

(Our Ref: CJS reg 28  
Your Ref: CJS reg 28)

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Date: 10th August 2017

Dr Elizabeth Earland  
HM Senior Coroner for the County of  
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Exeter & Greater Devon Coroner's  
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Dear Dr Earland

**Re: Colin James Sluman DOD 15.07.2016. Inquest held on the 7<sup>th</sup> June 2017 at South Molton Town Hall Regulation 28 Report**

Thank you for your letter dated 21<sup>st</sup> June 2017. As requested please find enclosed our substantive response to your concerns.

**Matter of concern 1)** In respect of the protocol supplied by NHS Pathways to South Western Ambulance Service NHS Trust (SWAST), we can confirm that on 15<sup>th</sup> February 2017 the Clinical Lead of SWAST wrote to NHS Pathways regarding consideration into whether the triage tool (NHS Pathways or Trust procedures) should prioritise incidents taking into account a patient that is on their own, particularly when they have a major haemorrhage and are showing signs of shock.

In addition to this, the Clinical Lead of SWAST raised with NHS Pathways concerns surrounding dizziness symptoms not being part of the "major haemorrhage" triage pathway and whether it should be included.

In relation to the queries concerning the content of NHS Pathways, a Lead Clinical Author at NHS Pathways stated that the level of blood loss experienced by Mr. Sluman was such that it generated a 19 minute ambulance response. This is the same level of response as would have been generated by a patient in probable clinical shock, i.e. cold, clammy and centrally cyanosed. The addition of a question about dizziness would therefore not have raised the disposition level.

The question of raising the level of response because the caller is alone is a complex one which is dependent upon a wide range of factors. These considerations have always been assessed operationally on a case-by-case basis by organisations using the NHS Pathways system.

On the 20<sup>th</sup> July 2016 a local amendment was also implemented. This highlights to clinicians in the clinical hub that patients presenting with "Major Blood Loss" (without other symptoms) should be reviewed by a clinical supervisor at the earliest opportunity.

On the 19<sup>th</sup> June 2017 all actions on the action plan developed from the Root Cause Analysis Investigation Report were reviewed.

**Matter of concern 2)** In respect of call handlers not being clinically trained, they are reliant on the software provided (in this instance Pathways) and therefore it is felt that the response from NHS Pathways regarding Matter of Concern 1 should address this concern.

Additionally, in relation to the use of the system by non-clinically trained call handlers, the content and the disposition levels of the NHS Pathways system is overseen by its National Clinical Governance Group (NCGG). This group is chaired by RCGP and members include all clinical colleges (medical/surgery, nursing/midwifery, paramedics), key stakeholders including patients, services (NASMeD and NHS 111) and pharmacists. The pathways themselves are under constant review, and are revised in response to any changes in guidance (e.g. NICE Guidance), published evidence or any incidents related to use of the system.

All call handlers using NHS Pathways undergo an intensive training programme that spans 10 weeks. This programme incorporates several formal training modules focusing on NHS Pathways use, distance learning materials, supervised practice, consolidated practice and a 'common learning programme'. This common learning is a wider training and development programme ensuring all staff are fully prepared and competently skilled for their role delivering care in the NHS. It includes sessions such as customer service skills, managing vulnerable callers and management of calls with a mental health component.

Throughout the training period, there are several competency gateways that staff must pass through successfully to progress to independent practice. This includes written assessments, practical assessments and call audits during supervised practice. Once call handlers start practising independently they are then subject to on-going performance management and professional development as set out in the NHS Pathway licence.

**Matter of concern 3)** In respect of there not being enough clinical supervisors available to call handlers for advice or oversight of emergency calls, this is being addressed by SWAST increasing the clinical supervisor workforce by 10 clinicians across all Clinical Hubs. Also, work is being conducted within SWAST to look at "clinical oversight" and how best to accomplish this within the resources available.

I hope this information is helpful however if you require any further information please do not hesitate to contact me.

Yours sincerely

[REDACTED]

[REDACTED]

Quality & Safety Manager  
NHS England, South (South West)

CC [REDACTED], NHS South, Central and West Commissioning Support Unit  
[REDACTED] NHS Pathways