



PRIVATE AND CONFIDENTIAL

Mr Hassan Shah
Assistant Coroner for Northamptonshire

4th November 2025

Dear Mr Shah,

I am writing to you in response to the concerns that you highlighted to the Trust following the inquest hearing into the sad death of Lewis Aubrey Garfield that concluded on 27th October 2025. Thank you for providing us with the opportunity to respond to your concerns.

At the outset I would like to offer my personal condolences to Mr Garfield's family and friends.

To confirm, your Regulation 28 report relates to six concerns labelled 'a' – 'f' in your report. The report has been written to four recipients and the concerns which relate to the involvement of South Central Ambulance Service (SCAS) are points 'a)' and 'c)':

- a) *It was not clear if information about the symptoms taken by SCAS was adequate or if it had been recorded or conveyed by them accurately/completely. It was odd that the call was upgraded to category 2, just 14 minutes after being designated a category 3, without any evidence that there had been a change or deterioration.*
- c) *The family complained of not being given any guidance on how to deal with the patient pending the arrival of an ambulance e.g. not to move him given the fall down the stairs.*

I understand from your report that the court had been made aware of concerns that had been raised by Mr Garfield's family in advance of the hearing and it is regretful that evidence was not requested from the Trust in response to these concerns as would usually be the case. Moving forward, we would be grateful for the opportunity to address any concerns regarding our involvement in a patients care pathway and participate in the inquest hearing if a written response is not sufficient.

Actions taken when a 999 call is received

Before answering the concerns in detail, it may be helpful if I explain how the emergency ambulance service operates and interacts with other service providers by way of context. Patients and callers contacting the 999 service are assessed by a non clinical member of staff who has been trained to utilise a clinical decision support software system called NHS Pathways. This has been licensed by NHS England (NHSE) for use by UK ambulance and NHS 111 services. NHSE also own and manage the software system and are responsible for authoring the embedded algorithms used during the assessment.

When the assessment has been completed, the patient is signposted to the most appropriate care pathway for their clinical condition based on the information provided during the

assessment. This could be an ambulance response or could include for example referral to a GP out of hours services within a clinically safe timeframe, for that service to deliver onward care and / or advice. Additionally, patients' symptoms can also be managed by the caller receiving advice on accessing an alternative care pathway such as seeing their GP, attending a walk-in centre or minor injury/illness unit or self-care.

If the assessment has identified that an emergency ambulance response is required, the national ambulance response standards determined by NHSE are in the table below:

National Ambulance Call Categories	Response Timeframe
CATEGORY 1 - LIFE-THREATENING CONDITIONS Time critical life-threatening event needing immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest, airway obstruction, ineffective breathing, unconscious with abnormal or noisy breathing.	We are required to respond within an average time of 7 minutes and at least 9 out of 10 occasions within 15 minutes
CATEGORY 2 - EMERGENCY CALL Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport e.g. probable heart attacks, strokes, and major burns.	We are required to respond within an average time of 18 minutes and at least 9 out of 10 occasions within 40 minutes
CATEGORY 3 - URGENT CALL Urgent problems that are not immediately life-threatening which need treatment to relieve suffering (e.g. pain control) and transport, or assessment and management at scene with referral where needed. In some instances, ambulance personnel may treat patients in their own home or refer patients onward to an appropriate Health Care Professional.	We are required to respond to calls of this nature at least 9 out of 10 occasions within 120 minutes
CATEGORY 4 - NON-URGENT CALL Problems that are not urgent but need clinical assessment (face-to-face or telephone) and possibly transport within a clinically appropriate timeframe.	We are required to provide clinical assessment at least 9 out of 10 occasions within 180 minutes

Review undertaken in June 2025.

On 5th June 2025 the Head of Patient Safety at East Midlands Ambulance Service wrote to the Trust and asked us to review our involvement in Mr Garfield's care pathway. Requests like this are common within the NHS where a patient has died or had a poor outcome. The patient safety culture within the NHS prompts Trusts to work together to review care episodes so that any areas where service delivery and / or patient safety could be enhanced are identified and acted upon.

