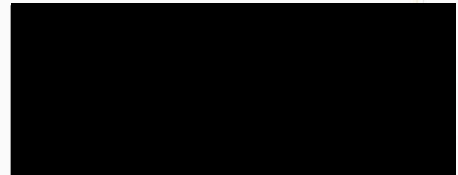




Our ref: SC/RM/1860/04/18

22 May 2018

Mr Geoffrey Sullivan
HM Senior Coroner for Hertfordshire
Coroner's Service | Hertfordshire County Council
The Old Courthouse
St Albans Road East,
Hatfield
AL10 0ES



Dear Mr Sullivan

Re: Regulation 28 Report to Prevent Future Deaths Dated 29 March 2018

I write in response to the Report pursuant to Regulation 28 of the Coroners (Investigations) Regulations 2013, dated 29 March 2018, for Mr Matthew Faulkner, which was issued to East of England Ambulance Service, Lister Hospital, Luton and Dunstable Hospital and Princess Alexandra Hospital. The Report was received via email from your Senior Support Office, [REDACTED] on Monday 9 April 2018.

We offer our sincere condolences to Mr Faulkner's family and friends for their loss.

This response is limited to Part 5 of the Regulation 28 Report "Coroner's Concerns," concern numbered (4) "*That there are still significant delays open handover to hospital, exacerbating the lack of Ambulances being available to answer emergency calls.*" I note concerns numbered (1) – (3) are directed to East of England Ambulance Service ("EEAS").

Firstly, we would respectfully submit that Luton and Dunstable Hospital were not made aware of an inquiry having been opened on 6th June 2017 into Mr Matthew Faulkner's death and of the Inquest held on 27th March 2018. As such, Luton and Dunstable Hospital did not have an opportunity to take part in the Inquest and make submissions in respect of any risks identified in the course of the inquiry and/ or respond to any submissions made by the Interested Persons who attended the Inquest on 27th March 2018.

On 30th May 2017, between 17:00 and 22:00 hours, 19 ambulances were delayed at the Luton and Dunstable Hospital. This consisted of 11 ambulances under 30 mins and 8 ambulances under 60 mins, amounting to 368 minutes in total. As it was the Tuesday post Bank Holiday, ED attendances were expected to be high and indeed 326 patients attended across the 24 hour period, higher than the rolling 30 day average of 296. 88 patients arrived by ambulance which is within normal daily expectations. The bed reports from that day indicates high numbers of patients in the department - at 4pm there were 67 patients in ED and 8pm, 58 patients, which would have caused some overcrowding within the department. Similarly due to the Bank holiday weekend, discharges were reduced compared with normal; the Trust already had taken steps to mitigate this by using one contingency ward of



UCL Medical School Clinical
Teaching Hospital

Chairman: **Simon Linnett**
Chief Executive: **David Carter**



Luton and Dunstable
University Hospital
NHS Foundation Trust

an extra 18 beds full, and creating two "outlier bays" within the Surgical bed base, creating 12 further contingency beds. Flow out of ED was challenging despite this, with consequent ambulances offload being compromised. It is worth noting that the hospital typically has up to 60 patients whose discharges are delayed due to issues outside the hospital.

Generally the L&D's performance regarding ambulance handovers is considered to be very reasonable. We have long adopted this metric as one of our triggers for patient flow escalation, which is monitored carefully throughout a 24 hour period. We always act upon handover delays if it becomes apparent that flow has reduced, and this is contained within our four times daily bed report. The escalation process involves input from an executive director and one of the medical directors. Whilst there is always room for improvement, the Weekly Sitrep ending 4th June 2017 shows that we had no ambulances waiting over 60 mins throughout the whole week. Attached to this letter is the East of England Ambulance service data for the period in question, showing the position of the L&D and all other trusts served by EEAST.

The L&D ED processes are designed to ensure timely handovers with joint decision making taking place between the ambulance crew and the ED nurse in charge with regards to safely offloading patients. If there are no cubicles immediately available, the duty ED consultant is made aware and becomes involved, and the hospital control room are tasked with resolving the situation. All ED patients are prioritised by clinical need and a continuous clinical risk assessment of all patients is undertaken through the process of "ED rounding" – this is based upon the Bristol Patient Safety Checklist as advocated by NHS Improvement. This may mean that at times a patient who has not arrived by ambulance may be given priority above an ambulance patient.

