

ANNEX A

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used **after** an inquest.*

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO:</p> <p>1. Daren Mochrie – Chief Executive South East Coast Ambulance Service of Nexus House, 4 Gatwick Road, Crawley, RH10 9BG</p>
1	<p>CORONER</p> <p>I am Joanne Andrews, assistant coroner, for the coroner area of West Sussex.</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 1 August 2017 I commenced an investigation into the death of Barbara Howard, 68. The investigation concluded at the end of the inquest on 23 November 2017. The conclusion of the inquest was natural causes.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>Mrs Howard was found on the floor at her home on 19 July 2017 having fallen. A neighbour rang for an ambulance at 1936hrs. The call was graded as Green 2 requiring a 30 minute response time. At 2003hrs a further call was made by the neighbour of Mrs Howard to establish when an ambulance would arrive and was informed that they were working on Demand Plan Level 1 (although at inquest it was established that this was in fact level 2) as they were stacking more than 10 999 calls. At 2028hrs a single response vehicle (SRV) was sent to Mrs Howard's address and arrived at 2046hrs. The SRV then called for backup at 2050 and should have arrived within 8 minutes of the request as per SECAMB's policy. Backup was assigned at 2101hrs and chased at 2119hrs arriving on scene at 2126hrs. Mrs Howard was then transported to hospital and sadly</p>

	died from the injuries sustained in the fall on 20 July 2017.
5	<p><u>CORONER'S CONCERNS</u></p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <p>(1) In evidence the Court was informed that on 19 July 2017 the Chichester and Worthing areas had 30-40 staff vacancies made up of 2 Paramedic Practitioner roles and 25 paramedic roles. This equated to being 2 ambulances and 1 car short. I was advised that the current position is that the area is now 14 paramedics short which equates to 1 ambulance per day for the area.</p> <p>(2) In evidence, I heard that when a call is not responded to within the national target time, in this case, 30 minutes, then a Clinician should ring the patient to ascertain the priority of the call within the category. On 19 July 2017 this was not done and they were around 15 clinicians short within the Emergency Operation Centre. I was informed that there are now 9 clinicians in training the Emergency Operation Centre but this still means that there are 6 staff members short.</p> <p>(3) The evidence was that SECAMB policy is that 1300 calls per month should be audited however the audit is only about 60% on target.</p>
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe your organisation] have the power to take such action.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 22 January 2018. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons:</p>

	<p>The family of Mrs Barbara Joan Howard</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>27 November 2017</p> <p>J. Andrews</p>