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27th September 2019

Dear Mr Cox,

Re: Regulation 28 Report to Prevent Future Deaths – Jennifer Mary Withey, 10.09.2017

Thank you for your Regulation 28 Report (hereinafter the 'report') dated 3rd July 2019 concerning the death of Ms Jennifer Mary Withey on 10th September 2017. Firstly, I would like to express my deep condolences to Ms Withey's family.

I note that your recent inquest concluded that Ms Withey's death was a result of sepsis following complications of infection following an elective surgical procedure. Following the inquest you raised concerns in your report to NHS England regarding:

- a) The inclusion of keywords in a free text box to trigger automatic red flags for suspected sepsis in prescribed circumstances.
- b) The establishment of a single patient-oriented pathway with a key performance indicator, rather than separate limits for different organisations on the pathway.

I can confirm we have liaised closely with NHS Digital and NHS Pathways on this matter and I have seen their comprehensive response to your report answering point a) above. I would like to build on this by offering a further insight from NHS England as set out below, to address point b) above, which refers to paragraph 5b in your report.

NHS Pathways

NHS Digital is responsible for the delivery of NHS Pathways and the 'Directory of Service' which is a clinical decision tool. Together this system is used throughout England and underpins how the public access all urgent and emergency care

services such as 999, GP out-of-hours, and NHS 111. It enables patients to be triaged effectively and ensures that they are directed to the most appropriate service available at the time of contact.

Regular reviews of NHS Pathways are undertaken to ensure that it follows the latest clinical evidence. Any changes to the NHS Pathways system are iterative and are based on a combination of feedback from Providers, regular review, updated clinical advice and feedback from outside bodies, such as a Coroner. These changes (as appropriate) are then assessed by the Independent National Clinical Governance Group, which is chaired by the Royal College of General Practitioners.

NHS England works closely with the NHS Pathways team to ensure the development of this product is appropriate for the evolving Integrated Urgent Care (including NHS111) national and strategic agenda for which it has ownership. NHS England as a result has oversight of any matters of concern in relation to NHS Pathways, and we monitor regularly any risks or issues that may arise. We ensure that these are addressed and escalated through the correct governance routes. NHS Pathways has its own Service Management Board represented by key stakeholders of the NHS 111 service, which reports into the NHS Pathways Programme Board.

As mentioned earlier, I note that NHS Digital has already responded separately to you on the specific NHS Pathways recommendations in your referral and I am content that its response suitably covers, and answers, all of the issues you raised.

Key Performance Indicators

With regard to a single patient-oriented pathway within NHS 111 services, NHS England has a set of national Key Performance Indicators (KPI) which measure the performance of this service. In the past, these KPIs only applied to the NHS 111 call receiving organisations, with other organisations in the patient pathway not monitored.

However, this limitation was identified and in July 2018 a new set of national Integrated Urgent Care (IUC) KPIs was introduced alongside the existing KPIs with the intention to remove the disconnect between organisations. This is also supported by new data collections which commenced in January 2019 to measure and monitor KPIs.

In addition, since October 2018 we have updated and replaced the standards by which Out-of-hours organisations are measured, (The 'National Quality Requirements'), with the IUC KPIs. Previously these standards were only ever locally measured, but now both NHS 111 organisations and Out-of-hours organisations need to comply with the same IUC KPIs.

NHS England and NHS Improvement's approach to Integrated Urgent Care means that Out-of-hours services are now considered to be part of a unified service accessed via the NHS 111 telephone number. It is a continuous pathway that may involve the patient speaking to more than one person, either by phone or face to face, during the totality of their assessment. This may be clinically necessary depending on the nature and complexity of the case. The requirement of different

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levels of clinical seniority and specialist knowledge may only come to light during the assessment of the patient. As a clinician continues an assessment which has been initiated by a clinical colleague or non-clinical call handler they may decide to revise, (on the basis of their clinical judgement), the timescale for treatment which may be different to that initially given. In all cases the total timescale for treatment to commence should be taken into account.

We remain focused on resolving a patient's care needs as early as possible and continue to work to improve patient pathways to deliver appropriate, effective and seamless healthcare within the NHS.

Thank you for bringing this important patient safety issue to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Celia Ingham Clark', with a long horizontal flourish underneath.

Celia Ingham Clark
Medical Director for Clinical Effectiveness
NHS England