Yorkshire Ambulance Service NHS Trust

Springhill 2
Brindley Way
Wakefield 41 Business Park
Wakefield
WF2 0XQ

[redacted]

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Mr S Eccleston
HM Assistant Coroner for South Yorkshire (West)
The Medico- Legal Centre
Watery Street
Sheffield
S3 7ES

2 November 2023

[redacted]

Dear Sir

Re: Inquest touching the death of Mark Bennett

I write on behalf of Yorkshire Ambulance Service NHS Trust (YAS) and in response to the Regulation 28 report on this matter, issued on 26 September 2023 and received by Yorkshire Ambulance Service NHS Trust (YAS) on 23 October. 2023.

I am aware of the circumstances of Mr Bennett's tragic death and take this opportunity to offer my sincere condolences.

Your matter of concern was: *"I believe there is a lack of guidance and/or protocols on what constitutes best practice on this issue for paramedics and/or ambulance staff which might place future patients at risk in similar situations. In particular, how long should resuscitation continue for and when should the patient be taken to hospital for thrombolysis."* I understand this relates to the clinical management of a patient in cardiac arrest who has a suspected pulmonary thromboembolism (PE).

Nationally, ambulance clinicians follow standard clinical practice guidelines developed and managed by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) on behalf of the Association of Ambulance Chief Executives (AACE). These are universally referred to as the JRCALC Guidelines. Guidelines relating to the management of cardiac arrest follow the Resuscitation Council (UK) guidelines. The guidelines are clear on the delivery of Advanced Life Support (ALS) and when to consider that to commence or continue resuscitation attempts would be futile. YAS clinicians have the ability at all times to access these guidelines via an app on a personal issue YAS mobile phone.

In this instance the potential cause of cardiac arrest being a PE was recognised by the attending paramedic. PE is one of the potentially reversible causes of cardiac arrest described in the JRCALC guidelines. ALS requires exclusion or treatment of a potentially reversible cause before resuscitation attempts should cease. If appropriate treatment cannot be provided in the pre-hospital environment, then the patient should be conveyed to the nearest Emergency Department, with cardiopulmonary resuscitation (CPR) ongoing, without delay.

Paramedics are also supported to make decisions about the futility of commencing or continuing resuscitation attempts and JRCALC provides clear guidance on the scope in which paramedics may make these difficult decisions. Unfortunately, in this instance, but clearly with the best of intentions, a decision was made which falls outside that scope. On review, YAS documentation could be more supportive in making these decisions. To that end, I have asked that the clinical documentation is reviewed and updated, and decisions relating to the termination of resuscitation attempts are covered as a component of annual clinical refresher training.

My thoughts remain with Mr Bennett's family.

Yours faithfully

[redacted]

Chief Executive