South East Coast Ambulance Service NHS
NHS Foundation Trust

South East Coast Ambulance
Service NHS Foundation Trust
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Ms Caroline Topping
HM Assistant Coroner for Surrey

By email only

11 May 2020

Dear Madam

Karen Bingham deceased

I write in response to the Regulation 28 Prevention of Future Deaths Report that you issued in this case on 30 March 2020. I was very sorry to hear of Ms Bingham's passing and I would like to pass my personal condolences to Ms Bingham's family.

I am not able to respond to the first matter of concern raised in your report as this concerns Surrey Police alone. I therefore confine my response to the second matter of concern, namely:

"Those responsible for the dispatch of emergency services in the police and ambulance services do not have a sufficient understanding of the triaging and dispatching processes used by each other's service nor their response times".

I would like to break your concern down into two areas:

1. **SECAmb's dispatch staff's knowledge of police dispatch procedures**

   I understand that evidence was given to the inquest by two of my senior managers, [redacted] and [redacted] as to how SECAmb's Emergency Operations Centre ("EOC") functions so I do not intend to repeat that here. From that evidence, the Court is aware that a national triage system called NHS Pathways ("NHSP") is used in our EOC to triage and categorise calls. NHSP arrives at a "disposition" – a call categorisation. Our Resource Dispatcher will see the incident immediately when the area of the incident becomes apparent and can assign a resource either immediately for a Category One ("C1") call or after or during triage for other categories. This visibility allows the dispatcher to start planning a suitable resource to send to the patient during triage. The dispatcher will assign an ambulance resource when an appropriate vehicle becomes available in a reasonable vicinity of the incident. Resources are primarily assigned firstly according to urgency (C1 calls first, then category 2 etc) and secondly, within a category, on the length of time the call has

been waiting (the oldest C2 call will be assigned a resource before the second oldest etc). There are limited circumstances in which a call can be elevated to a higher priority than its place in the queue of outstanding calls. Dispatchers are supported by nurse and paramedic Clinical Supervisors, coordinated by a Clinical Safety Navigator, who are assigned to oversee 'Clinical Prioritisation' of all incidents awaiting resource allocation. Clinical Prioritisation includes undertaking clinical reviews of individual incidents, undertaking welfare checks, calling back cases for enhanced triage, upgrading/downgrading and prioritising individual cases within their existing categorisation. Furthermore, dispatchers have a route of escalation through a Dispatch Team Leader (DTL) and Clinical Supervisor to highlight any individual incidents where they have reason for concern.

Whether another emergency service is attending an incident and in what timeframe are not factors that would normally influence a dispatcher's decision making. There are a very limited number of scenarios in which knowledge of the type and number of co-responders from other services being assigned may be of use, for example:

- If multiple police resources were attending a patient experiencing a mental health illness and were needing to restrain them, we might consider Acute Behavioural Disturbance and think about sending a Critical Care Paramedic.
- An incident involving multiple fire appliances would be a consideration for Hazardous Area Response Team allocation.

Our dispatchers are not specifically trained in police triaging or dispatching processes because such knowledge would so rarely factor into their dispatching decisions, which are based on clinical need.

As mentioned above, calls awaiting assignment of an ambulance resource are under constant review by a clinician, who does have the ability to alter the categorisation or priority of a call. The decisions of the clinician are made on clinical grounds; factors such as history, environment, load on our system are also taken into account. Knowledge of estimated arrival times of other emergency services would not influence these clinical decisions in the vast majority of cases.

Where there is concern between agencies, the issue can be raised at an operational or tactical management level where the principles of JESIP will be applied. Put simply, the Police Operational Commander can, and does, talk to the EOC Manager or Clinician Supervisor to discuss the incident.

In light of the above, I consider that the knowledge of my EOC staff of police dispatching processes is sufficient at present to enable them to carry out their functions safely and appropriately.

2. Police dispatch staff's knowledge of SECAmb's dispatch procedures

[redacted] gave evidence to the inquest of the actions taken by SECAmb to ensure that our police colleagues are aware of our call categorisations and response targets. At the time the Ambulance Response Programme was rolled out in SECAmb (on 22 November 2017) a comprehensive document was prepared for our partner organisations and distributed to them. This includes the three police forces

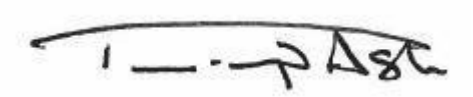
with whom we principally work: Surrey, Sussex and Kent. We created and disseminated a further document for our partner agencies explaining our Surge Management Plan, including information on how we triage/prioritise calls, ARP response targets, SMP triggers and our actions. We also have in place a system for notifying Police Force Control Rooms by email when we reach the levels of our Surge Management Plan whereby there is a substantial risk that we will struggle to reach our target response times.

SECAmb rely on our police partners to disseminate internally the information that we provide. It is for each force to ensure that all relevant materials are cascaded to all those who need to know of their contents.

Notwithstanding the efforts we have previously made to ensure our police colleagues are aware of our processes, we have considered, in light of this case, whether we could go further. [redacted] and the EOC Operating Unit Manager responsible for dispatch [redacted] are in the early stages of a review of our Surge Management Plan. We consider that it would be constructive to involve all three police forces in our area as part of that review to discuss possible joint actions that could be taken when certain levels of stress on our system are reached. There are many options that we consider worth joint discussion, some of which could lead to closer working of our respective control rooms. [redacted] will work with our Blue Light Collaboration Manager to liaise with our police colleagues to explore opportunities for closer collaborative working. Whilst I do not have a firm timescale for this review, particularly in current circumstances, I would very much hope that it will be concluded and implemented before the end of this year.

If I can assist you further in relation to any of the above, please do not hesitate to contact me.

Yours sincerely



Philip Astle
Chief Executive Officer
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