Staff Undertaking Emergency Responses*". (BASICS SW responders MUST NOT use the "exemption for speed" until they have had appropriate driver training in accordance with the regulations)

3.1.7 On leaving the scheme all property issued by the ambulance service must be returned - including ID card. Failure to return these items will result in an invoice being issued to the individual member.

3.2 Requirements for Immediate Care Practitioners' Ongoing Approval as Operational BASICS SW Responders

3.2.1 Practitioners working in BASICS SW schemes, responding for SWASFT must:

- Operate within the confines of their honorary contract
- Be fully registered with the GMC and hold a current licence to practise
- Be in regular NHS or HM Forces clinical practice
- Participate in annual appraisal for their primary post
- Be willing to undergo an annual appraisal for their ambulance service BASICS role

- Possess adequate professional indemnity insurance
- Possess adequate car insurance to allow them to respond to emergencies using blue lights and sirens if applicable
- Adhere to all relevant requirements of health and safety
- Ensure their health and safety is not compromised whilst responding on behalf of the Trust
- Operate within statutory regulations and provide information as requested
- Maintain patient confidentiality in accordance with GMC regulations

3.2.3 Members who have not undertaken an approved emergency driver-training course must adhere to the Road Traffic Act.

3.2.4 All practitioners working in the pre-hospital environment are expected to work within SWASFT and BASICS SW policies, and to standards set out by their regulatory body. When practising, BASICS SW responders should remain aware of JRCALC and local guidelines. On occasions, advanced interventions may fall outside these guidelines but will be in the best interests of the individual patient. In these cases, practitioners should be mindful of BASICS SW Clinical and Operational Guidelines and only undertake advanced procedures in which they are adequately trained and experienced.

3.2.5 Practitioners are required to work within their level of competence and always in the best interests of the patient. They are also required to keep their knowledge and skills up to date, and to maintain a complete record of their pre-hospital work, making this available to the NHS ambulance services on request. All practitioners should be willing to make themselves available to be peer-assessed on a yearly basis by ambulance service.

3.2.6 Responsibility will normally be to the SWASFT Medical Director, the BASICS SW Committee and the lead of the local BASICS scheme. However the Trust Medical Director will have the authority to remove the doctor's right to practice in this capacity for the Trust should there be concerns about a doctor's performance or behaviour.

3.3 Responsibilities of Individual BASICS SW Responders

3.3.1 Individual responders will:

1. Act at all times in accordance with the principles laid out in *Good Medical Practice* (GMC 2009).
2. Have undertaken the agreed training relevant to their level of response.
3. Undertake annual education, skills training and CPD as required to maintain the agreed level of response.
4. Maintain evidence of their pre-hospital practice, and agree to have this evidence reviewed.
5. Work closely with the rest of the emergency services at an incident to ensure best possible patient care on scene, in transit, and on handover at hospital or discharge.
6. Ensure confidentiality is respected and policy adhered to in accordance with professional and legal responsibilities.
7. Activate only with the agreement of the SWASFT Clinical Hub.

8 Respect instructions to stand down.
9 Be clear in what capacity they are undertaking clinical work, and should do nothing to bring the ambulance trust, partner organisations or local BASICS scheme into disrepute.
10 Participate in clinical debate, identify concerns about clinical care and raise them in the appropriate forum.
11 Undergo relevant occupational health and CRB checks.
12 Maintain all equipment to the required standard.
13 Allow their vehicle, equipment and drugs used for responding on behalf of ambulance service to be inspected if requested.
14 Follow ambulance trust procedures with particular reference to personal safety and wearing of correct PPE at incidents.
15 Ensure that all relevant report forms are completed
16 Follow the ambulance trust's procedures regarding infection control.

3.3.2 During an incident, it will usually be the immediate care doctor who will remain responsible for the care of their patient and may act as clinical team leader. Any decisions the doctor makes, should take into account advice from all clinical pre-hospital colleagues.

