[redacted]

Mr James Bennett
Assistant Coroner for Birmingham and Solihull
Guildhall
Frankwell Quay
Shropshire
SY3 8HQ

28 October 2026

Dear Mr Bennett

Re: Sandra Yvonne Savage

Thank you for your email dated 14 September 2026 attaching your Regulation 28 Report.

On behalf of West Midlands Ambulance Service (WMAS), I am sorry that you have had to raise concerns following the inquest of Mrs Savage. May I please take this opportunity to pass on my sincere condolences to the family of Mrs Savage. I am deeply saddened by this case.

Please see our response to your concerns.

Concern 1
My principal concern is West Midlands Ambulance Service have not conducted any form of learning investigation under the Patient Safety Incident Response Framework and the evidence revealed matters of concern indicating there is likely to be some important learning that may prevent future deaths.

Response

West Midlands Ambulance Service recognises the Coroner's concern regarding the absence of a learning investigation under the Patient Safety Incident Response Framework (PSIRF). Whilst no Patient Safety Incident Investigation (PSII) was undertaken, this was not an omission.

Following notification of the death, the circumstances of the case were reviewed through the Trust's Learning from Deaths process, including a Structured Judgement Review (SJR). The purpose of the SJR was to determine whether there were any care, system or process factors that contributed to the patient's death and to identify opportunities for organisational learning and improvement.

Having considered the findings of that review, it was concluded that the incident did not meet either the nationally mandated criteria for a PSII or the learning priorities identified

within the Trust's Patient Safety Incident Response Plan (PSIRP). Consequently, a PSII was not commissioned.

The initial SJR was completed on 13 February 2026 and identified an overall score of 1 out of 5. There are five phases of care reviewed within the SJR methodology, each scored between 1 and 5, with 1 representing the lowest score. The first phase, relating to the categorisation of the 999 call and the dispatch and arrival of an ambulance, received a score of 1 due to the ambulance response time of 18 hours and 56 minutes. Whilst the remaining phases received higher scores, including a score of 4 for the clinical assessment and management phase, the significance of the ambulance response time resulted in an overall score of 1 out of 5.

In accordance with the Trust's Learning from Deaths Policy, a second independent SJR was undertaken, which reached the same conclusions as the original review. The SJR concluded that the principal concern identified at that time related to the ambulance response, whilst the clinical assessment, management and decision-making were considered appropriate based on the information available to clinicians at the time. The Trust remains committed to understanding how incidents occur and identifying opportunities for learning and improvement. Whilst the case did not meet the criteria for a PSII under PSIRF, findings from Learning from Deaths reviews are used to support the ongoing development of clinical practice. Identified trends and themes also inform future education and training needs and contribute to the Trust’s wider PSIRF approach.

As part of the Trust's ongoing education and training programme, the following resources and support have been provided to staff since April 2026 to strengthen the assessment and management of trauma in older adults

Trauma in the Older Person - Mandatory Education

A mandatory education module relating to Trauma in the Older Person has been introduced for all clinical staff. The module highlights the unique challenges associated with trauma assessment in older adults. Age-related physiological changes, frailty, comorbidities and medication use mean serious injuries can result from low-energy mechanisms, such as falls, and may present with subtle or delayed signs and symptoms. The module reinforces the Silver Trauma Triage Tool as an additional safety net alongside existing trauma triage processes, emphasising clinical judgement, early recognition, escalation and maintaining a high index of suspicion for occult injury and deterioration.

Adoption of Revised JRCALC Guidance - Falls in Older Adults

The Trust has adopted the fully revised JRCALC Falls in Older Adults guideline. This guidance strengthens the assessment and management of older patients through the introduction of a falls risk stratification tool and enhanced guidance relating to trauma assessment, including the identification of chest and rib injuries, skin injury and associated complications. This guidance complements existing Trust trauma assessment resources, including the Major Trauma Triage Tool and Silver Trauma Triage Tool, both of which are

available to all staff to support the timely recognition and management of injured older adults.

Continued Reinforcement of the Regional Trauma Desk

Clinical staff are encouraged to utilise the Regional Trauma Desk to access advice and support from specialist critical care practitioners when assessing and managing patients with suspected traumatic injuries.

Collectively, these measures demonstrate the Trust's commitment to organisational learning and the continual improvement of trauma care for older adults. The focus has been on strengthening clinical decision-making, increasing awareness of the atypical presentation of injury in older patients, and ensuring staff have access to enhanced educational resources, evidence-based clinical guidance and specialist support. These improvements are intended to support the earlier identification of serious injury, appropriate escalation and safer patient outcomes.

I hope this response provides you with the appropriate level of assurance that as a Trust we have dealt with the concerns highlighted within your report and the extent to which we take patient safety very seriously.

May I once again please pass on my sincere condolences to the family of Mrs Savage.

If you require any further assistance, please do not hesitate contact me.

Your sincerely,

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Service Transformation & Patient Safety Director