NHS
South East Coast
Ambulance Service
NHS Foundation Trust

Trust Headquarters
Nexus House
Gatwick Road
Crawley
West Sussex
RH10 9BG

www.secamb.nhs.uk

Ms J Russell-Mitra
HM Assistant Coroner for Surrey

28 April 2022

Dear Madam

Josephine Barker deceased

I write in response to the Regulation 28 Prevention of Future Deaths report issued on 7th March 2022 following the inquest into the sad death of Ms Barker.

I was very sorry to learn of the death of Ms Barker and I would like to convey my heartfelt condolences to her family and friends.

I have asked the Senior Management Team in charge of our 999 and 111 services to investigate your concerns. They have looked at all your concerns and I will address each in turn.

1. The first call resulting in a category 3 response following early exit

Our Emergency Medical Advisors ("EMAs") follow a very structured training regime which is regulated by NHS Pathways (NHSP; NHS Digital) followed by a period of mentoring before taking calls independently. We have in place an audit framework which is designed to and does detect any issues with the way that individual EMAs are conducting triages. The audit framework is mandated nationally and must be followed to comply with the licence requirements for the use of NHSP. This framework consists of two tiers.

- Tier one requires the NHSP user to have 5 call audits per month and is used for new starters, staff returning from a long period of time off and may also be used for staff on an improvement/action plan.
- Tier two requires the NHSP user to have 3 call audits per month and is used for regular NHSP users with no performance plans in place.

Best placed to *care*, the *best* place to *work*

Whenever an audit detects non-compliance with the NHS Pathways framework, the EMA is given feedback to improve their practice. In cases where repeated performance issues/areas of non-compliance are recognised, the EMA may be put on an action/improvement plan which will focus on areas of improvement in a supportive way and may also include the move to the increased number of call audits per month. This framework is designed to support EMAs in the use of the system to provide the best possible care for patients.

2. **SECAmb's major trauma protocol being different to that of London Ambulance Service (LAS)**

The Major Trauma Decision Tree in place at the time of this incident was developed with our partners in the local trauma network. From 2020, a more standardised approach has been taken nationally and SECAmb now use a new major trauma tool which aligns with national trauma protocols.

3. **The off-duty paramedic on scene was not consulted**

Since this incident, an updated Emergency Operations Centre Call Handling Procedure V2.00 (issued 26th March 2019) specifically included updated guidance on the handling of HCP calls.

Further to this, NHS England published the National Framework for Healthcare Professional Ambulance Responses. This framework resulted in significant changes in the NHS Pathways triage system utilised by SECAmb (Version 17) which was implemented within the Trust on 4th September 2019.

Both updates described above positively supported HCPs calling into the Trust from a scene to be able to have greater freedom on requesting an appropriate clinical response themselves, in particular removing the significant emphasis on "Compromise to Airway, Breathing or Circulation" that had been utilised historically when validating the requirement for a Category 2 ambulance response with an on-scene HCP and replacing this with HCPs being able to advise of "another time sensitive problem" which generates a Category 2 Ambulance response.

We are currently preparing to publish an internal shared learning document to all of our EOC staff further reminding those that handle 999 calls to utilise persons on scene who declare themselves as HCPs, taking into account the clinical assessment that has been undertaken by them and raising the appropriate ambulance response that is requested.

4. **No Clinical Safety Navigator ("CSN") in place to manage the welfare stack**
5. **No clinical input**
6. **Insufficient clinicians to carry out a clinical review**

I have grouped these concerns together as they all concern the sufficiency of clinical staff in the Emergency Operations Centre ("EOC") to keep patients safe while they await an ambulance response.

Two CSNs are planned to be on duty at all times. The minimum is one CSN.

The number of Clinical Supervisors working in EOC has increased significantly as a result of a review of the recruitment process and continual ongoing targeted campaigns. Along with this increase in establishment, the Trust has also recruited a cohort of NHS Pathways trained agency clinicians which supplement this number. Operational staff who are temporarily unable to work face to face with patients are also redeployed into the EOC environment to support with welfare calling and texting or trained to undertake EOC clinical activities to further support the clinical staffing levels.

