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National Medical Director and Interim Chief Executive of NHS Improvement
NHS England & NHS Improvement
Skipton House
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[redacted]

[redacted]
5 July 2022

Dear Ms Russell-Mitra,

Re: Regulation 28 Report to Prevent Future Deaths – Josephine Celia Barker who died on 3 March 2021.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 7 March 2022 concerning the death of Josephine Celia Barker on 3 March 2021. I appreciate the extra time to complete this response.

I would firstly like to express my deep condolences to Jo's family.
I note the inquest concluded Jo's death was a result of:

1a Intracranial haemorrhage.

Following the inquest, you raised 14 matters of concerns in your Report; the majority of these are individual to South East Coast Ambulance service (SECAmb) and have not been responded to here.

NHS Digital are responsible for the NHS Pathways system and have commented on concerns number 1 and 8 from the report as follows:

1. The initial early exit of the first 999 call without full triage - this results in a category 3 response. There is no reason full triage could not have continued.
8. There is a concern over the NHS Pathways tool's ability to deal with fluctuating consciousness.

Function of NHS Pathways

NHS Pathways is a programme providing the Clinical Decision Support System (CDSS) used in NHS 111 and half of English ambulance services. This triage system supports the remote assessment of over 18 million calls per annum. These calls are managed by non-clinical specially trained health advisors who refer the patient into suitable services based on the patient's health needs at the time of the call. These health advisors are supported by clinicians who can provide advice and guidance or who can take over the call if the situation requires it. The system is built around a clinical hierarchy, meaning that life-threatening problems, assessed at the start of the call, trigger ambulance responses, progressing through to less urgent problems which require a less urgent response (or "disposition") in other settings.

Health advisors are trained to assess the symptoms presented at the time of the call, ideally with the person who the call is about. However, there may be occasions where the assessment is done through a 3rd party person that is with the patient, such as children or those unable to speak on the phone. In this case an assessment of the symptoms could have been undertaken with the caller.

"Early exit" from 999 calls

NHS Pathways has a function called 'Early Exit' which the health advisors can use for certain scenarios and reasons.

There are various reasons why a health advisor might 'early exit' a call, including if they identify the call as 'complex'. A complex call is defined as 'any call which isn't straightforward and where the health advisor determines that they are working at or beyond the limits of their knowledge'.

This broad definition is necessary to create a culture where health advisors feel able to be honest about situations where they are struggling. This is vital from a clinical safety perspective. What one person finds challenging, another person may not, thus a defined list of what might make a call 'complex' is not helpful and may indeed be unsafe, if it encourages health advisors to try and manage a call, they find difficult, just because it's 'not on the list'. The reason for ending the assessment can lead to different end points; a Category 3 disposition is just one of these end points, which can include an emergency ambulance dispatch, transfer to a clinician for further validation or closure with no further action.

In this case "Triage not possible" was selected which leads to more options as why triage is not possible and, "Other" was selected, which was not the correct route as the health advisor could have spoken with the healthcare professional at scene. Within the "Other" option, the health advisor is presented with a list of life-threatening symptoms/conditions which would lead to a higher category such as category 1 or 2. If none of these life-threatening symptoms are present a category 3 response is reached (as occurred in this case).

There is a requirement for clinical oversight of category 3 or 4 calls which are subject to clinical validation following their initial non-clinical triage. If a clinician on review feels that a higher response is required, they can upgrade that response based on their clinical assessment of the incident.

Dealing with fluctuating unconsciousness

Health advisors are supported with training materials and undergo core learning. NHS Pathways provides a number of training materials which support health advisors relating to the identification of consciousness, unconsciousness or reduced consciousness. This includes a 'Hot Topics on Levels of Consciousness and Checking Breathing and Consciousness'. Assessing consciousness is also heavily featured throughout the Pre-Module Learning for Core Module 1 (with a dedicated section on Levels of Consciousness, there is a video to support this). This material includes the following statement: "If you were presented with a patient who couldn't be woken or was very difficult to wake (unconscious or semi-conscious), you would need to select

'unconscious'. Any other levels of consciousness will be addressed later in the system." See Annex for supplementary information.

