

Deaths in the NHS: Ambulance Trusts

A matter of life or death



NOV 28, 2024 • PAID



6



4

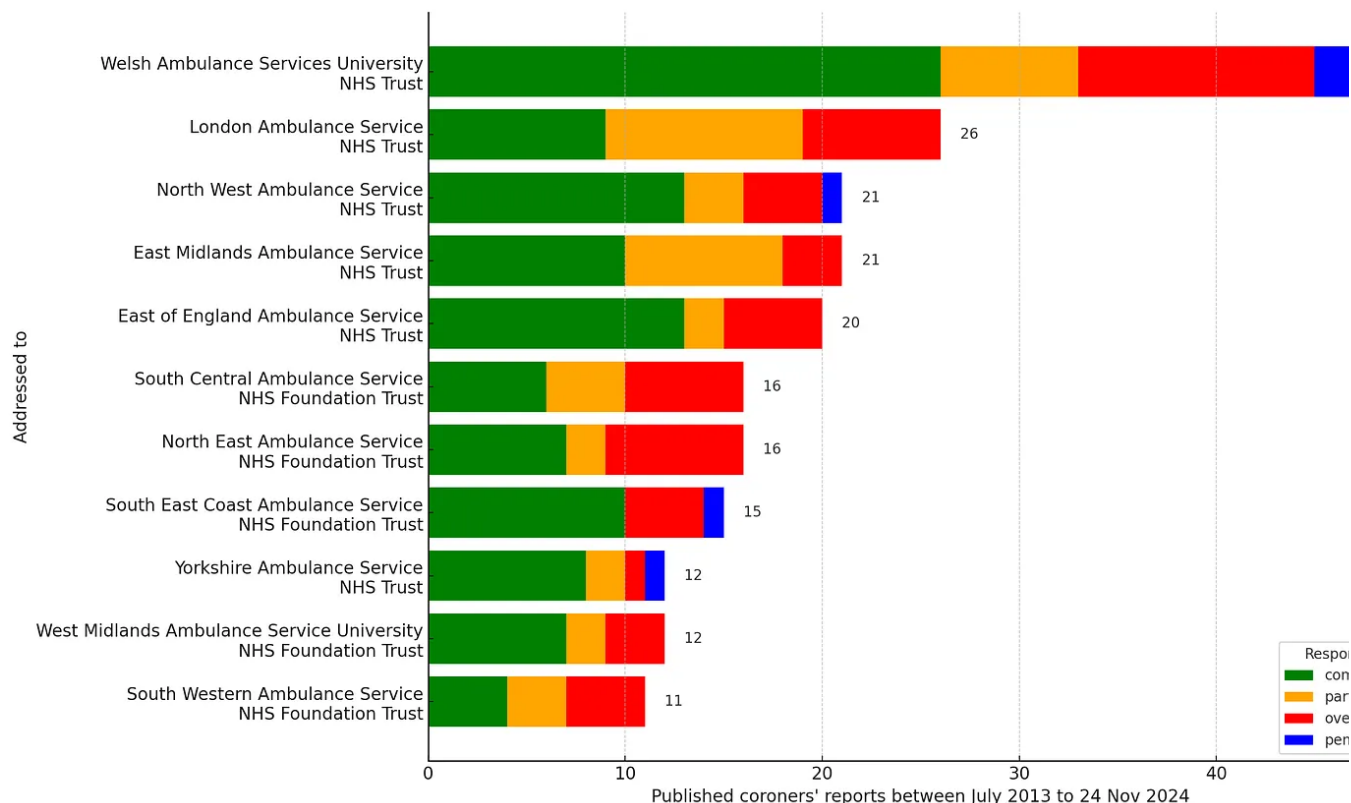
Share

Coroners have been sending reports to organisations to take action to prevent future deaths for over 11 years. However, no one is responsible for understanding **who receives these reports**, whether **they respond**, and if action is taken. The **Preventable Deaths Tracker** is changing this: the only platform that provides real-time statistics.

To highlight what the **Preventable Deaths Tracker's** databases can do, I'm launching a new series to share specific analyses on the organisations receiving coroner reports. Today, I'm starting with **Ambulance Trusts** - the service we rely on in emergency situations, often matters of life or death.

217 coroners' reports

There are 11 Ambulance Trusts in England and Wales. Collectively, coroners sent 217 reports to Ambulance Trusts between July 2013 and 24 November 2024. One-fifth of reports were sent to the Welsh Ambulance Services, and one-tenth (12%) were sent to the London Ambulance Service.