3.3.3 The ambulance service Medical Director is responsible for providing the Trust Board, via the appropriate Committees, with assurance that policy has been implemented regarding BASICS practitioners and appropriate monitoring arrangements are in place, providing regular reports on outcomes whether adverse or not.

3.3.4 The ambulance service has a duty to ensure that communication channels are maintained.

3.4 Contracts

3.4.1 All active BASICS SW responders must hold an honorary contract with SWASFT. They must adhere to all requirements placed upon them by this document. As the holder of an honorary contract, BASICS SW responders are subject to ambulance service policies and procedures. Disciplinary action may be taken in line with these policies.

3.4.2 BASICS SW operational responders must declare any impairment to their practice. In order for the honorary contract to be valid the responder must undertake any mandatory training required by the ambulance service.

3.4.3 It is the individual responder's responsibility to inform the ambulance service Medical Director as soon as practicable, if they are unable to fulfil all contractual requirements. Until their position has been discussed with and cleared by scheme officers, they should not respond to requests for assistance from the ambulance service.

3.4.4 Should any BASICS SW Responder be subject to disciplinary action as part of their substantive employment they must notify the ambulance trust of the details.

4 Appraisal, Continued Professional Development and Governance

4.1 Appraisal

4.1.1 In addition to annual appraisal, as required by their primary clinical role, scheme members must be willing to participate in annual appraisal of their role with SWASFT. This may be conducted by email and/or telephone with the medical director or a nominated deputy (for example an experienced member of BASICS SW).

4.1.2 A record of pre-hospital work should be maintained and may be reviewed during the appraisal. It should include:

i) A logbook of responses and clinical cases
ii) Evidence of training and pre-hospital continued professional development
iii) A personal development plan

4.1.3 If any learning needs are identified at an appraisal, these must be addressed within a mutually agreed timescale, or the scheme member will be deemed to be in breach of contract and should not respond to requests for assistance from the ambulance service.

4.1.4 Continual failure to address learning needs identified by any process may result in termination of the BASICS SW responder's honorary contract.

4.1.5 A code of conduct for immediate care practitioners is available as an appendix to this document. It outlines the duties and responsibilities to the patient, public, the organisation, their peers and other emergency services. Immediate care practitioners must make themselves familiar with this document.

4.2 Training and development

4.2.1 Scheme members should ensure that they engage in continuing professional development (CPD) in the area of pre-hospital care and be able to provide evidence if requested at appraisal. This may include, but is not limited to:

- Attendance at recognised meetings and conferences.
- Participation in recognised courses (as either candidate or instructor).
- Observer shifts with other recognised pre-hospital care providers.

4.2.2 Provided that sufficient evidence of appropriate CPD is collected, scheme members will not be expected to maintain currency in time-limited qualifications e.g. PHEC.

4.2.3 SWASFT may provide funding for some CPD activities at the discretion of the Medical Director. In particular the ambulance service will provide high speed driver training as outlined in its document "Driving Standards for Non Trust Staff Undertaking Emergency Responses" and such generic training that it may require responders to undertake (for example in safeguarding procedures).

4.3 Supervision of Practitioners in Training Grades

4.3.1 The ambulance service medical director has overall responsibility for the governance of pre-hospital responders deployed by SWASFT.

4.3.2 The ambulance service BASICS co-ordinator will ensure that all training grade BASICS responders have a nominated mentor. The mentor will be a senior pre-hospital care practitioner, usually a doctor active in pre-hospital care, of consultant or associate specialist grade or GP equivalent. This mentor will be responsible to the ambulance service medical director.

4.3.3 Senior pre hospital care doctors (consultant or associate specialist grade, or GP equivalent) as well as other non training grade practitioners should also have a clear support mechanism in place.

4.3.2 Advice and mentoring will be available by phone from nominated mentors.

4.4 Training in Pre-hospital Emergency Medicine (PHEM)

4.4.1 It is envisaged that development of training portfolios and competence frameworks for all responders, regardless of whether they are formal trainees or not, should develop in line with the recommendations from the ICBTPHEM as the mechanisms become available.

