



HMC Andrew Harris  
London Inner South  
Southwark Coroners Court  
1 Tennis Street  
London  
SE1 1YD

Your Ref :  
Our Ref : 5972  
Date : 23 July 2020

Dear Mr Harris

### **Regulation 28: Prevention of Future Deaths Report for Master Omarian Brooks**

Thank you for your Regulation 28 Prevention of Future Deaths Report (PFD) dated 29 May 2020. I would like to take this opportunity at the outset of my letter to offer my deepest condolences to Master Brooks' family.

Following the conclusion of the above inquest, the London Ambulance Service NHS Trust (LAS) understands from the PFD report that the learned Coroner has recommended that the London Borough of Lewisham, the LAS, Sydenham Green Group Practice and Lewisham & Greenwich NHS Trust work together on the issue of inter-agency working to prevent future similar deaths.

The matter of concern for the LAS is the dispute regarding the conveyance to hospital and the Patient Specific Protocol (PSP), which I will address in turn:

#### **1. Managing the Conveyance of Patients**

The LAS's position on conveying patients to the most appropriate destination is detailed in OP/014 Managing the Conveyance of Patients Policy and Procedure. During the inquest you were advised by Ms [REDACTED], Sector Senior Clinical Lead, that this policy was due to be updated but due to the current pandemic it has not been possible for the LAS to carry out this update. The LAS endeavours to update this policy by the end of October 2020.

Given that this patient was presenting with a potentially critical illness, conveyance to the nearest emergency department was indicated. The acceptable exceptions to conveying the child to another hospital would not apply in an emergency situation save for the nearest unit not being equipped to deal with a paediatric patient. This would not have been the case with Lewisham Hospital which has a paediatric emergency department.

The crew had correctly identified that the child was critically unwell and moved to convey them to the nearest emergency department as per policy.

Furthermore, during the inquest you were also advised by Ms [REDACTED] that the Policy for Consent to Examination or Treatment (OP/031) will be updated by herself. However, due to the current

pandemic Ms [REDACTED] was re-deployed to frontline clinical duties and therefore it was not possible to carry out this update. However, at the time of writing Ms [REDACTED] is liaising with the relevant persons within the LAS to progress the update of this policy and endeavours to update this policy by the end of October 2020.

## 2. Patient Specific Protocols (PSP)

In 2017 the LAS was operating a PSP process which involved the patients' regular clinician (GP or Hospital Consultant) completing paper forms detailing the specific clinical requirements that may be required for their patient's condition. This form was faxed or emailed to the LAS, in order to provide supplemental information to the crews when attending the patient in an emergency. The PSP lasted for 1 year with the responsibility of renewing and updating it lying exclusively with the clinician who initially completed it. A PSP has never and can never be written by the LAS as this responsibility lies with the patients' regular clinician.

A 'flag' in the Emergency Operations Centre (EOC) mapping system was placed so if an emergency call was received by the LAS for that address a little note would come up to say there was a PSP. It was clear to the LAS that this system was not optimal for all of our patients so in collaboration with NHS England (NHSE) and NHS Improvement (NHSI) the LAS transitioned to use the Coordinate My Care (CMC) system for PSPs in 2019. Around February 2018 with the roll-out of iPads, the LAS wrote to acute Trusts in London to inform them that the practice of holding PSPs within our control room was going to be phased out within the next year due to the introduction of the CMC system. All Trusts were asked to review existing PSPs and transfer them to the CMC system.

In April 2019 the LAS again wrote to acute Trusts in London to reiterate the introduction of the CMC system and asked all clinicians to review existing paper PSPs in existence and transfer them onto the CMC system by 1<sup>st</sup> July 2019. The transition process was robust and overseen by NHSE and the Healthy London Partnership.

CMC is a system owned and governed by The Royal Marsden Hospital for the sharing of specific clinical and patient information pan London accessible by any and all Hospitals and Clinicians, once they obtain log in credentials. The goal being that important clinical information could be seen by any organisation with a single log in as opposed to being held in isolation in multiple systems at multiple trusts or practices and therefore not visible in a true emergency.

Following the support from NHSE and NHSI, CMC is now the current and only system by which the LAS is able to safely, efficiently and effectively access PSPs. Ambulance clinicians now have immediate access to up to date specific clinical information about that patient, including complex issues encountered at the end of someone's life.

An additional functionality that CMC affords patients is the ability to start their own record. This initial record is subsequently clinically validated by the patient's usual clinician in discussion with the patient themselves. This function is called "My CMC".

The CMC team, Healthy London partnership, NHSE and NHSI all continue to work with stakeholders to improve and refine the CMC system with the vision that it will become the single point of contact for detailed clinical patient information in an emergency pan London.

At the time of writing, the LAS's legal services department has contacted the legal representatives of London Borough of Lewisham, Sydenham Green Group Practice and Lewisham & Greenwich NHS Trust to co-ordinate a meeting. It has been suggested that

representatives of each agency meet with the LAS's Stakeholder Engagement Manager for South East London, Mr [REDACTED] and Ms [REDACTED]. A mutually convenient date for such meeting is yet to be agreed.

I hope this response is helpful in explaining the specific actions undertaken by the LAS.

Yours sincerely

[REDACTED]

[REDACTED]  
**Chief Executive Officer**