A copy of the response that we sent to East Midlands Ambulance Service, which answers point 'a)' of your concern, is enclosed with this letter. Had the court sought evidence from the Trust for the inquest hearing, a copy of the response would have been provided along with a bespoke statement detailing a full review of the interactions we had with the family.

A full summary of the calls we took is detailed below which includes details regarding the content and categorisation of the 999 calls. This section also covers point 'c)' of your concerns.

Call one

SCAS received the first 999 call from Mrs Garfield at 00:30:57 on 4th December 2024. Mrs Garfield was using a mobile telephone and unfortunately due to poor reception, the line

became disconnected before the triage could begin. Our Emergency Call Taker confirmed the telephone number with the BT Operator and telephoned Mrs Garfield back. Mrs Garfield explained that approximately 10 minutes earlier, she had found her husband on the floor at the bottom of the stairs. When asked, Mr Garfield said that he had not fallen down the stairs, but Mrs Garfield advised this may not be correct because he had dementia. It was reported by Mrs Garfield that she thought her husband had injured his head and back, and with the assistance of their neighbour, they had 'got him up'.

The Emergency Call Taker was unable to fully triage the call because Mr and Mrs Garfield were unable to answer the triage questions with any accuracy. Their neighbour came onto the call and was able to confirm that Mr Garfield was not bleeding heavily.

NHS Pathways provides you with three options to answer the questions asked, 'yes', 'no' and 'not sure'. When an Emergency Call Taker receives more than two 'not sure' answers, the call is classed as complex, and they need to seek advice. The Emergency Call Taker did so on this occasion and was advised to select 'triage not possible' within the NHS Pathways system to reach an ambulance response disposition. Where there are no confirmed reports of major trauma or heavy bleeding, the default category of ambulance response is a Category 3.

In relation to worsening advice, our Emergency Call Taker correctly advised that Mrs Garfield and her neighbour keep a close eye on Mr Garfield and they should apply pressure to his head wound if it begins to bleed again and should not remove any objects from the wound. In addition to this, the Emergency Call Taker advised them to redial 999 if his condition changed, worsened or they had any other concerns.

This call was audited by our Audit and Investigation team and was found to meet the standards expected by NHS Pathways and the Trust.

Call two

This second call was received by SCAS at 00:50:27. Mrs Garfield was calling for a second time because Mr Garfield had fallen again whilst they were trying to help him to the toilet. She explained that his condition had become worse since this second fall and she reported that he had injured his shoulder, back and head. Mrs Garfield explained that his head was not bleeding heavily, and she had placed a dry dressing on it. When asked whether Mr Garfield was breathless, his wife replied that he was, but he was not struggling desperately for every breath. Mrs Garfield passed the telephone to her neighbour so they could provide additional information to the Emergency Call Taker. Their neighbour confirmed that he had got Mr Garfield off the floor, and he was now sat in a chair.

This call reached a Category 2 ambulance response due to the reported breathlessness. Mrs Garfield was advised not to move Mr Garfield unless he was in immediate danger where he was and informed that she should redial 999 if his condition changed, worsened or she had any further concerns.

This call was also audited and was regrettably found to be non complaint with expected standards. The triage had reached the correct category of response, but the Emergency Call Taker did not pass on location information to East Midlands Ambulance Service and answered one of the questions incorrectly. Although the answer she received was that Mr Garfield would not be able to get himself off the floor unaided, because he was already sitting in a chair, the Emergency Call Taker should have selected the 'yes' answer stem within the NHS Pathways system.

The Emergency Call Taker had a face to face meeting with the auditor and her line manager to discuss the audit outcome on 11th June 2025. They had the opportunity to listen to the call

and were provided with training material to ensure that they understood the errors they had made and so that their future practice improved moving forwards.

