



Department  
of Health &  
Social Care

*From Maria Caulfield MP  
Parliamentary Under Secretary of State  
Department of Health & Social Care*

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Ms Louise Rae  
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16 March 2023

Dear Ms Rae,

Thank you for your letter of 12 May 2022 about the death of Sarah Louise Dunn. I am replying as Minister with responsibility for Women's Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Ms Dunn's death, and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

In preparing this response, Departmental officials have made enquiries with NHS England, as well as the relevant regulator, the Care Quality Commission (CQC).

I understand that several key actions have been taken following Ms Dunn's death, including the Blackpool Teaching Hospital Trust ensuring the inclusion of mandatory training on the risk of sepsis in Early Medical Terminations and introducing a sepsis educational programme, conducting an internal programme of monthly sepsis audits, and a monthly sepsis working group.

Sepsis can be a devastating condition and patients rightly expect the NHS to be able to recognise and diagnose it early and provide the highest quality treatment and care. Over recent years, the NHS has become much better at spotting and treating sepsis early. The Academy of Medical Royal Colleges have recently issued a statement on the initial antimicrobial treatment of sepsis.<sup>1</sup> NHS England have noted this, emphasising the importance of escalating suspected cases of sepsis, regardless of physiological score. In addition, NHS England have confirmed this is reinforced by current medical and nurse

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<sup>1</sup> [https://www.aomrc.org.uk/wp-content/uploads/2022/10/Statement\\_on\\_the\\_initial\\_antimicrobial\\_treatment\\_of\\_sepsis\\_V2\\_1022.pdf](https://www.aomrc.org.uk/wp-content/uploads/2022/10/Statement_on_the_initial_antimicrobial_treatment_of_sepsis_V2_1022.pdf)

training but acknowledge that a consistent application of this in practice is key in preventing future incidents. They will continue to find ways to make awareness of the potential for sepsis, and the response to it, more consistent.

Further to this, national guidance on sepsis, such as the National Early Warning Score (NEWS2)<sup>2</sup>, and educational tools, such as 'Think Sepsis' learning modules designed by Health Education England, support healthcare practitioners to be aware of how to identify and manage acute deterioration from sepsis in different settings. This means that more people are being identified as at risk of sepsis and mortality rates are falling. However, we know that despite the availability of these tools, some patients who deteriorate with sepsis are still not being diagnosed quickly enough.

The Department is working closely with NHS England to ensure adherence to national guidance that supports the detection and management of deterioration from sepsis. In addition, in April 2022, NHS England launched a Commissioning for Quality and Innovation scheme for 'Recording of NEWS2 score, escalation and response time for unplanned critical care admissions'. This measure will incentivise providers of acute care to use NEWS2, ensuring adherence to evidence-based steps in the identification and recording of deterioration, and enabling swifter response in acute settings.

Additionally, NHS England's Acute Deterioration Board has endorsed the approaches within the Academy of Medical Royal Colleges' statement on the initial antimicrobial treatment of sepsis, which was published in May 2022. The recommended guidance provides clinicians with a strong framework for clinical judgement, ensuring a targeted and measured approach to identifying and managing deterioration from sepsis. NHS England recognises the importance of disseminating new guidance for identifying and managing sepsis to appropriate healthcare practitioners.

Further to this, General Practitioners are responsible for ensuring their own clinical knowledge remains up-to-date and for identifying learning needs as part of their continuing professional development. This activity should include taking account of new research and developments in guidance, such as that produced by the National Institute for Health and Care Excellence, to ensure that they can continue to provide high quality care to all patients. All UK registered doctors are expected to meet the professional standards set out in the General Medical Council (GMC)'s Good Medical Practice. In 2012, the GMC introduced revalidation which supports doctors in regularly reflecting on how they can develop or improve their practice, gives patients confidence doctors are up to date with their practice, and promotes improved quality of care by driving improvements in clinical governance.

You may also wish to know that the training curricula for postgraduate trainee doctors is set by the relevant medical Royal College and has to meet the standards set by the GMC. Whilst curricula do not necessarily highlight specific conditions for doctors to be aware of, they instead emphasise the skills and approaches that a doctor must develop to ensure accurate and timely diagnoses and treatment plans for their patients. This is essential in promoting effective learning and preventing future deaths or serious harm occurring again.

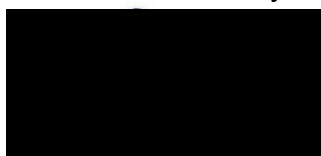
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<sup>2</sup> <https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/>

Finally, the CQC inspected Blackpool Victoria Hospital in April 2022 and their findings resulted in imposed urgent conditions regarding sepsis management and the management of patients receiving rapid tranquilisation. CQC is following their specific incident protocol in relation to Ms Dunn to consider whether any other regulatory action may be required.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



**MARIA CAULFIELD**