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25 July 2016

Private & Confidential

Re: Inquest into the death of Valerie Ellis.

Dear Sir,

I write in response to the regulation 28 report issued following the proceedings exploring the events leading to the sad death of Mrs Valarie Ellis. The points of said report have been duly noted and I provide our Trust's response below in relation to section 5(2) and 5(4) respectively.

Firstly and with regards to the NHS Pathways training KMSS 111 deliver, this is in line with requirements set out by the Department of Health who own the system. As commented during proceedings if three answers of 'unknown' are provided by the caller this would flag to pass the call to a clinician in the room. This is considered the mechanism to provide a safe service, with call takers operating within the scope of the algorithm.

Developments in training issued by Pathways are incorporated into KMSS 111 training packages and we can confirm the following levels of training/developments have taken place;

As of July 2015 (which our KMSS 111 call taker received);

- 2 weeks (60 Hours) NHSP Core Module 1
- 1 week (30 hours) Common learning
- 1 week shadow shifts

Developments introduced November 2015;

- 2 weeks supervised live support
- The Trust provides Pathways update training normally twice a year in the spring and autumn but in 2015 Pathways brought out only one update which was a full days training face to face.

Developments being or have been introduced in 2016;

- 3 hours face to face training thus far
- This will become 6 hours face to face training scheduled in October November 2016.
- Further, there are additional coaching modules, DoS modules, mental health modules, sexual abuse modules, domestic abuse workshop and audit levelling modules.



I believe this demonstrates that training is incorporated as per NHS Pathways requirements and that further developments and implementation of training have already occurred post the KMSS 111 call regarding Mrs Ellis.

Any concerns regarding the content and degree of training I would consider be appropriately directed to the Department of Health as suggested during the proceedings as they own the system, training and auditing requirements.

Indeed as you note in your report, our Senior Manager for Quality and Clinical Governance had previously raised concerns to the Pathways team regarding the algorithm and impact regarding not only Mrs Ellis' case but anyone in a similar situation regarding anticoagulants. The principle areas of concern raised regarded the blood loss, clinical shock and anticoagulant questions.

I am therefore confident our Trust has already done all it can in relation to improving this algorithm by raising and following up on concerns through the appropriate governance channels. Unfortunately our Trust has not received a conclusion regarding these concerns from NHS Pathways. With these concerns appearing to directly correlate to the points of the regulation 28 report I likewise consider these directed to the Department of Health.

Turning to the matter of a joint RCA, our Trust is always open to cross-NHS collaboration and review to strive to ensure safe patient care can be provided. However the regulation 28 report does not comment on what is expected to be achieved by a joint RCA and therefore it is difficult to respond. I am aware that both our Trust and IC24 have completed Serious Incident (SI) reports and are happy to share findings and if not already in place a date can be set. However our organisations are independent of each other and we do not receive communication from an out of hours provider following such a disposition being reached and a referral passed. In turn we have no further control in the matter unless we receive a further call either following up for an out of hours call or due to a change in condition. In each case KMSS 111 is able to appropriately process the call.

In summary I believe the KMSS 111 service of our Trust has already done all it can in relation to implementing training in accordance with NHS Pathways requirements and residual concerns on the algorithm and training should be appropriately addressed to the Department of Health who own the system. We are willingly open to sharing the findings of our SI report with IC24 and will seek to confirm a date to complete this.

I trust this clarifies our response to the regulation 28 report.

Yours Sincerely

[Redacted signature]

[Redacted name]

(Acting Director of Strategy and Business Development)