We are aware that other Trusts have taken the decision to cohort patients while still on ambulance trolleys and still in the care of ambulance crews. This does nothing to resolve the release of ambulance crews and indeed removes more crews from attending to 999 calls. In response to this, EEAST created a Patient Safety Intervention Team (PSIT), consisting of 5 separate geographical teams each of between 3 and 6 clinical staff. These teams would be deployed into hospitals that had problematic ambulance offload problems, taking over the care of these patients while the hospital was unable to accommodate them and thus releasing the ambulance crew and vehicle back into active response duty. Although these PSIT teams were deployed on a daily basis to hospitals across Hertfordshire, they have never been sent to the L&D.

It is the Trust's firm belief that it is not safe practice to cohort ambulance patients as these are often the most vulnerable patients in ED having not yet been assessed. Therefore there are a number of other steps taken to assess existing patients and their need for a trolley whilst flexing both capacity within and nearby the department by using it in a different way as well as cohorting stable patients awaiting inpatient beds and boarding patients on inpatient wards. Therefore, at the L&D we prioritise cubicle space for new patients coming in from ambulances, and will transfer existing patients into hospital and assessment beds to accommodate this. We will open further contingency areas as necessary in order to proactively create space rather than react to deficiencies in it. We will transfer patients to wards where beds will shortly become available even if the space has not yet become

available, thus temporarily increasing the capacity of a ward (this is referred to as "boarding").

All parts of the NHS are experiencing growing pressure with the increased demand in services and Luton and Dunstable Hospital are committed to working with all health and social care providers, as needed, to improve the quality of care and coordination between diverse services to ensure patients are kept safe.

Clearly, as partners working together with EEAS, we will continue to work collaboratively to improve services we provide to our patients and the wider local populations, as needed.

Please do not hesitate to contact me if you require any further details.

Yours sincerely

A handwritten signature in dark ink, appearing to be 'David Carter', with a long horizontal flourish extending to the right.

David Carter
Chief Executive Officer

LONG HANDOVER DELAYS (TRENDS IN RECENT WEEKS)

Sum of % of handovers taking 60 mins+ in A&E Row Labels	Column Labels 05/03/2017	12/03/2017	19/03/2017	26/03/2017	02/04/2017	09/04/2017	16/04/2017	23/04/2017	30/04/2017	07/05/2017	14/05/2017	21/05/2017	28/05/2017	04/06/2017
Addenbrookes Hospital	0.5%	1.4%	0.2%	0.7%	0.2%	0.0%	0.0%	0.0%	0.7%	0.3%	0.0%	0.0%	0.3%	0.0%
Basilidon & Thurrock Hospital	0.7%	3.6%	1.2%	0.0%	1.5%	1.7%	1.0%	2.1%	4.4%	0.5%	1.6%	0.0%	1.6%	0.6%
Bedford Hospital South Wing	0.9%	0.0%	0.0%	0.9%	3.1%	0.0%	0.0%	0.3%	0.3%	1.5%	1.0%	0.3%	0.0%	0.0%
Broomfield Hospital	4.3%	0.4%	3.7%	2.7%	1.0%	1.3%	0.0%	0.8%	1.5%	1.1%	2.2%	0.0%	0.8%	3.8%
Colchester General Hospital	2.5%	0.2%	0.2%	0.5%	0.4%	3.9%	1.7%	2.0%	9.2%	9.1%	7.3%	1.9%	0.6%	1.0%
Hinchingbrooke Hospital	8.8%	4.3%	3.1%	1.8%	4.6%	5.1%	3.6%	6.6%	10.1%	16.9%	5.2%	0.9%	3.3%	3.3%
Ipswich Hospital	1.8%	1.3%	3.9%	3.1%	2.6%	0.0%	2.4%	0.6%	4.1%	2.3%	1.6%	0.9%	1.4%	0.8%
James Paget Hospital	0.0%	0.0%	0.0%	1.2%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Lister Hospital	4.5%	1.2%	0.5%	0.3%	0.0%	0.0%	0.5%	0.0%	0.2%	0.5%	0.9%	0.0%	1.2%	0.2%
Luton And Dunstable Hospital	0.0%	0.7%	1.3%	2.2%	1.2%	0.2%	0.2%	0.7%	0.7%	0.8%	0.0%	0.5%	0.0%	0.0%
Norfolk & Norwich University Hospital	6.4%	0.3%	5.0%	2.7%	0.1%	0.1%	0.8%	0.9%	4.9%	2.4%	0.9%	0.0%	0.2%	0.8%
Peterborough City Hospital	6.3%	11.1%	0.2%	2.0%	9.5%	3.2%	3.8%	3.0%	7.3%	3.8%	7.8%	1.9%	4.0%	1.4%
Princess Alexandra Hospital	6.1%	6.5%	0.9%	3.7%	5.8%	5.9%	0.8%	5.6%	7.2%	8.9%	0.0%	1.7%	9.9%	5.4%
Queen Elizabeth Hospital	10.3%	9.3%	7.5%	4.4%	10.8%	9.8%	5.6%	6.3%	11.1%	15.6%	3.7%	2.4%	7.7%	1.0%
Southern University Hospital	4.1%	2.4%	1.9%	1.0%	0.9%	0.4%	0.2%	0.2%	0.8%	1.1%	4.0%	0.5%	0.8%	1.0%
Watford General Hospital	30.9%	21.4%	31.5%	15.3%	17.6%	15.6%	13.5%	19.5%	24.8%	10.8%	6.6%	23.9%	3.7%	9.4%
West Suffolk Hospital	4.0%	1.8%	2.0%	0.9%	3.6%	0.3%	0.0%	0.0%	2.0%	1.3%	0.8%	1.6%	0.9%	0.8%
Grand Total	5.4%	3.0%	3.9%	2.6%	3.4%	2.6%	1.9%	2.6%	5.1%	3.7%	2.4%	2.0%	1.8%	1.5%

