REGULATION 29 RESPONSE TO A REPORT ON ACTION TO PREVENT FUTURE DEATHS

Please do not include any living person names in this document, in accordance with the Chief Coroner's publication policy PDF.

THIS RESPONSE IS BEING SENT TO:

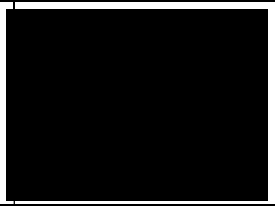
The Senior Coroner for the Coroner Area West Sussex, Brighton and Hove in response to a '**REPORT TO PREVENT FUTURE DEATH REGULATION 28**' following an investigation into the death of **Derek Thomas BURT**, and an inquest that concluded on **02 June 2026**.

1.	**RESPONDENT** In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, **APPELLO CARELINE LTD** provides this response within 56 days of the date of the Report to Prevent Future Deaths or any extension granted.
2.	**DATE OF RESPONSE: 3rd July 2026**
3.	**CONFIRMATION OF CORONER'S MATTERS OF CONCERN** The **MATTERS OF CONCERN** were identified in the report are as follows: The MATTERS OF CONCERN are as follows: Overall, I accept this was an unusual set of circumstances in that the call to emergency services was made by a careline operator who was relaying information from the patient's wife who was herself the careline user and she was bedbound so not in a position to assist her husband who was bleeding heavily and non responsive, nor could she get to a phone to answer (as it was in another room) the numerous calls made by the EMA and ambulance clinical safety navigator. That said, no one appears to have thought that the Appello careline system could have been used to speak to Mrs Burt via a third party conference call as that is the very method used to call for help and she used it successfully, not once, but twice. I am concerned that this system and technology is utilised fully to potentially give vital clinical advice that may save future lives. 1) I heard evidence from the call centre manager of Appello Careline and the first careline operator that their system has the capability to speak directly to Mrs Burt without her pressing her wrist alarm button as this could have been done via the digital base unit that was in her bedroom. The system can also set up a 3 way conversation or conference call to include any of the

	emergency services. Indeed the operator told me she has done this in the past if asked to do so by the emergency services or she has suggested it but she did not do so in this case as she took her lead from the EMA. Conversely, I heard from a clinical safety navigator (CSN) with SECAMB that she did not know careline companies could set up 3 way conference calls for a CSN to speak to the patient or helper directly. She knew that Police and Fire Services used 3 way conference calls using careline systems but not Ambulance Trusts. This case had moved from the dispatch to the clinical stack and from the timeline of calls supplied it seems 15 calls were made between 22:52 and 23:23 to the landline and mobile numbers supplied but of course, it was impossible for Mrs Burt to answer them. No one thought to go back through the digital base unit to offer the basic clinical advice that was needed. I am concerned that both Ambulance Trusts generally as well as Careline companies may not be aware of the potential to save lives using available technology. 2) I also heard from the careline centre manager that Appello does not have any specific documentation, training material or guidance that considers calls for assistance made by the service user for people other than themselves. It was good to learn that both careline operators did respond positively to the cry for help from Mrs Burt. I remained concerned however that there is no policy or guidance available for operators to cover this type of emergency or life threatening situation and no training has yet been devised to learn from the unusual circumstances that occurred here. 3) I also remain concerned that the first careline operator did not pass on a key piece of information to the EMA, namely that the caller did not have access to a phone. Nor did she ask if the blood was spurting or dribbling. Although, it was relayed that Mrs Burt was bedbound, the EMA would not have realised that Mrs Burt couldn't get to the phone as it was in another room. In addition the first careline operator did not call the EMA back when she learned Mr Burt was non responsive and had developed breathing problems. The CSN confirmed to me that if a second call had been made at that point then the call would have been upgraded to category 1. This would have been at approx 22:50. In other words around the same time the EMA was trying to call Mrs Burt back. The clinical review was allocated at 22:55 and the second 999 call was logged at 23:15 so approximately 20-25 mins had elapsed. 4) Likewise I heard from the SECAMB CSN that she had carried out an audit of the EMA notes added to their system when speaking to the first careline operator. She did so from a clinical perspective and she discovered missing information that was given but not recorded at all namely: that there had already been 20 minutes of bleeding at the time of the first call (approx. 22:43); Mr Burt was not responding normally/groaning; and Mrs Burt was bedbound therefore could not assist Mr Burt. None of this information was

