

Sent via email  
17 October 2024

Dear Ms Andrews,

Many thanks for contacting the British Association of Perinatal Medicine (BAPM) about the sad death of Felix Hartley. We are unable to comment on the specifics of cases but we have considered the points in your letter raised in regards to guidance from BAPM.

The national terms and conditions for NHS consultants in England are set by NHS Employers and we have attached the latest version [Please see p18 and 40.] We have also attached **A guide to Determining On-call Availability Supplements** issued by the NHS Modernisation Agency (August 2004). There is no recommendation around the time required to be on site.

BAPM is an advisory, not an executive body. We have made some relevant recommendations that can form the basis for local guidance. It is the responsibility of individual trusts to implement their own processes in line with national guidelines.

In our **Service and Quality Standards for Provision of Neonatal Care in the UK (November 2022) [Page 24]** we recommend;

*"For all levels of NNU [neonatal unit] it is not appropriate for a consultant to provide out of hours cover to two geographically separate sites simultaneously. Similarly, where a consultant or CCT holder is resident and there are less Tier 2 staff as a result, another consultant should provide Tier 3 cover (i.e. a single consultant cannot simultaneously cover at Tier 2 and Tier 3 if such cover is normally provided by two separate clinicians of appropriate training and experience)."*

In a new document from November 2023 that was NOT in place at the time of this death, **Consultant Working Patterns – A BAPM Report [page 5]**

*"Clinical service commitment during daytime clinical shifts and on calls is paramount. Any other service commitments must not prevent 24/7 immediate availability to the neonatal service including the provision of advice and, where required, in person attendance. In person attendance out of hours should always be within 30 minutes. Immediate availability of consultants will be dependent on the experience of resident Tier 2 staff, particularly in relation to airway skills. This may require resident consultant models in some instances. Local solutions for covering additional areas such as general paediatrics and neonatal transport will need to be robustly job-planned and risk assessed."*

We recognise the importance of addressing the issues raised and suggest that we send out a safety alert to our members and stakeholders drawing attention to these recommendations.

Should you require further details on any of the actions outlined or wish to discuss our response in greater detail, please do not hesitate to contact me directly.

Yours sincerely,

 **BAPM President**