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Mr Nicholas Graham  
Assistant HM Coroner for Oxfordshire  
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[REDACTED]  
Tel: 01869 365161

7<sup>th</sup> February 2014

Dear Mr Graham

**Clive Gould**

**Date of death: 18<sup>th</sup> July 2013**

**Inquest held at Oxford Coroner's Court on 11<sup>th</sup> December 2013**

Thank you for your letter to [REDACTED] dated 16<sup>th</sup> December to which I have been asked to further investigate and reply to three concerns raised by the Coroner during the course of the inquest on the 11<sup>th</sup> December 2013.

The Coroner recommended that SCAS review the following three concerns:

**Concern 1**

*How SCAS allocate priority to calls and identify whether any improvements to the allocation of priority should be given*

**SCAS response**

Currently SCAS operates the Department of Health licenced 999 triage software system called AMPDS. As this is a licenced tool all ambulance responses are determined at a national level. As a Trust we are required to maintain our AMPDS licence and ensure that call audits are carried out on a pre-determined percentage of inbound call volumes. The AMPDS product has been developed by Priority Dispatch Corporation with a comprehensive training programme that is prescriptive in nature and in order to be compliant all our Emergency Call Takers are required to meet the training standards and are audited on a monthly basis. As we currently use AMPDS our Call Takers are required to ask a pre-determined set of verbatim questions. Therefore to comply with AMPDS licence the Call Takers are required to adhere to the scripts and responses to these pre-determined questions by callers will directly affect the response level assigned to the patient.

SCAS have recognised that AMPDS is a dispatch tool as opposed to a clinical decision software support tool. SCAS are currently transitioning, with full support from our Commissioners, from the AMPDS system to a more clinically focused assessment system called NHS Pathways which is also fully licensed by the Department of Health. The benefits of this change will be to quickly identify patients in a life threatening situation and dispatch accordingly for those patients who are more time critical and then to allocate remaining resources only if clinically required to do so. This transition will be completed by the end of autumn 2014.

**Concern 2**

*SCAS look at the resilience, particularly in rural areas, to consider whether further resources may need to be deployed*

**SCAS response**

A review has been undertaken of overnight cover and Rapid Response Vehicle cover has now been extended to 24 hours in Oxfordshire, Buckinghamshire and Berkshire. This will provide additional resilience against short term sickness and wider geographical deployment cover in rural areas overnight.

Rota match versus demand has also been reviewed with crew's now starting duty earlier in the morning to bridge an identified gap. The forecasting demand approach has continued to develop and is working within reasonable levels of tolerance of accuracy enabling resources to be effectively planned. We are also about to commence co-responding pilots with the Fire Service in both Oxford and Buckinghamshire which will further enhance our capacity to respond particularly in the rural areas.

**Concern 3**

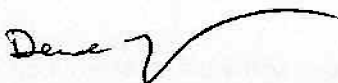
*SCAS review what information they give callers and to consider whether communication in relation to estimated times of arrival should be notified to callers or the possibility of delays*

**SCAS response**

SCAS has reviewed this point and conclude that as our 999 service is a dynamic response service, situations and priorities can change and diverting of resources to a more time critical incident can happen and must take priority. Currently no ambulance service communicates at the time of a call what their response time will be for this reason. SCAS have recognised that on occasions patients may experience a delay in response due to high levels of demand. In order to support patients SCAS have developed a Clinical Support Desk (CSD) within Emergency Operations Centre who will call back and support patients with further clinical advice until a response is on scene. The CSD are very experienced nurses and can support these patients and their families.

I hope this helps to clarify our current arrangements and improvements at SCAS and if you need any further information please do not hesitate to make contact.

Yours sincerely



**Director of Quality and Patient Care**