



Private and Confidential
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02 February 2026

Dear Dr Didcock

Re: Report regarding the case of Mr Adam Hussain deceased.

I am writing in response to the concerns you raised following the inquest into the sad death of Mr Adam Hussain, which concluded on 12 December 2025.

Thank you for your Regulation 28: Prevention of Future Deaths report regarding the contacts between Mr Hussain and East Midlands Ambulance Service (EMAS), as well as the pathways involving NHS 111 and Nottingham Emergency Medical Services (NEMS).

I understand that you will be sharing this response with Mr Hussain's family, and I would like to express my sincere condolences to them for their loss.

The Trust acknowledges the concerns you have identified, and I provide below our clarifications, the actions already taken, and our ongoing commitments. All issues raised have been reviewed through the Trust's Incident Review Group, which is responsible for considering matters escalated through inquests and Prevention of Future Deaths reports, ensuring that learning is identified and acted upon to address any systemic or procedural issues.

Matters of Concern Raised on 12 December 2025

1.The urgent care pathway across Nottinghamshire does not optimally support patients with serious systemic illness (e.g., sepsis) who receive a Category 3 ambulance disposition.

The Trust recognises that, while the urgent care pathway performs well for most patients, those presenting with serious but not immediately life-threatening systemic illness may not be supported as effectively as

required. To address this, EMAS has worked in partnership with NEMS, DHU and other system organisations to develop a technological solution enabling the full, accurate transfer of patient information across services. This will strengthen clinical decision-making and ensure that patients with complex or deteriorating conditions receive more appropriate and timely care.

2. Detailed clinical information received in the EMAS Computer Aided Dispatch (CAD) system from NHS 111 is not always reliably reviewed or considered when ambulance responses are cancelled and cases are referred to NEMS.

In December 2025, EMAS upgraded its CAD system to ensure that all information captured during the initial 999 call is automatically transmitted to subsequent receiving systems. This enhancement has been fully tested with EMAS and NEMS and now supports the transfer of more comprehensive clinical information at the point of referral.

Further improvements are planned as the Trust transitions to the national Booking and Referral Standard (BaRS) within the next 12 months. BaRS will enhance interoperability across urgent care services, streamline information flow, and reduce the potential for communication gaps between providers.

3. Families awaiting an ambulance following a 111 clinical assessment are not informed by EMAS if an ambulance will not be sent.

The current CAD system does not provide an automatic mechanism for notifying callers in these circumstances. To address this, EMAS has submitted a development request to the system supplier (MIS). The planned enhancement will ensure that, when a call is transferred through the Interoperability Toolkit (ITK), the caller receives a text message confirming the status of their request. The proposed message will be as follows:

“Hello from East Midlands Ambulance Service. We're currently experiencing extreme pressures and long delays. Your call has been passed over to a Clinical Assessment Service where a clinician will call you back to arrange the most appropriate treatment for you. If you decide that an ambulance is no longer required, please call back on 999 to cancel. Only call back on 999 if your condition worsens or you develop new symptoms. Do not call back for an ETA as our call handlers won't be able to give you this information.”

This enhancement aims to provide clarity for patients and families, improve transparency, and reduce uncertainty during periods of operational pressure.

4. Category 3 calls have been reviewed by non-clinicians in the EMAS Emergency Operations Centre (EOC) who may not have the required skills to safely transfer calls to NEMS.

Historically, non-clinical staff reviewed Category 3 calls in the EOC, creating risk where inclusion and exclusion criteria required clinical interpretation. To address this, in January 2026, EMAS implemented a significant change to operational practice:

- A full reversal of the non-clinical push model.
- All transfers now occur through a clinical push only.

Enhanced clinical review:

- Clinicians now review all available information prior to transferring any call.
- No clinically assessed calls are pushed to any Trust Clinical Assessment Service (CAS).
- NEMS no longer supports the manual push of calls into their system; therefore, this model now applies across all regional CAS providers.

This change ensures that only suitably qualified clinicians make decisions regarding call transfers, thereby improving patient safety and mitigating risks arising from ambiguous criteria.

5. There is no agreed set of criteria between EMAS and NEMS for the transfer of Category 3 calls, including whether previous clinical validation should prevent transfer.

The Trust acknowledges that there is currently no formal agreement in place defining the criteria for Category 3 call transfer between the Trust and NEMS. Manual ITK push transfers to NEMS have now ceased.

Ongoing collaborative work continues between the Trust, the Integrated Care Board and NEMS to ensure safe and sustainable staffing models that will support the reinstatement of the manual push process where appropriate. This joint approach is aimed at strengthening system capacity and ensuring that patients across Nottinghamshire consistently receive the right care, first time.

Conclusion

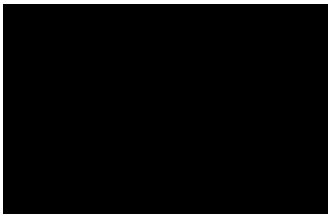
The core purpose of the Trust is to respond to patients' needs in the right way, continually improving our organisation so that we deliver safe, effective, and compassionate care. We remain committed to developing a culture of

compassion, continuous learning, and system-wide collaboration to improve patient outcomes.

I trust that this response provides assurance of the steps we have taken, and our continued commitment to learning and improvement across our services.

Please do not hesitate to contact me if I can be of any further assistance in this matter.

Yours sincerely



Chief Executive