Health advisors are trained to respond to situations where a patient's level of consciousness changes during a call. If a previously unconscious patient recovers during the call the health advisor would use the "Restart Triage" button to go back to the start of the assessment and begin their triage again, assessing the patient's condition. Restarting the triage is important as doing this changes the assessment questions and advice that that would appear to the health advisor, ensuring that the correct questioning and advice is given. As well as "Restart Triage" the health advisor can return to any question within the triage and change the answer. Both these principles are well established and are covered within the training. NHS Pathways have not been advised that this principle is a challenging one for health advisors to date but will take this feedback into account in our ongoing review and governance cycle.

If the patient remains semi-conscious, or very difficult to wake up, they are trained to continue assessing them as unconscious and dispatching the relevant ambulance response. If a patient regains consciousness after an ambulance is dispatched the process is the same, however the situation would be managed by the provider site's local policies about how to cancel the ambulance and arrange the appropriate care for the patient. If the opposite happens and a patient becomes unconscious during a call, there is an option built into the "Early Exit" function of NHS Pathways to facilitate dispatch of the appropriate ambulance response. The "EMERGENCY: unconscious, fitting or choking" option is accessible through "Early Exit" and allows the health advisor to quickly switch from whatever they were assessing into an assessment of these life-threatening conditions. This also allows for first party calls where the patient suddenly suffers from any of these conditions to be managed quickly and safely without the need for restarting the triage and swapping between 1st and 3rd party, which can cause a significant delay.

If the situation keeps changing health advisors are also able to "Early Exit" at any point on the basis of the call becoming "complex" as described above.

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

Yours sincerely,

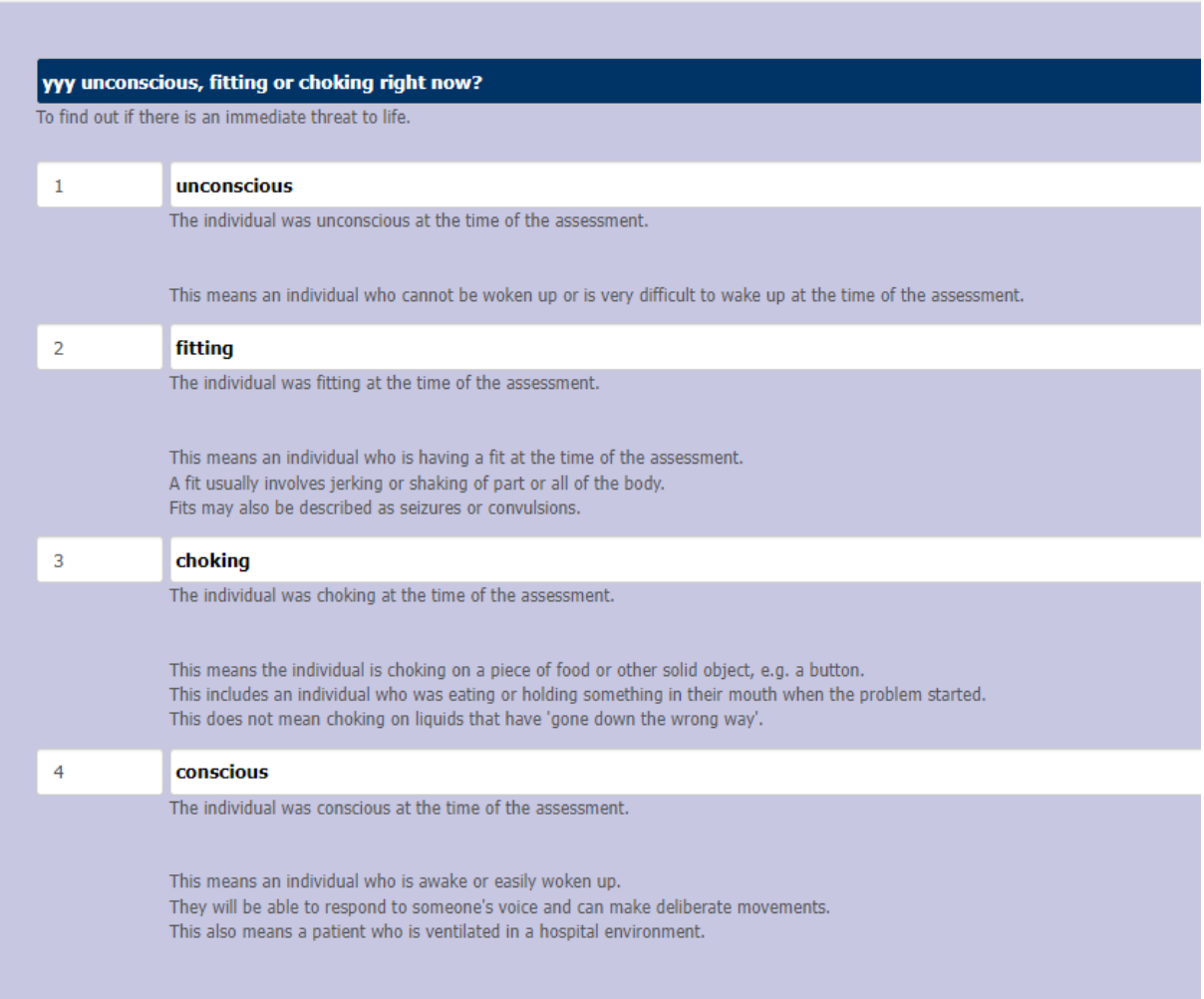
[redacted]

