



**Spire**  
Norwich Hospital

*Private and Confidential*

HM Coroners Court

County Hall

Norwich

NR1 2DH

4<sup>th</sup> November 2022

**Spire Norwich Hospital**  
Old Watton Road  
Colney  
Norwich  
NR4 7TD

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Madam

Following the three inquests held earlier this year in relation to the deaths of [REDACTED] Barbara Hollis [REDACTED] I am writing to update you on actions taken in response to the recommendations you made:

- Ensure all patients admitted to Spire Norwich Hospital are aware that the hospital does not have an on-site critical care unit
- In liaison with East of England Ambulance Service, agree a process to support timely ambulance transfers and early notification of when an ambulance is required

In order to ensure all patients are aware that Spire Norwich Hospital does not have a critical care unit, we have added the following wording to patient admission letters:

**In the unlikely event of an unforeseen emergency requiring specialist care or facilities not available at Spire Norwich Hospital, it may be necessary to transfer you to the Norfolk and Norwich University Hospital. If this is necessary, it will be as an NHS patient, as many services are simply not provided privately in these circumstances, and rapid emergency NHS treatment would be in your best interest.**

I met with [REDACTED], Patient Safety Officer (EEAST) and [REDACTED], Control Room Lead (EEAST) on the 13<sup>th</sup> October 2022 to discuss options to improve ambulance response times for inter-provider transfers. We discussed the pressure facing the ambulance service at this time in great detail and [REDACTED] took the time to explain that it would not be possible to provide any assurance regarding ambulance response times or to agree an early notification or booking service as you had suggested, due to the requirement to manage demand through the existing triage and prioritisation system. However, we did acknowledge that the ability to have a clinician to clinician discussion, where Spire senior nursing or medical staff can speak to a clinical lead within EEAST would enable detailed information to be provided regarding the rationale for transfer and patient condition. This would provide the ambulance service with more clinical information to assist with prioritisation of resources along with providing Spire staff more information in relation to waiting times, thus assisting with patient care management plans whilst awaiting transfer. Therefore, we have agreed the following;

- On occasions where a delayed response to an IFT request is advised the caller may wish to speak to the EOC Clinical Co-ordinator directly, or request a clinical review, for consideration of a Priority Response, Rapid Release or Drop and Go to facilitate a more prompt response.

[REDACTED]

SHINWLHA4B

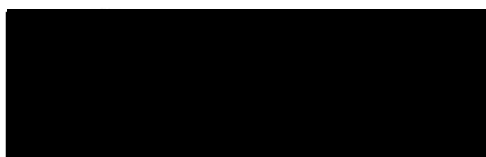
*Looking after you.*

Details of the request, including caller contact name and number, and a brief summary of any information pertinent to the request (such as treatment window or risk of deterioration) should be recorded in CAD notes and escalated to the Clinical Co-ordinator through normal escalation channels.

- The EOC Clinical Co-ordinator is to review any such request as per normal process and decision making taking into account community risk and demand. Any decision must be communicated to the clinician making the IFT request and relevant dispatch team as required.

We continue to consider other options to support timely transfer of patients, including liaison with private ambulance providers. The challenges with ambulance transfer delays have been reported to Spire Healthcare's Executive committee and we are being supported to seek solutions to this challenge at a national level.

Kind regards

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Director of Clinical Services