

Confidential11th December 2025

Mr Hassan Shah
Assistant Coroner for Northamptonshire
The Guildhall
St Giles Square
Northampton
NN1 1DE

Dear Mr Shah

Regulation 28: Report to prevent future deaths re Mr Lewis Aubrey Garfield

I write in response to the above report issued on 28th October 2025 to University Hospitals of Northamptonshire NHS Group (UHN).

I would like to firstly express my sincere condolences to the family of the late Mr Garfield and to acknowledge and apologise for the delayed ambulance handover times noted at the inquest on 27th October 2025.

This response to the Regulation 28 Report builds on the previous information provided on actions being taken to mitigate the impact of pressures in the healthcare system and our adoption of the “45 minute handover” approach.

Ambulance Handover Improvement Planning Update 4th Dec 2025

It is recognised 2024/25 was one of the most challenging years for delivery of urgent and emergency care within Northamptonshire and its hospitals. Long ambulance delays impacted both delivery of urgent care across the Emergency Department with average handovers of 84mins in Dec-24 and impact on Cat2 ambulance response with up to an average response time of 111mins in Dec-24.

Since January 2025 University of Northamptonshire Hospitals (UHN) have worked through a UEC improvement programme in collaboration with support from NHS England and Getting it Right First Time (GIRFT) team to improve delivery of the UEC pathway and reduce ambulance handover delays. This included a Trust and system partner commitment across ICB, Local Authorities, EMAS and NHFT to winter preparedness commencing much earlier in the year following lessons learnt. Key winter schemes developed in the UHN Winter Plan were approved through Trust Board on 1st August 2025. UEC improvements have focused on safety within the Emergency Department(s), utilising alternative strengthened pathways to ED and improvement in admitted patient flow through reduction in length of stay.

Ambulance Handover Performance

Overcrowding in the Emergency Department is well recognised as impacting on quality and safety, increasing risk of harm to patients if unable to handover from ambulances. This risk is actively monitored through the Trust Accountability Framework with performance and actions reviewed through Divisional Accountability meetings, Clinical Quality and Safety Committee in Common, Trust Board and ICB UEC Board. In line with this year's 2025/26 planning guidance and Urgent and Emergency Care Recovery plan a 45min handover ceiling has been worked towards in close collaboration with EMAS colleagues both at Directorate and Director level.

Ambulance handover performance both in terms of average handover times and compliance against max 45min handovers has improved throughout the year, see figure 1.



Figure 1. Data source: Ambulance and NHS111 Commissioning Team, Derby ICB

It is also important to reflect on the Nov-25 against Nov-24 position, particularly in the context of a YTD position of 5% increase in conveyances against plan.

	Performance Metric	Nov-24	Nov-25	Variance
Northampton	Average handover time	82mins	28mins	-54mins
	% Handovers achieved in <45 mins	47%	88%	41%
Kettering	Average handover time	86mins	32mins	-54mins
	% Handovers achieved in <45 mins	49%	87%	38%

