



Headquarters
Melbourn ambulance station
Whiting Way
Melbourn
Cambridgeshire
SG8 6NA

30th May 2018

Geoffrey Sullivan
Senior Coroner Hertfordshire

[REDACTED]

Dear Mr Sullivan

I write further to an email received from [REDACTED] Senior Support Officer, on 9 April 2018 to which she attached a Regulation 28 Report to Prevent Future Deaths. This report was made by you following the inquest into the death of Matthew Luke Faulkner, which concluded on 27th March 2018, and the concerns you raised are outlined below:

- At the time of this incident, demand on the EEAST far outstripped the resources available to them.
- That the current position regarding demand outstripping available resources is not significantly different to that in May 2017.
- That the demands placed on the EEAS by the public are not sustainable. With, in the region of, only 60% ambulance attendances resulting in admission to hospital for urgent care.
- That there are still significant delays on handover to hospital, exacerbating the lack of ambulances being available to answer emergency calls.

In April 2017 NHS England and NHS Improvement commissioned an independent service review to provide recommendations on the Best Service Model, Pricing Review, Capacity and Demand Analysis and the Commissioning/Contract model. This review was completed by Deloitte and ORH, a company specialising in operational modelling for emergency and health services. The findings were published on 11th May 2018 and recognised the resource gap between the existing funding for the Trust and what is needed to meet demand. This is now factored into our emergency operations contract which will see a 15% increase over the next two years. This funding will enable the Trust to increase its frontline patient facing staff by 330 full time equivalent by 2020/2021. I enclose a copy of the service review for your information. We are planning to arrange a further briefing for HM coroners in the coming months.

Whilst this independent service review was being undertaken, nationally all ambulance services made significant changes to the way we respond to our patients due to the implementation of the Ambulance Response Programme. The Trust commenced the implementation of these new standards on the 18 October 2017, which involved allowing call handlers more time to assess 999 calls to determine which patients required an immediate response; and changes to the call categorisation. The new system allows for early recognition of life threatening conditions and is designed to free up more vehicles and staff to respond to emergencies. I understand [REDACTED] the Trust's former Medical Director, wrote to you

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in October 2017 outlining these changes and further detail can be found on: www.england.nhs.uk/urgent-emergency-care.

The Trust introduced Patient Safety Intervention Teams (PSIT) across the Trust in December 2017 to support our Acute Trust colleagues throughout the winter. These teams were deployed to emergency departments across the region where handover delays were continuing past 45 minutes, where no immediate resolution of the situation is apparent and patients are waiting for an ambulance response in the community. The aim was to minimise patient wait and maximise the availability of ambulances. The teams worked collaboratively with emergency department staff to maintain the safety of patients in the department along with ensuring awareness of those 999 patients who are waiting for a response. This scheme stayed in place until March 2018.

Following the risk summit that took place in January 2018, an independent harm review was commissioned by NHS Improvement. This review was conducted by the Medical Director at NHS Improvement, an independent medical consultant and two of the Trust's Clinical Commissioning Groups.

Recommendations from risk summit are outlined below:

- Improved capacity and demand forecasting for the ambulance Trust
- Early escalation of hospital handover delays, which has resulted in a new regional handover protocol and operating procedure.
- That the Trust to continue to support reduction in handover to clear times
- Review of the PSIT and HALO (Hospital Ambulance Liaison Officer) functions
- Additional staff in the Emergency Operations Centre, specifically clinicians to support the Emergency Clinical Advice and Triage Centre. This will enable appropriate prioritisation and more lower cases to be triaged to free up resources most in need.
- Collaboration with CCGs to review the process of inter-hospital transfers.

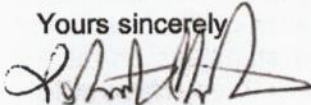
This review also identified national learning for all ambulance services too:

- Stricter adherence to welfare call process protocols
- Review call triage scripts for patients who have fallen
- Commissioners to support regional services e.g. falls response team
- National review of emergency services e.g. if patient fallen and no harm, specifically in relation to care home services
- Review of certain care home policies e.g. no-lift policy
- Application of end of life care processes consistently in care homes
- Up-to-date directory of services e.g. GPs to call ambulance services directly to enable appropriate information sharing

I hope this assures you that the Trust is taking considerable action to manage our call demand and utilise the resources available to use in the most efficient way. We are working to improve our capacity by recruiting more staff, supported by additional frontline vehicles. The Trust is also collaborating with the Acute sector and the Clinical Commissioning Groups to resolve the hospital handover delays. Most importantly, we are continuing to educate the public around the appropriate use of the 999 service and looking at innovative ways to support patients with complex needs (mental health street triage teams) or to those who call frequently due to falls.

Please do not hesitate to contact me should you require any further information.

Yours sincerely



Robert Morton
Chief Executive

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