4.4.2 Where required, the BASICS SW and SWASFT will offer support to achieve this.

4.5 Governance

4.5.1 Governance arrangements must be in place and should include a designated lead for conducting monitoring and audit.

4.5.2 Adverse events will be monitored and reported through the agreed adverse incident reporting system.

4.6 Audit

4.6.1 All staff involved in the delivery of pre-hospital care may be required to participate in audit (including the collection, analysis and presentation of data) in accordance with data protection, research governance and ambulance service policy.

4.7 Clinical and Operational Guidelines, Standard Operating Procedures, Policies and Clinical Directives

4.7.1 The BASICS SW Committee will develop, review and maintain a range of COGs and policies in consultation with the SWASFT Medical Director. In addition, any relevant SWASFT clinical directives and memos will be communicated by the Trust to guide clinical practice in pre-hospital care. All BASICS SW responders are expected to be familiar with and adhere to current COGs, Policies, SOPs and Clinical Directives and updates to these as they become available.

4.7.2 Action will be taken in respect of individuals who consistently deviate from agreed COGs, Policies, SOPs or Clinical Directives without clear or adequate clinical justification, or whose practice fails to conform to trust procedure and policies.

5 Record keeping

5.1 Clinical records

5.1.1 BASICS SW responders will be expected to make clinical notes, identified as their own by their designated BASICS call-sign, on the agreed Patient Report Form (PRF), summarising their findings and interventions.

5.1.2 Any drugs administered by the responder must be clearly documented on the PRF.

5.2 Documentation and Reporting

5.2.1 Each organisation must ensure it maintains its medical records securely pertaining to all clinical activity and will be required to share these with the ambulance service by way of clinical governance reports.

5.2.2 If there are any safeguarding concerns the responder must report this using the ambulance service reporting pathways. This is for all vulnerable persons and it is the responder's responsibility to report any such concerns. In the event of immediate harm the police must be informed.

5.3 Logs

5.3.1 All scheme members are required to keep a log of incidents that they are deployed for.

5.4 Data Protection

5.4.1 The management of all data and records related should conform to the requirements the Data Protection Act (1998) and ambulance trust policy.

5.4.2 Any requests to the ambulance service for clinical information for research and audit purposes will be managed in accordance with SWASFT policy.

5.4.3 Any requests for data made under the Freedom of Information Act (2000) will be managed in accordance with SWASFT policy.

5.4.4 Any requests for other pre-hospital data should be directed to the relevant ambulance service lead.

5.4.5 Requests for non-clinical information relating to pre-hospital scheme operations should be referred to the BASICS SW Committee or the clinical lead for the local scheme.

6 Incident review and complaints

6.1 Complaints and Concerns

6.1.1 Concerns or complaints raised relating to BASICS SW responder will be managed under the auspices of the appropriate SWASFT policy, with the involvement of the BASICS co-ordinator for the ambulance service

6.2 Adverse Incidents

6.2.1 Incidents should be reported using the ambulance service adverse incidents policy.

6.2.2 If a serious adverse incident is identified a joint analysis of the event should take place, including a representative from the BASICS SW Committee and the ambulance service using all information available.

6.2.4 Any lessons learnt from analyses of untoward incidents or near misses must be cascaded to other pre hospital care providers locally, or nationally if applicable.

7 Equipment

7.1 Clinical

7.1.1 All new BASICS members will keep and maintain at least a standard minimum equipment kit according to agreed BASICS SW policy.

7.1.2 SWASFT will restock equipment used by BASICS SW responders if it is part of standard drugs and equipment procured by the Trust (with the exception of schedule 2 controlled drugs). BASICS SW responders may choose to carry and use drugs and equipment that are not routinely procured by the relevant ambulance trust. However these must be purchased by the scheme member themselves or by their scheme unless special arrangement is made with the Trust. The ambulance service will reimburse the practitioner for drugs administered in the care of SWASFT ptients. Schedule 2 controlled drugs should be acquired as per the local scheme's controlled drugs policy

7.2 Personal Protective Equipment

7.2.1 The ambulance service will provide operational BASICS SW responders with personal protective equipment to the same standard as its own staff.