Call three

A third 999 call was received by SCAS from Mr Garfield's neighbour at 01:38:31. His neighbour confirmed that Mr Garfield's condition remained the same and he was just calling to request an update regarding when an ambulance would arrive. The Emergency Call Taker explained to the caller that she was unable to provide him with an estimated time of arrival because he was not talking to the ambulance service that would be sending a crew to Mr Garfield. The Emergency Call Taker advised the caller to apply pressure to Mr Garfield's head wound with a clean dry cloth if his head was still bleeding and to call again if his condition changed or worsened. East Midlands Ambulance Service were advised that a third call had been received.

An audit of this call confirmed that it was triaged correctly and in line with expectations and processes.

Call four

At 02:29:18 a fourth 999 call was received from Mrs Garfield. She explained that they had been waiting for 2 hours, and Mr Garfield kept asking when an ambulance would arrive. The Emergency Call Taker asked whether his condition had changed, and Mrs Garfield explained that his speech was now very confused. She confirmed that Mr Garfield had been 'got up', was propped up on a sofa in the hallway and was being kept warm with blankets and coats placed over him. Because of the reported change in his condition, a further triage took place. Mrs Garfield confirmed that the bleeding from his head wound had stopped but he was still breathless. She said that she was now the only person who was with Mr Garfield. The triage resulted in a Category 2 ambulance response which was passed to East Midlands Ambulance Service.

The Emergency Call Taker advised Mrs Garfield not to move her husband further unless he was in immediate danger and explained Mr Garfield should be allowed to adopt a position that is comfortable for him. She was further advised not to remove any false teeth and to roll Mr Garfield onto his side if he became unconscious before redialling 999. Mrs Garfield was informed that she should call 999 again if Mr Garfield's condition changed worsened or she had any further concerns.

This call was also found to be compliant with expected standards and reached a safe and appropriate outcome based on Mr Garfield's presentation at the time of the call.

Call from a clinician

Because the clinician who made the call to Mrs Garfield referred to within your Regulation 28 report works for East Midlands Ambulance Service SCAS are unable to comment on the call or their rationale for upgrading the call to a Category 1 ambulance response. We are also unable to comment on the time that passed before a clinician reviewed the call. East Midlands Ambulance Service will need to respond to both of these points.

Response to concerns

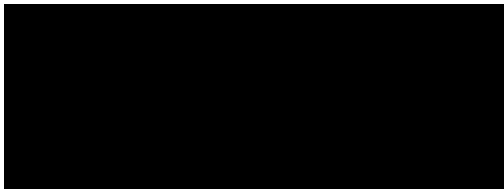
I have asked the SCAS legal team to provide you with copies of call recordings for the calls that were taken so that you can be satisfied that the information captured during the call triage was accurate. It is evident from the second 999 call that there had been a change and deterioration in Mr Garfield's condition, and he had unfortunately fallen again after the first 999 call was made. The Emergency Call Taker was also able to obtain answers to the questions

asked during the assessment in the second 999 call. The symptoms Mr Garfield was suffering from since his second fall and the ability to obtain accurate answers during the triage is the reason why the outcome of the second 999 call was different to the first call.

In relation to advice provided regarding moving Mr Garfield, it is clear from the call recordings that Mr Garfield had already been moved from the floor onto a sofa following each fall before 999 was called. Our Emergency Call Takers correctly advised his wife and neighbour not to move him any further unless he was in immediate danger. This advice is provided to prevent the possibility of further injury being caused before a physical examination can rule out any injuries caused by the fall which could be worsened on movement.

I hope that this letter has adequately addressed the concerns that you have raised. Should you wish to discuss these matters further, please contact Jennifer Saunders, Head of Legal Services at SCAS who will be able to facilitate this.