Data source: Ambulance and NHS111 Commissioning Team, Derby ICB

Summary of Key Actions Taken

Date	Action Implemented	Impact
Mar 2025	Implementation of a standardised Transfer of Care (TOC) form across UHN.	Improve quality and reduce delays associated with TOC referrals into the discharge hub.
Mar 2025	Frailty SDEC go live KGH.	Dedicated capacity for Frailty SDEC service.
Mar 2025	Agreement of Internal Professional Standards across UHN.	Expectations on timeliness of speciality support and escalation.
Apr 2025	Sir Thomas Moore Ward (KGH) reopened to adult patients for 24/7 discharge lounge.	14 additional bed spaces and 8 chairs for patients planned discharge to reduce length of stay.
Apr 2025	Formalised direct to SDEC pathways for EMAS and extended operating hours.	15% increase in SDEC activity to reduce ED attendance and overcrowding.
Apr-May 2025	Boardround test for change and Boardround SOP (NGH).	Improved discharge planning and boardround documentation.
May 2025	Release to Respond Go live NGH.	Implement release to respond model with key escalation triggers to balance clinical risk across the organisation.
June 2025	NyeBevan move to medicine speciality only and address backflow of patients with GIRFT.	Reduced LoS on NyeBevan with reduced medical outliers in surgical wards.
July 2025	Use of Siren to review patient identifiable information from EMAS pre arrival.	Reduce delays associated with registration of patients into EPR.
Sept 2025	Twice weekly system partner escalation calls for complex discharge support.	Improvement in super stranded position across UHN.
Oct 2025	Cardiology Virtual Ward launched at NGH.	Reduce length of stay through virtual monitoring of heart failure patients who would otherwise meet criteria to reside.
Oct 2025	Frailty SDEC go live NGH.	Frailty team based in medical SDEC for speciality assessment.
Oct 2025	Trusted Assessor introduced at NGH.	Reduce discharge delays for patients returning to care homes.
Nov 2025	Rapid Assessment Unit (RAU) and Acute Assessment Unit (AAU) go live.	Increase in capacity of ambulance handover space and medical pathway directly into AAU reducing ED demand.
Dec 2025	Introduction of nerve centre pre arrivals screen	Improvement in <15min handovers as EMAS Siren clinical history added as pre arrival ready for handover once ambulance arrives to site.

Transformation and Strategic Developments

As of Monday 3rd November at NGH, a new purpose built Rapid Assessment Unit (RAU) was commissioned providing 8 additional trolley spaces aimed at handover within 15mins into a dedicated space for primary assessment of patients. This forms a key part of strategic planning that will see a new Urgent Treatment Centre open from July 2026 with works already having commenced.

The UTC facility will provide a consolidated single front door for walk in patients seeking emergency care with rapid assessment and triage of patients with the ability to take direct ambulance referrals from co-located facilities.

In commitment of reducing handover delays the identify of Nye Bevan wards have been formalised with a new dedicated Acute Assessment Unit (AAU) on Walter Tull with Esther White ward being 72hr medical short stay. This key improvement in patient pathway has enabled suitable patients to be identified within the RAU and streamed directly into the AAU reducing the demand into the ED further reducing handover delays. This is a key improvement in the way patient care is being delivered to improve the patient experience through reducing delays in ED and seeing medical patients in the right location at the right

time. This has provided a step change of ~3% improvement in 12hr performance within the ED and reducing overcrowding alongside a reduced requirement to use ED temporary escalation capacity.

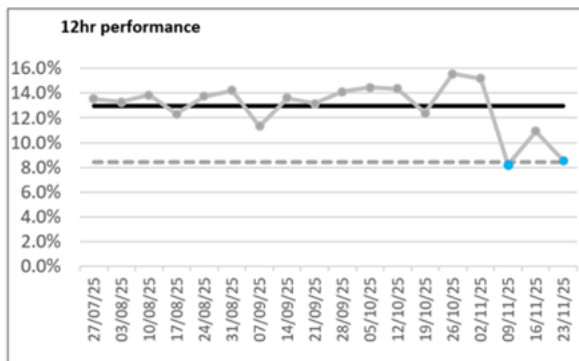


Figure 2. 12 hr Performance. Data source: A&E SitRep

Digital Enabler

Since July 2025, both sites have actively engaged in access and review of patient information documented by EMAS crews for patients who are inbound (Siren EPR).

Through the development of NerveCentre at NGH site - a pre arrivals screen is now available from 1st December. This has been a key digital enabler for the ED team to input clinical history directly into NerveCentre ahead of the crew arriving to site, rather than having to book in when the crew arrive. This will further improve <15mins handover time.

Our priority is to provide safe, high-quality care for our patients. We are working closely with our system partners across the ICB, Local Authorities, EMAS and community partners from Northamptonshire Healthcare NHS Foundation Trust, to further reduce the impact of delays on patients and staff, including implementation of the national 45-minute maximum ambulance handover time standard.

I trust that the above information details our commitment to improve patient safety by continuously working to meet and maintain the national standard.

Yours sincerely

[Redacted Signature]

[Redacted Name]

Medical Director, UHN