7.2.2 All pre-hospital care equipment must be maintained to the satisfaction of the ambulance service medical directorate.

7.2.3 SWASFT will provide maintenance for equipment (such as defibrillators) loaned to BASICS SW responders or schemes by the ambulance service.

7.2.4 SWASFT will provide appropriate checking of electrical equipment used for pre-hospital emergency care, although this may also be arranged by BASICS SW responders or schemes if they prefer.

7.2.5 BASICS immediate care practitioners are responsible for ensuring that their own equipment, drugs and PPE are safe, functioning correctly and in date. Local schemes will ensure that they have systems to record this process.

7.2.6 No clinical equipment will be carried by members of BASICS that is not approved for use in the management of patients in the UK, except where agreed by the medical director of the ambulance service or nominated deputy. This specifically precludes use of experimental drugs and equipment except where the ambulance service is engaged in a formal research project.

8 Activation

8.1.1 As volunteers, BASICS SW responders have the right to decline any request to attend an incident.

8.1.2 When accepting a request to attend an incident it is the responder's duty to ensure that they are fit to practice, e.g. not intoxicated by alcohol or over tired.

8.1.3 A BASICS responder should NOT attend an incident until they have been assigned to the incident by the ambulance service control room. The only exception to this is if a member discovers an incident unexpectedly. In such a situation they should inform the control room as soon as practically possible and request that they are assigned to the incident.

8.1.4 It is the responsibility of the responder to ensure their vehicle is roadworthy, taxed, tested and insured adequately to respond legally. SWASFT may require that vehicles used for responding be checked for safety and suitability by a mechanic or engineer provided and funded by the Trust

8.1.5 Any registered medical practitioner may use a green light on their car when responding to an emergency call. The Road Traffic Act is clear that this does not permit the driver to exceed the speed limit.

8.1.6 Responders who have not undertaken an approved emergency driver training course must adhere to the Road Traffic Act. Only those who successfully completed such a course should drive using blue lights.

8.1.7 Any responder who is aware that they have activated a speed camera whilst en route to an incident, must report this to the ambulance control room after the incident, so that it can be recorded on the CAD and assigned to the incident. If a notification of intending prosecution, for a traffic offence while responding to an incident, is received by a member, it should be reported to SWASFT. Where appropriate the ambulance service will support the responder in requesting that the notice of intending prosecution is dropped.

8.1.8 Any speeding fine incurred by a responder, where it cannot be proved he/she was attending an emergency incident at the time, will need to be paid by the member and will not necessarily be supported by the ambulance service.

8.1.8 On arrival at scene any member may be expected, on request, to identify themselves by identification card, call-sign and name to emergency service personnel at scene.

8.2 Call-out policy

8.2.1 A predetermined call out policy, agreed between BASICS SW and SWASFT will be used to activate BASICS SW responders. BASICS SW responders may also be requested by ambulance crews, or at the discretion of the control room staff, if their input would be beneficial to patient care.

8.3 Major incidents

8.3.1 In the event of the ambulance service declaring a Major Incident (or Standby), BASICS SW members will be contacted and provided with contact details to determine which individuals are available to assist.

8.3.2 It is vital that BASICS SW members do not self activate, but liaise with ambulance control first, to ensure the most effective use of available resources, and so that accurate information can be provided to the command structure for the incident.

9 Indemnity

9.1 Scheme members will be indemnified as part of the Trust's NHS litigation authority (NHSLA) scheme as an NHS employer (NHS Hospital and Community Health Services indemnity). This operates in the same way as for other NHS trusts, e.g. acute hospital NHS trusts.

9.2 Scheme members must ensure that they possess professional indemnity insurance that provides adequate cover for providing immediate medical care in the pre-hospital environment.

10 Observers

10.1 Occasionally, individuals may accompany BASICS SW responders as observers. The term "observer" applies to any person who is not a current approved

operational responder for SWASFT. This includes doctors, health care professionals and students, as well as members of the press and public.