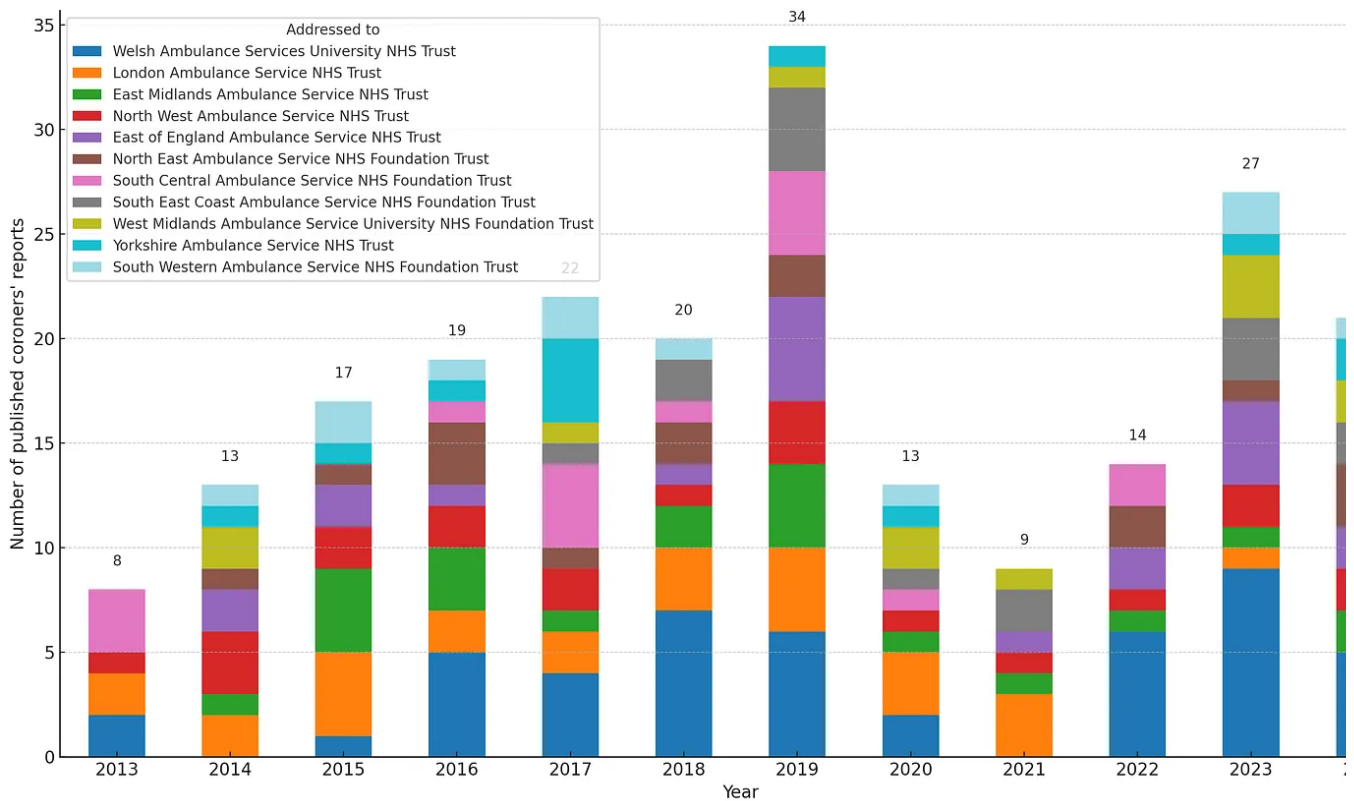


Every organisation that receives a coroners' report should respond to **all (100%) req** by law. The South East Coast and Yorkshire Ambulance Services have the best response rates, with two-thirds (67%) of all their responses published. The London Ambulance Service has the worst response rate, with only one-third (35%) of reports with published responses.

Support the **Preventable Deaths Tracker** by becoming a subscriber.

Trends over time

Ambulance Trusts received the most (16%) reports in 2019, with trends dropping during the COVID-19 pandemic.



Do Ambulance Trusts track their reports?

Organisations don't publish statistics on how many reports they receive from coroners and what actions they take to prevent future deaths. Sharing this information would build a national learning culture where similar organisations could adopt similar actions.

To understand whether Ambulance Trusts were capturing (and hopefully using) the information, I asked them. The majority (54%) of Ambulance Trusts initially refused to share any information, citing that it was already available via the judiciary website as I've mentioned before, the entire "system" relies on email exchanges, so not all written reports get published. After explaining this, one-third (36%) of Ambulance Trusts continued to refuse to share any information, including:

1. London Ambulance Service NHS Trust,
2. East Midlands Ambulance Service NHS Trust,
3. East of England Ambulance Service NHS Trust, and
4. Yorkshire Ambulance Service NHS Trust.

The remaining Ambulance Trusts shared all or some of their data. When comparing the information shared with the Judiciary website, three Ambulance Trusts underreported (i.e. the Trusts are missing reports), and two Ambulance Trusts reported more reports (i.e. the judiciary website is missing reports). It's a mess.

The [Welsh Ambulance Services University NHS Trust](#) reported that since 2022, they are using a national database 'Once for Wales' Datix Cymru system to record its incident management. So, it's great to hear work is being done to improve data capture, but English Ambulance Trusts (and the other 2,000+ organisations that receive coroners' reports) now need to follow.

The Verdict

The lack of any “system” to track and use coroners’ reports is a missed opportunity. Local approaches to improve data capture are a positive start, but a national approach is needed. Until then, the [Preventable Deaths Tracker](#) will keep tracking.



6 Likes · 4 Restacks

← Previous

Next →

Discussion about this post

Comments

Restacks



Write a comment...

© 2024 [REDACTED] · [Privacy](#) · [Terms](#) · [Collection notice](#)
[Substack](#) is the home for great culture