Response to HM Assistant Coroner's Prevention of Future Deaths Report

This document has been prepared in response to HM Assistant Coroner's Prevention of Future Deaths Report ('the PFD Report') issued on 16 March 2026, following the inquest touching upon the death of Miss Jardine Williams.

Firstly, I would like to once again offer my sincere condolences to the family of Miss Williams for their loss.

This document has been prepared following my review of the PFD Report and my consideration of the inquest bundle provided to me by the Coroner's Officer on 24 February 2026. For the avoidance of doubt, Cumbria Health (formerly Cumbria Health on Call) had not been designated Interested Person status for the inquest, nor had I (as the author of the statement dated 20 May 2025, provided on Cumbria Health's behalf) been invited to attend the inquest to give oral evidence.

In line with our statutory duty, Cumbria Health has reported themselves to the North East and North Cumbria Integrated Care Board and the CQC following the receipt of the PFD Report. This response will also be shared with those bodies.

HM Assistant Coroner's Concerns

I understand HM Assistant Coroner's concerns as set out in the PFD Report to be as follows:

1. The flow of information between North West Ambulance Service ('NWAS') and Cumbria Health was "*unclear and at times appeared to be confused.*" In particular, the information passed by NWAS to Cumbria Health "*appeared to be limited and may not have provided the receiving handler with the full picture of the situation.*"

2. There was a delay in Cumbria Health handing Miss Williams' case back to NWAS after the third unsuccessful call.

Background Information

I set out below relevant information regarding the Acute Patient Assessment Service (referred to as the 'APAS 999 service') that Cumbria Health provides to NWAS.

The APAS 999 service has been in operation since 2017 and applies to calls made by patients to 999 (either directly or when redirected by NHS 111) which are triaged by NWAS as Category 3 or Category 4 calls. For clarification, Category 3 and 4 calls are for urgent or less urgent medical issues that are not immediately life-threatening. The APAS 999 service is based on a formal Memorandum of Understanding between Cumbria Health and NWAS.

When a call is received, NWAS triages the call and, where appropriate, refers it to a Clinical Assessment Service ('CAS') provider, such as Cumbria Health. The patient then receives a callback from the CAS provider for further detailed assessment. There is a pre-agreed list of symptoms which NWAS use to determine which cases are suitable to send to CAS providers and a list of presentations which are excluded.

Of relevance to Miss Williams' case, whilst CAS providers can assist with some mental health presentations, overdose or suicidal presentations are on the exclusion list.

HM Assistant Coroner's Concerns

Flow of Information between NWAS and Cumbria Health

When Miss Williams' case was transferred by NWAS to Cumbria Health, the comments provided by NWAS were limited to the following: "*F- can't do it anymore MH*". The PFD Report suggests that NWAS was aware of more information, including that Miss Williams was suicidal: "*In this call Miss Williams confirmed she had been experiencing worsening mental health problems and had suicidal thoughts, as well as a plan and an intention to carry out that plan.*"

As set out above, suicidal presentations are expressly excluded from the APAS 999 service. As a result, Miss Williams' case should not have been transferred by NWAS to Cumbria Health. Rather, it should have been managed in line with NWAS's other established protocols.

Furthermore, had further information been provided by NWAS to reflect Miss Williams' suicidal plans and intent, Cumbria Health would have immediately handed the call back to NWAS stating that the call was not appropriate for primary care management, and NWAS would then have managed the case in line with their established protocols.

A learning event meeting was held with NWAS in March 2026. A key issue discussed and subsequently agreed was that, as set out above, Miss Williams' case should not have sent to Cumbria Health. It was also agreed that NWAS and Cumbria Health will continue to work closely together in relation to the management of APAS 999 service calls. They will continue to share significant adverse incidents with each other and hold quarterly meetings, and ad hoc reactive meetings if a pressing concern arises. The next meeting is anticipated to take place in July 2026.

Delay in Handing Back the Call to NWAS

Cumbria Health's 'No Show' Standard Operating Procedure states that a clinician should attempt to call a patient three times with five minute intervals. In relation to APAS 999 service calls, if the clinician is unsuccessful in speaking with the patient after following this procedure, the call should be handed back to NWAS stating "failed contact", and then NWAS will manage the case in line with their established protocols.

I have reviewed the 'No Show' Standard Operating Procedure (which was last reviewed on 10 July 2025 and is due to be reviewed again on around 10 July 2027) and consider that it is fit for purpose. This policy is a long-standing part of Cumbria Health's operational approach to failed encounters, developed originally by both senior clinicians and operational managers.

The policy was, unfortunately, not correctly applied by the clinician who conducted the third and fourth call attempts.

During a supervision session in April 2026, I discussed Miss Williams' case with the relevant clinician. The clinician identified their error and its origin, confirmed that they will reflect on our discussion and amend their practice going forward to avoid a reoccurrence, and agreed to undertake further targeted learning in the form of reviewing Cumbria Health's key policies and procedures, including the 'No Show' Standard Operating Procedure (discussed above) and the Clinical Hub Operational Policy (discussed below).

Wider learning has also taken place in the form of emails and monthly newsletters circulated to all clinicians in March 2025 and November 2025. The case was also presented as a case review at the August 2025 Cumbria Health Clinical Forum, which was attended by Cumbria Health clinicians

(including the relevant clinician in Miss Williams' case) to communicate the lessons learned from this event.

In addition to the clinicians actioning the APAS 999 service calls, Cumbria Health has control room supervisors who have a role in overseeing Cumbria Health's working call list to ensure that calls are not left unattended and do not breach time guidelines.

In May to July 2025, Cumbria Health's Chief Operating Officer held meetings with control room staff to discuss Miss Williams' case and to develop new guidelines on the management of APAS 999 service calls. A new Clinical Hub Operational Policy was ratified on 31 July 2025 and sets out clear guidelines regarding how APAS 999 service calls should be managed to ensure time breaches do not occur. Control room supervisors now proactively manage these calls and send targeted messages to clinicians who may be available to pick them up. If time breaches occur (usually due to high call volumes), the cases are handed back to NWAS stating "time expired hand back to NWAS". This new process was circulated to all staff on 29 August 2025.

In January 2026, the procedure was refined further and now includes more prescriptive timelines for how APAS 999 service calls should be prioritised and returned to NWAS, based on their category. This update was cascaded to all clinicians and control room staff by email on January 2026 and is intended to be incorporated into the Clinical Hub Operational Policy when it is reviewed later this year.

If Cumbria Health may be of further assistance, please do not hesitate to contact me.

Yours sincerely

[redacted]

Medical Director
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