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Confidential
Mr Hassan Shah
Assistant Coroner
Constabulary Block
Angel Square
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7 March 2019

Dear Mr Shah

Re: Report to Prevent Future Deaths: Ms Diana Gudgeon

Thank you for your Regulation 28 Report to Prevent Future Deaths, dated 9 January 2019, bringing to my attention HM Coroner's concerns arising from the inquest into the death of Ms Diana Gudgeon.

I would like to assure you that matters related to patient safety are taken extremely seriously by the Trust. In particular, matters arising from Coroners' Inquests from which lessons can be learnt, including Prevention of Future Death Reports, are discussed within the Incident Review Group and Lessons Learned Group.

Coroner's Concerns

1. **Triaging by '111' and EMAS call handling systems, including in relation to sepsis. In the present case, Mrs Gudgeon had collapsed, passed out, been confused and had been vomiting. These are signs of central nervous system/neurological problems but were not regarded as urgent. Despite EMAS being told that Mrs Gudgeon may have a urinary tract infection, no escalation occurred.**

Each individual call received by the Trust is either triaged via the Advanced Medical Priority Dispatch System (AMPDS), using the information provided to us either by the caller or is received via the electronic gateway from NHS Pathways - the 111 system. The AMPDS is an internationally recognised triage system that uses a data set to determine the response level required, based on the information provided during the call.

The call is categorised at source, according to the information provided by the individual caller or the system. At this time there was no information provided by the caller that warranted an escalation of the call.

When we re-contacted the patient at a later time, no additional information was provided and the call remained as the same category.

If additional information had been provided to the call taker that triggered an escalation via AMPDS to a higher category, this would have escalated the call to a higher category.

- 2. It was suggested in evidence that if the same facts are inputted into the '999' AMPDS triaging system they are likely to allocate a higher priority to the call than the '111' Pathway triaging system would.**

Both AMPDS and NHS Pathways are advanced clinical triage systems designed to enable the call taker to process a 999 call based on information received from the caller and to arrive at a response priority. The two triage systems operate within different algorithms and with a different series of questions to ask the caller when prioritising the call.

As each system has differing algorithms and different question sets, and each 999 call is managed as an individual call, there will be occasions where different priorities may be attributed to the same set of circumstances within each triage system.

As an example, AMPDS ambulance trusts more often have a higher proportion of Category 2 999 calls than Trusts that use NHS Pathways.

- 3. The shortage of double crewed ambulances and fast response vehicles in the Northampton Division.**

A jointly commissioned, independent "demand and capacity review" identified a gap between the resources presently available, and what was needed to deliver national performance standards for ambulance services.

In 2018, new contract terms were agreed by the Trust with Hardwick Clinical Commissioning Group (CCG), providing extra investment during 2018-2019 and 2019-2020. Hardwick CCG which manages the EMAS contract on behalf of 22 CCGs across the region, signed off the terms for up to £9m extra funding for clinical staff, ambulances and other resources being provided in the first year. This could potentially rise to approximately £19m next year, dependent on performance targets being met and other financial agreements made as part of the contract terms.

The funding will directly address the gap identified in the demand and capacity review, and is expected to result in a stepped improvement in the Trust's ambulance response times and consistency of response across all areas of the East Midlands region. The additional money will be invested in the right level of resources to enable the Trust to respond more quickly and consistently to 999 calls and urgent GP requests and to achieve national standards at a county level, which came into force for all ambulance trusts in autumn 2017.

Since the additional funding was announced and as at the end of February 2019, the Northamptonshire Division have recruited an extra 39 frontline staff and further staff are in

the process of being recruited. 20 staff are now recruited, trained and operational. The remainder in training will commence training in the next quarter. To support the additional resources, we are also recruiting private providers with qualified staff.

4. The effectiveness of the EMAS Capacity Management & Escalation Plan (CMP) including, inter alia, the fact that:-
- a) **CMP status 1 – 3 does not trigger the deployment of additional vehicular resources.**
 - b) **CMP 4 is only triggered when 200 calls are holding (this was previously 150) – this is a high threshold.**
 - c) **A Technical Commander can overrule a CMP status e.g. even if 200 calls are holding (CMP 4), this can simply be downgraded to CMP 3 by the Technical Commander.**

We do look to move resources from one Division to another and therefore we have to balance against how many jobs are holding in each Division. On this occasion, it was unfortunately not possible to move any resources.

The Trust's Capacity Management and Escalation Plan has been through a rigorous governance process and the triggers are regarded as a safe process for managing our demand. The Plan is reviewed on an annual basis.

Given the complexity of the CMP I would like to suggest that a further, detailed explanation be presented to HM Coroner or representative. Alternatively we could arrange for a visit to our Emergency Operations Centre to see the CMP in place; we could also take the opportunity to illustrate the AMPDS triage system at this time. If you feel that this would be beneficial, Mrs Natalie Harrison, Coroner Services Manager, will be pleased to make the necessary arrangements.

I hope that the measures set out in this letter provide you with the appropriate level of assurance in relation to our commitment to continuous improvement of services.

Please do not hesitate to contact me should you require any additional information, or any clarification, in connection with the above.

Yours sincerely



Richard Henderson
Chief Executive