[redacted]
National Medical Director
NHS England

Annex – Supporting Material from NHS Pathways re consciousness.

One of the first questions in the system directly addresses consciousness.

The image below shows a question NHS Pathways utilises to assess if a life-threatening presenting condition is present.



yyy unconscious, fitting or choking right now?

To find out if there is an immediate threat to life.

1	**unconscious** The individual was unconscious at the time of the assessment. This means an individual who cannot be woken up or is very difficult to wake up at the time of the assessment.
2	**fitting** The individual was fitting at the time of the assessment. This means an individual who is having a fit at the time of the assessment. A fit usually involves jerking or shaking of part or all of the body. Fits may also be described as seizures or convulsions.
3	**choking** The individual was choking at the time of the assessment. This means the individual is choking on a piece of food or other solid object, e.g. a button. This includes an individual who was eating or holding something in their mouth when the problem started. This does not mean choking on liquids that have 'gone down the wrong way'.
4	**conscious** The individual was conscious at the time of the assessment. This means an individual who is awake or easily woken up. They will be able to respond to someone's voice and can make deliberate movements. This also means a patient who is ventilated in a hospital environment.

The text below is information from the Hot Topic on 'Checking Breathing and Consciousness During Assessment'

*"In order for an assessment to be as accurate as possible, Health Advisors must ensure that the answer they receive is a true reflection of the patient's symptoms **at the time of the call, as the system presents the questions.** So, in relation to the patient's consciousness level and breathing, you must ensure that:*

- *the answers to the questions you ask a 3rd party **are** based on the **here and now***
- *the answers **aren't** based on how the patient was before they, for example, went to sleep*
- *the answers **aren't** based on how they were the last time the caller checked on them*

- ***aren't*** *based on how the caller* ***assumes*** *the patient is right now*

The first question that this principle applies to is in Module 0, relating to whether a patient is ***unconscious, fitting or choking right now****. It is vital that the information required to answer this question accurately is checked and confirmed at the time it is presented. Failure to do so could have very serious consequences.*

The only way to gain an accurate answer is to ask the caller to take the time to check the patient at the time of the call. Best practice would be to carry out the rest of the triage while the patient is next to the caller.

What is consciousness?

The supporting information for this part of the question states:

This means:

- *They are awake or easily woken up*

- *They will be able to respond to someone's voice and make deliberate movements*

- *Or anyone who is ventilated in a hospital environment*

It is crucial that, if there is ANY doubt as to whether a patient may be fully conscious, callers are asked to check at the time of the assessment. This includes waking someone up if they are asleep to ensure that they can actually be woken easily and respond purposefully."