

### **ISSUE WITH SEVERE DELAY OF AMBULANCE**

I wanted to share this story with the HOSC. It was too large to fit on the Quarterly summary report.

First section is the information we received about the incident from the manager at the WADE centre. We then challenged South Central Ambulance Service (SCAS) and asked exactly how and their investigation and response to us is in the second section below. We have gone back to SCAS to ask exactly how they will implement the learning from this event.

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### **MESAAGE RECEIVED FROM WADE CENTRE**

*Message copied below-*

We recently had an incident where one of our very elderly (98) Members fell over outside the Day Centre.

It happened on 29th November at 4pm. She fell and hit her forehead and it was pouring with blood onto the concrete. We called an ambulance at 4.07pm and we were told to leave her on the floor and an ambulance would be despatched as soon as possible.

We called half an hour later and still an ambulance hadn't been despatched. I asked if I could have a First Responder sent out, and was told that no one was available. I asked if I could have the First Responder from the Fire Station and was again told that no one was available.

It was a very cold afternoon and the lady was shaking and in shock. She was on the cold floor for nearly two hours before the family made the decision to help her up and bring her inside the building. We were unsure at this point if moving her would do more harm than good.

I then received a phone call back from the ambulance service after 6pm to say that there was still no one available and was there any changes. I was then receiving phone calls approximately every 45 minutes apologising and asking if there had been any changes.

The ambulance finally arrived at 9.35pm and the ladies apologised for taking so long but explained they only went on the shift at 7pm.

At 10.05pm the Member was taken to hospital.

I think that this service is appalling and am furious that this case was not viewed as a priority. If the family hadn't made the decision to move her, she could have died outside.

Please could you pass on our experience and hopefully it will be addressed so that it doesn't happen to others in a similar situation  
In the future.

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## RESPONSE FROM SCAS

**From:** PATIENTEXPERIENCE (SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST)

<scas.PatientExperience@nhs.net>

**Sent:** 16 January 2020 11:02

**To:** Joanna Dixon <joanna.dixon@healthwatchwokingham.co.uk>

**Subject:** Re: Healthwatch communication PE25888

Dear Joanna

I am writing further to your email to the Patient Experience Team on 11<sup>th</sup> November 2019, in which you expressed your concerns regarding our Emergency 999 service, specifically the incident involving one of your members on 29<sup>th</sup> November 2019. I am now able to respond following a full investigation by Jessica Hill, Emergency Operations Centre (EOC) Shift Officer.

Firstly, I would like to offer my sincere apologies for the poor service received and for any distress caused as a result of this incident.

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.

When the ECT has completed their assessment, the patient is signposted to the most appropriate care pathway (including for example General Practitioners (GP) Out of Hour's (OOH) 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 ECT has identified through their assessment that an emergency ambulance response is required, the national ambulance response standards determined by NHSE are in the table below:

### **National Ambulance Call Categories**

#### **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.

#### **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.

#### **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

### **Response Timeframe**

We are required to respond within an average time of 7 minutes and at least 9 out of 10 occasions within 15 minutes

We are required to respond within an average time of 18 minutes and at least 9 out of 10 occasions within 40 minutes

We are required to respond to calls of this nature at least 9 out of 10 occasions within 120 minutes

own home or refer patients onward to an appropriate Health Care Professional.

**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

The Investigating Officer (IO) can confirm that South Central Ambulance Service NHS Foundation Trust (SCAS) received an emergency call at 16:12 hours on the 29<sup>th</sup> on November 2019 for one of your members who had fallen and sustained a head injury. This call was triaged by an ECT, which resulted in a Category 3 response timeframe. This call has been audited by our Audit Investigation Team and has concluded that this call was not compliant to NHS Pathways protocols. It is unclear whether the incorrect triage would have changed the response timeframe. Feedback will be given to the ECT to ensure learning takes place and to try and prevent this happening again.

At the time of the call we were experiencing considerable operational demand at a higher level than expected which limited our ability to respond immediately and promptly to all incidents; calls were being responded to in strict clinical priority. We implemented our local resource escalation procedure (OPEL) and set this at Level 4 (out of 4, this being the highest) in an effort to increase our levels of responding resources. This makes on duty supervisors and managers available to respond in an effort to increase our levels of responding resources.

The IO has conducted a comprehensive review of the movements and availability of ambulance resources in the area, and has confirmed there was no resource that could have been with you any sooner than the one that was, apart from a Team Leader (TL) on a rapid response car. We routinely do not send our TL's to Category 3 patients as they are unlikely to be able to transport an elderly patient to hospital in a car. However, given the delay on this occasion they could have been sent to provide some clinical assistance in the absence of a double crewed ambulance. This will be fed back to the dispatch staff directly involved.

I sincerely apologise for the delay that the patient experienced on the day when she clearly needed our assistance and that the service provided was not satisfactory. Unfortunately, during periods of high demand, we are not always able to provide the level of service we aim to achieve. Once again, I would like to offer my apologies for any upset and inconvenience caused.

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.

Yours sincerely  
***Caroline Whitworth***  
***Patient Experience Team***  
***South Central Ambulance Service NHS Foundation Trust***

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