Yours sincerely,




Chief Executive

Enc

Response to East Midlands Ambulance Service
Call recordings



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PRIVATE & CONFIDENTIAL

Claire Kelman

3rd July 2025

Dear Ms Kelman

I am writing further to your email to our Patient Experience Team on the 6th June 2025, in which you raised a concern regarding our Emergency 999 service, specifically the incident involving Lewis Garfield on 4th December 2024. I am now able to respond following a full review by the Collation of Facts Manager, Amy Harman, Senior Emergency Call Taker.

Firstly, I would like to offer my sincere apologies for any upset and distress caused as a result of this incident involving Mr Garfield.

Before answering your concern in detail, it may be helpful to explain how the emergency ambulance service operates and interacts with other service providers. Patients and callers contacting the service are assessed by an Emergency Call Taker (ECT) who is not clinically trained utilising a Clinical Decision Support Software system called NHS Pathways. This has been licensed by NHS England (NHSE) for use by UK ambulance services.

Please find below the information requested in relation to the concerns raised regarding the call activity involving Mr Lewis Garfield on Wednesday, 4th December 2024.

Included is a detailed timeline of the patient's journey through our Emergency Operations Centre (EOC), the outcomes of all relevant call audits, and responses to your specific queries.

Timeline and Call Overview

00:30:57 – Amy can confirm this was the first 999 call received by South Central Ambulance Service (SCAS). This call was triaged by an ECT. The caller reported the patient had been found at the bottom of the stairs with injuries to his head and back. The patient, who had dementia, denied falling down the stairs. Due to the caller being unable to provide enough clinical detail to support a full triage, the call was coded as "triage not possible" per NHS Pathways protocol.

00:44:49 – A Category 3 ambulance request was sent to EMAS via ITK [REDACTED]
Audit Outcome: Compliant with NHS Pathways standards.

00:50:27 – Second 999 call received. The patient's condition was reported to have worsened, with mention of a potential shoulder injury and increased breathlessness. A neighbour, identified as a GP, had assisted the patient into a chair.

00:58:34 – A Category 2 ambulance request was sent to EMAS via ITK [REDACTED]

Audit Outcome: Non-compliant due to the factors listed below.

- The ECT incorrectly recorded the patient as unable to get off the floor.
 - Additional location information that could assist the attending crew was not relayed.
- Despite these learning points, the audit found that the overall triage category and response priority were unaffected and a safe and appropriate outcome was reached, based on the Mr Garfield's presentation at the time of the call.

The learning points from the audit were addressed through a face-to-face debrief with the ECT, supported by a Call Review Plan and Reflective Practice Exercise. Further support has been offered to ensure learning is embedded.

01:38:31 – Third call received from the patient's neighbour requesting an ETA. No change in clinical condition was reported.

01:48:06 – ETA request was manually passed to EMAS.

Audit Outcome: This call was compliant with the expected standards and processes.

02:29:18 – Fourth call received. The patient's wife reported new confusion and increasing breathlessness, though the head wound had ceased bleeding.

02:33:10 – A further Category 2 ambulance request was made via ITK to EMAS (reference: 19152499).

Audit Outcome: This call was also compliant with the expected standards and processes. A safe and appropriate outcome was reached based on the patient's presentation at the time of the call.

Call Audit Summary

- Three of the four calls were triaged in accordance with NHS Pathways protocols and SCAS procedures.
- One call (second) was found to be non-compliant due to errors in documentation and omission of supplementary information. However, this did not alter the disposition or call category.
- Corrective action has been taken and learning has been shared directly with the call handler.

Call Cycle Summary

Each contact received by the EOC was appropriately escalated via ITK to EMAS. Calls were handled in line with NHS Pathways guidance and SCAS policy, with the exception of the isolated deviation outlined above.

The investigation of complaints and feedback form an important part of organisational learning and service development which contributes to the aim of providing a consistently high quality of service to patients, so I would like to thank you for supporting this process.

I would also like to thank you for providing us with the opportunity to address your concerns and I hope that you are reassured and satisfied with the response given. If you have any further queries, please do not hesitate to contact the Patient Experience Team.

Yours sincerely

[REDACTED]



Senior Patient Experience Officer