10.2 Observers must receive prior approval from a member of the BASICS SW Committee, the clinical lead of the local scheme or the ambulance service.

10.3 Before commencing the shift, the observer must receive a brief relating to confidentiality, liability and indemnity. The observer will conform to any observer policies and sign any required forms and disclaimers.

10.4 It is the responsibility of the supervising staff to ensure that all observers have appropriate personal protective equipment, which is used correctly at all times, and that they are not exposed to any undue risk.

10.5 Observers may not participate in clinical care.

10.6 Observers must respect patient confidentiality. They must not take photographs, videos or other images.

11 Consultation, Approval and Ratification Process

11.1 Following agreement and approval by the BASICS SW Committee and the SWASFT Medical Director this policy will be presented to the Clinical Governance Committee of the ambulance service for ratification.

12 Review and Revision Arrangements

12.1 This policy will usually be reviewed on an annual basis or earlier if indicated by:

- Changes in legislation
- Adverse incident reports
- Request of the Trust Board/Clinical Governance Committee
- Result of internal audit
- Any other identified relevant event

12.2 Any amendments or updates to this policy will first be discussed between and agreed by the BASICS SW Committee and the SWASFT Medical Director and then presented to the Clinical Governance Committee of the ambulance service for ratification.

12.3 All reviews and amendments will be identified and recorded by version control.

Appendices

A Version Control

B Equality Impact Assessment

C General Terms and Conditions

Appendix A

Version Control

Version	Date	Author(s)	Status	Comment
1.0	12/02/2013	J Hickman & A Smith	BASICS SW Committee Approved	
1.1	20/8/2013	S.Scott-Hayward	For approval by Clinical Effectiveness	Transferred to SWAST headed paper, minor grammar changes
2.0	30/9/14	S.Scott-Hayward	Approved by Directors Group	Minor grammatical changes Paragraph 9.1 removed –re indemnity cover for accidents

Appendix B

Equality Impact Assessment

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	Nil	
7.	**Can we reduce the impact by taking different action?**	No	

Appendix C

General Terms and Conditions

Health and Safety
In addition to the responsibilities of the ambulance trust under Health and Safety legislation, medical practitioners are reminded of their responsibilities for health and safety at work under the Health and Safety at Work Act 1974 as amended and associated legislation. These include the duty to take reasonable care for the health and safety of themselves and of others in their work activities or omissions, and to co-operate with the Trust in the discharge of its statutory duties. Immediate Care Practitioners must adhere strictly to the policies and procedures on health and safety, and report all accidents, dangerous occurrences, unsafe practices or damage promptly using the ambulance trust's incident reporting system. Failure to comply may result in termination of this Contract for Services

Equal Opportunities and Diversity
The ambulance trust is committed to managing equal opportunities and diversity both within the workplace and also in all dealings with patients. The ambulance trust recognises that discrimination and victimisation are unacceptable. The immediate care practitioner must adhere to these values at all times.

Whistle blowing Policy (Public Interest Disclosure Act 1998)
If a medical practitioner has a concern about a colleague's practices, they should report this to the ambulance trust lead or member of the BASICS SW Committee in a confidential manner.

Ownership of Property and Information
No material or goods, which are the property of the Ambulance Trust or pre hospital care scheme, are to be removed from premises or vehicles of these organisations unless it is in the normal course of duty and the necessary authorisation has been obtained. All documents and files of Trust origin or authorship are the property of the Trust and remain so. Failure to comply may result in termination of this Contract for Services

No liability can be accepted for loss or damage to personal property on the Ambulance Trust's or BASICS scheme's premises or vehicles by burglary, fire, and theft, or otherwise. Immediate care practitioners are advised accordingly to provide your own insurance cover.

Confidentiality
Immediate care practitioners must at all times be aware of the importance of maintaining confidentiality of information gained during the course of this contract. This will in many cases include access to personal information relating to service users. You must treat all information in a discreet and confidential manner and particular attention is drawn to the following:

1. Data protected information regarding service users must not be disclosed either verbally or in writing to unauthorised persons. It is particularly important that you should ensure the authenticity of telephone enquiries.