	therefore available to the CSN who carried out the clinical review. In addition I heard that the end to end review carried out by SECAMB and focused on the dispatch difficulties that existed on 14 May 2025. I appreciate that the dispatch and clinical review systems were different at that time and have now been changed but I remain concerned that the quality of note taking has not been properly checked and action taken to rectify then make improvements with any individual concerned as well as capturing learning points for others. Here vital information was missing and was needed to ensure an effective clinical review could take place and thereby ensure that the category of call response is accurate. I was told this call had been audited and was found to be 95% compliant. This also calls into question the quality of the call auditing system 5) I heard that an EMA can hold a call and speak to a CSN to get basic first aid advice or join the CSN into the call. Given the volume of blood that had already been lost in this case, I am concerned that this opportunity to give clinical advice was lost especially as the call had come in via a careline operator. 6) I was told that SECAMB is taking part in a pilot called Tortoise looking at using AI to improve the accuracy of note taking. It was unclear whether a similar scheme is being explored by careline companies or if there is effective liaison between careline companies and ambulance trusts.
4.	**DETAILS OF ACTION TAKEN,** how has the concern been addressed. Appello Careline Limited has carefully considered each of the matters of concern raised in the report and has reviewed the circumstances of this case in detail. The circumstances of this incident were unusual, involving a combination of factors including the service user being bedbound, the person requiring assistance not being the Appello customer, and the absence of accessible telephone contact within the property. **Concern 1** Appello Careline Limited's existing triage processes require operators to gather and communicate relevant information to emergency services. Those processes remain in place and are considered appropriate to ensure that relevant information is identified and communicated to emergency services. **Concern 2** Appello Careline Limited's existing procedures already require operators to arrange appropriate assistance based on the information provided, regardless of whether the person in need is the service user. Assistance was arranged in accordance with those procedures in this case. **Concern 3** Appello Careline Limited accepts that, in this case, certain information indicating deterioration in Mr Burt's condition was not communicated to the

	ambulance service. It is Appello Careline Limited's position that this represented an individual failure to fully adhere to established procedures, rather than a deficiency in those procedures. The matter has been addressed as an individual performance and disciplinary issue. In addition, the incident has been incorporated into Appello Careline Limited's ongoing organisational learning processes. Appello Careline Limited operates a structured programme of continuous improvement, including regular call audits, training updates and monthly operational review sessions. These processes include the review of call handling against recorded call data and audit outcomes to ensure that learning is embedded in operational practice and that operators consistently apply required procedures. **Concerns 4 and 5** Appello Careline Limited understands that these concerns relate to the ambulance service's internal processes, including note taking and clinical triage decision-making. These matters fall within the remit and responsibility of the relevant ambulance service. Appello Careline Limited will continue to cooperate with emergency services and support effective information sharing in line with its responsibilities. **Concern 6** Appello Careline Limited does not currently deploy AI-based tools for automated note taking or decision-making within its call handling processes. References during the inquest were to potential future developments rather than current practice. Appello Careline Limited considers that its existing procedures, supported by ongoing training, audit and continuous improvement processes, provide a robust framework for managing the risks identified in this case.
5.	**DETAILS OF FURTHER ACTION PROPOSED** *Any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.* **Concern 1** Following operational and technical review, Appello Careline Limited does not consider that routinely offering three-way (conference) calling would be proportionate or effective, given the operational complexity and variability of call scenarios. However, Appello Careline Limited has identified an opportunity to strengthen the information provided to emergency services in circumstances where direct telephone contact is not possible. Appello Careline Limited therefore intends to introduce a proportionate enhancement to its triage process. Operators will be required to establish whether the individual or individuals involved have access to a telephone and, where telephone access is not available, this fact will be explicitly communicated to the emergency service

	at the point of referral. This measure is intended to ensure that emergency services have sufficient information to determine appropriate clinical triage and escalation, without introducing operational steps that may adversely affect call handling efficiency or service availability. **Concern 2** Appello Careline Limited intends to update its operator training materials to clarify that calls may be received where assistance is sought for another person, for example a household member or visitor. The updated guidance will confirm that, in such circumstances, operators are expected to apply standard call-handling and triage procedures in the same way as if the service user themselves required assistance. This represents a clarification of existing expectations rather than a substantive change in procedure and is intended to ensure consistency of understanding across the operator workforce. **Concern 3** Appello Careline Limited will continue to reinforce adherence to established procedures through its ongoing training, audit and supervision processes, including the use of call audits and operational review mechanisms to ensure that relevant information is consistently captured and communicated. Appello Careline Limited does not consider that further procedural change is necessary at this time. **Concerns 4 and 5** No further action is proposed by Appello Careline Limited in respect of these concerns, as they fall within the remit and responsibility of the relevant ambulance service. **Concern 6** Appello Careline Limited will continue to monitor developments in relevant technologies, including those relating to call handling and note taking, and will consider their use where they can demonstrably improve outcomes. Any future implementation would be subject to appropriate governance, testing and risk assessment to ensure safety, accuracy and compliance with applicable legal and regulatory requirements.
6.	

	[redacted] (LEGAL & COMPLIANCE DIRECTOR, APPELLO GROUP)