ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Association of Ambulance Chief Executives

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BY EMAIL

Senior Coroner - Emma Whitting
Bedfordshire & Luton

Dear Ms Whitting

REGULATION 28: HELEN SHEATH

I am writing in response to the Regulation 28 report to prevent future deaths following the inquest into the death of Helen Sheath which you issued on 29th April 2020 to the Association of Ambulance Chief Executives (AACE), National Ambulance Service Medical Directors (NASMeD) and Emergency Call Prioritisation Advisory Group (ECPAG).

AACE is a private company owned by the English Ambulance NHS Trusts. It exists to provide ambulance services with a central organisation that supports, coordinates and implements nationally agreed policy. Our primary focus is the ongoing development of the English ambulance services and the improvement of patient care. We are a company owned by NHS organisations and possess the intellectual property rights of the JRCALC UK ambulance service clinical practice guidelines. AACE is not constituted to mandate or instruct ambulance service however we do have national influence via the regular meetings of ambulance Chief Executives and Trust Chairs along with a network of national specialist sub-groups. One of our specialist sub groups is the National Ambulance Service Medical Directors (NASMeD) and this response therefore is from AACE and has been informed by NASMeD.

The response categories are set by the Emergency Call Prioritisation Advisory Group (ECPAG), an NHS England led group responsible for the governance, control and approval of any change to clinical code sets (aligning codes to response categories).

When 999 is called, the call is assessed by using a triage tool. East of England Ambulance Service and four other ambulance trusts in England use AMPDS and the other five trusts use NHS pathways. The 999 call taking staff are trained to use these systems and follow a set of questions that relates to the information that is given to them over the telephone and they have to follow a defined process which then determines the category of response. This ensures that all calls are appropriately categorised so that patients with life threatening conditions receive the most appropriate and timely response. This does sometimes mean that an ambulance has to be diverted from a lower to a higher priority call.

NASMeD are supportive of a letter that was sent to ambulance trusts in April 2019 from Professor [redacted], the then National Clinical Director for Urgent and Emergency Care at NHS England to:

> "ensure they have robust clinical oversight in place in control rooms to monitor self-harm and suicidal patients safely and effectively, particularly those who have been allocated a Category 3 or 4 response initially".

And stated that:

> “consideration should be given, at the point of call, to the type of overdose and quantity taken (where relevant), and to the intent to end life, all of which will determine the necessary response including the need to upgrade a call for clinical reasons...".

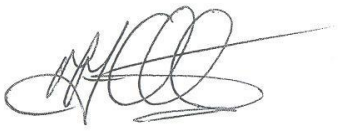
A person that is threatening suicide does not constitute a life-threatening emergency and therefore doesn’t warrant a higher category of response but, given the potential for a small number of these cases to become potentially life threatening, early clinical review of these calls is recommended. NASMeD has previously encouraged all ambulance trusts to implement clinical review of these cases in support of the letter sent by Professor [redacted] in April 2019.

I hope that you will agree that we have responded to the concerns that you have raised. We can assure you that we are absolutely committed to learning from all adverse events in order to prevent them happening again in the future.

If we may be of further assistance, please do not hesitate to contact us.

We would like to extend our sincere condolences to the family of Helen Sheath.

Yours sincerely



Martin Flaherty OBE
Managing Director