CONTRACTING TEAM
 John.harris@ipswichandeastofthorpe.nhs.uk
 07944 212637

ARRIVAL TO HANDOVER PERFORMANCE DRILL DOWN REPORT

For the week ending		04/06/2017										Please Note:
A&E Department Arrival to Handover Performance Overview		No of handover times recorded in A&E	Percentage of handover times recorded	Percentage within 15 minutes	Hours lost over 15 minutes	Equivalent whole 12 hour Ambulance shifts lost	No over 30 minute	% of recorded journeys over 30 minutes	No over 60 minute	% of recorded journeys over 60 minutes		
		Num of transports into A&E dept only										
		638	95.5%	49.8%	27	2	14	2.3%	0	0.0%		
		559	84.3%	43.3%	38	3	45	0.1	3	0.6%		
		375	91.7%	73.0%	6	0	3	0.9%	0	0.0%		
		524	91.2%	31.4%	73	6	91	19.0%	18	3.8%		
		569	90.9%	15.3%	80	6	92	17.8%	5	1.0%		
		229	79.9%	19.7%	39	3	58	31.7%	6	3.3%		
		510	97.6%	45.8%	32	2	27	5.4%	4	0.8%		
		415	99.3%	55.1%	12	1	2	0.5%	0	0.0%		
		584	93.3%	60.2%	22	1	23	4.2%	1	0.2%		
		598	79.9%	49.0%	38	3	42	8.8%	0	0.0%		
		873	98.3%	63.3%	39	3	38	4.4%	7	0.8%		
		413	88.6%	45.9%	38	3	51	13.9%	5	1.4%		
		412	85.9%	31.9%	74	6	110	31.1%	19	5.4%		
		425	90.6%	21.6%	50	4	51	13.2%	4	1.0%		
		562	89.9%	41.0%	52	4	65	12.9%	5	1.0%		
		573	78.4%	27.6%	108	9	112	24.9%	42	9.4%		
		404	91.1%	32.3%	36	3	36	9.8%	3	0.8%		
		8663	90.3%	41.5%	771	64	860	11.0%	122	1.7%		

This report details A&E Dept arrivals only as recorded by the Ambulances on their Mobile Data Terminal (MDT) System

Trusts should receive Daily Call Sign Reports to validate the MDT information in this report

Corrections need to be submitted to EEAST for review to soperations@eastamb.nhs.uk

Also any requests to go on Call Sign Distribution List can also be sent to above link