In addition, our Welfare Procedure is currently going through a review in line with the Trust's Procedure review process, which will focus on ensuring welfare contacts are prioritised and appropriate for all patients awaiting the response of an ambulance. This will see our most vulnerable patients receiving regular contact and review, and, where necessary their priority upgraded.

7. No call backs made

As mentioned above, since this incident the Trust has made significant moves in increasing clinical staffing and redeploying staff into welfare calling roles within EOC, which has seen an increase in the number of welfare contacts to our patients. Welfare contacts completed versus required is tracked through a daily produced Business Intelligence report. Thisgives the Trust an understanding of the number of welfare contacts required, which allows us to address shortfalls in this activity.

8. NHS Pathways' ability to deal with fluctuating consciousness

We defer to NHS England/NHS Digital as to the content of the NHS Pathways tool. EMAs are taught that any call that is considered complex should be referred to a clinician. "Hot topics" issued by NHS Pathways on (i) complex calls and (ii) assessing consciousness have recently been re-distributed to all EMAs by way of reminders. In addition, since this incident occurred we have introduced inline clinical support for EMAs which means that they have instant access to a clinician for real-time advice on how to handle a call along with the opportunity for our call handlers to request instant side by side assistance for calls where they have clinical concerns for a patient and require assistance beyond their knowledge.

9. Drowsiness was not considered a new symptom and was not re-triaged

A re-triage should have been carried out and this was identified within the audit and fed back to the individual EMA. We rely on our audit framework to pick up on call handling errors and ensure that feedback is provided to our EMAs for learning and if appropriate, a period of re-mentoring and targeted learning will occur. This is covered by our revised Call Handling Procedure.

10. Worsening condition questions were not contextualised

Upon the receipt of a subsequent call for a patient, our call handlers will ask for any new or worsening symptoms. It is key to ask for both of these so that callers are prompted to think of anything that is different from the original call that was made. Gaining information on a worsening condition can present a particular challenge for the remote triage process. The call handler has to rely on the documentation of previous calls and reference to those earlier calls

along with the information received from those on scene at various times during the incident. It is not feasible to retriage each time a different caller calls or takes over a call due to the impact this would have on call answer times for all incoming 999 calls.

11. Vomiting in the context of a head injury

EMAs follow NHS Pathways and we therefore defer to NHS England in respect of the system's assessment of the significance of particular symptoms in the context of head injury. NHS Pathways does not ask about vomiting as part of the head injury pathway and we defer to them on the rationale for this.

12. The off-duty paramedic's request for re-categorisation was not followed and his challenge to it did not lead to a clinical discussion

I refer to my response to concern 3 above. The new HCP pathway does provide for this situation so that now, the paramedic's categorisation request would be followed.

13. The CAD was not kept updated

This matter has been referred to the Duplicate Call Working Group. This group meets regularly to work on the introduction of system and process changes to enhance and improve the way the Trust is able to deal with all aspects of duplicate calls, which has presented many challenges over the last two years due to COVID demands. They are considering how to bring together all the information from multiple calls into one CAD, ideally by way of a technical solution rather than manually. This is an ongoing piece of work.

14. Diversion of an ambulance to a welfare meeting after being assigned to an incident

Welfare meetings should ideally take place at the beginning or end of a shift, or immediately before or after a meal break. There has to be a degree of discretion on the part of managers as to when welfare meetings are carried out, particularly when they follow attendance at a distressing incident. SECAmb has a leadership programme planned for its managers for 2022/23, named 'Made in SECAmb'. A request has now been submitted that guidance on standing down of crew be incorporated into the programme.

Action Plan

Action	Responsibility	Date for completion
New HCP Protocol	Operations Managers Clinical ("OMC")	Completed
Review of welfare procedure	Operations Manager Clinical	October 2022
CAD completion/integration	Duplicate Call Working Group	Ongoing
Review of call handling procedure	Operating Unit Manager for Call handling	October 2022

Simulated/shared learning	Operations Manager Clinical	June 2022

I trust that this reassures you that if this incident were to recur now, it would be handled differently, as a result of a considerable number of changes that have been introduced since 2019. If I can be of further assistance, please let me know.

Yours faithfully

Dr
Executive Medical Director and Consultant in Pre Hospital Care

Acting Chief Executive Officer
South East Coast Ambulance Service NHS Foundation Trust