2. Written records, computer records and correspondence pertaining to any aspect of the organisation's activities must be kept securely at all times.

3. You have an obligation to ensure that computer systems which you use are protected from inappropriate access within your direct area of practice e.g. by ensuring that personal access codes are kept secure.

4. All data management and procedures must conform to the requirements of the Data Protection Act (1998). Under the Act, service users and staff have a right of access to their records on application to the appropriate manager.

5. If it is necessary to share information in order to effectively carry out your work, you must make sure that as far as is reasonable this information will be exchanged on a strictly 'need to know' basis, using the minimum that is required and be used only for the purpose for which the information was given.

6. Conversations relating to confidential matters affecting patients should not take place in situations where they may be overheard by passers-by, e.g. in hospitals, clinics, surgeries, reception areas or rest rooms.

7. The same confidentiality must also be observed in dealing with work related matters affecting other employees of the Trust

8. If unsure seek advice from the Trust's Information Governance Lead or Caldicott Guardian

Appendix D

Code of Conduct of Immediate Care Providers

Only by being exemplary in their conduct can immediate care practitioners show excellence in practice.

All immediate care providers must be civil, courteous, professional, respectful, diligent, cooperative and competent.

However, immediate care practitioners are in the vanguard of a new speciality, and with this goes a duty to act over and above these basic attitudes. They have a responsibility to the patient, the public, their organisation and peers, themselves and other health-care providers. These are set out in a series of duties as follows.

D.1 Duty to the Patient

D.1.1 The patient has the right to the best possible emergency care, and to give informed consent for that care. Implicit in this is their right to refuse care and withdraw their consent to care if they have capacity.

D.1.2 Where consent cannot be gained, the provider should act in the best interests of the patient as they see fit, and act as their advocate at all times.

D.1.3 The patient has the right to respect from the provider, whatever their sex, race, religion, sexual orientation, disability or the circumstances of the incident.

D.1.4 The patient has an absolute right to privacy. Medical information will be kept confidential and only passed to those with a right to know, and even then only with consent, whenever possible. At all times during treatment and transport the patient's dignity and safety are to be protected.

D.2 Duties to the public

D.2.1 The public have a right to not be harmed at any incident; the pre-hospital care provider has to ensure their safety

D.2.2 The public have a right to know that pre-hospital care is being provided in the best possible way. The public are informed by the media. Immediate care providers have a duty to engage with them, and show a positive attitude to questioning; however at no point should patient specific details be discussed unless there is clear consent from the patient. At all times, the discussion must be about what the crew knows, they must not speculate on causes of the incident or future treatment of the patient.

D.3 Duty to the Organisation

D.3.1 Immediate care providers are the public face of the ambulance service and the pre-hospital scheme they serve. At all times on duty they should be tidy and wear uniforms if provided. They should have a strong devotion to public service, and the advancement of the physician-paramedic partnership.

D.3.2 The ambulance service and the BASICS scheme has a right to be presented in a positive fashion by anyone representing them, and the practitioner must take all reasonable steps to ensure that this is the case.

D.3.3 Members must not make statements that are incorrect, misleading or bring any organisation into disrepute.

D.4 Duty to Themselves

D.4.1 All immediate care practitioners have a duty to practise within their competence, consulting where necessary. They should not attempt to conceal the misconduct or bad practice of a colleague should it occur. They have a duty for personal on-going education and should strive for excellence. At all times they must act within a clear ethical framework.

D.4.2 Members should refuse to partake in any activity which might unduly influence their decision making - whether that is clinical, logistical or financial.

D.4.3 There is also a duty to remain physically fit for work, and to be honest in reporting illness – whether acute or chronic.

D.5 Duty to Peers and other Emergency Services

D.5.1 All members of the emergency services have a right to full respect from immediate care providers and they should be dealt with in an honest and truthful manner.

D.5.2 Peers within the pre-hospital and hospital spheres should be valued and their opinions actively sought.

D.5.3 Members must collaborate with other EMS providers to ensure quality provision and co-ordination of care.