



**Department
of Health &
Social Care**

Alison Mutch
HM Senior Coroner
Manchester South Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

20/12/2022

Dear Ms Mutch,

Thank you for your letter of 6 August 2022 about the death of Ernest Thomas Bacon. I am replying as Minister with responsibility for Mental Health and Women's Health Strategy, including patient safety, at the Department of Health and Social Care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Booth's death, and I offer my sincere condolences to his 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 and the Care Quality Commission (CQC).

I understand that several actions have been taken by Tameside and Glossop Integrated Care NHS Foundation Trust following Mr Bacon's death. A retrospective Root Cause Analysis was conducted into the clinical care of Mr Bacon and in particular the response to his raised National Early Warning Score and recognition of sepsis. A number of learning points were identified as a result of the investigation and the findings have been used to inform the Trust's sepsis improvement plan.

In addition, since July 2022, the Trust has increased the medical rota to include a further junior doctor to provide additional support and in recognition of the acuity and activity of the out of hours medical provision. The CQC also continues to engage with the Trust and has received assurance regarding a review of the sepsis pathway and the associated retraining for all staff.

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 quickly. This means that more people are being identified as at risk of sepsis and mortality rates are falling. However, we know that some patients who deteriorate with sepsis are still not being diagnosed quickly enough.

In April 2018, a National Early Warning Score patient safety alert was issued to support providers to adopt the revised National Early Warning Score (NEWS2) to detect deterioration in adult patients, including those with suspected sepsis. However, it is recognised that sepsis guidance could be improved to ensure appropriate room for diagnostics and clinical judgement.

In response to growing evidence of the need to update sepsis guidance, the Academy of Royal Medical Colleges (AoMRC), in partnership with the Faculty for Intensive Care Medicine,

published their 'Statement on the initial antimicrobial treatment of sepsis' in May 2022. The Academy's statement outlines how the NEWS2 framework could be used to enable a more nuanced approach to detection of sepsis and allow for clinical judgement to play a more prominent role within a strong framework.

The Academy's statement is also endorsed by NHS England's Acute Deterioration Board, a cross-system programme board focussed on improving the prevention, identification, escalation, and response to all cause acute deterioration, including patients with suspicion of sepsis. Throughout 2022-2023, NHS England's Worry and Concern Task and Finish Group, a subgroup of the Acute Deterioration Board, are seeking to work with 7 Acute Trusts across all NHS regions to develop, test, implement and evaluate methods to incorporate patients' views of their wellness, illness, worries and concerns in the assessment and recognition of acute illness and risk of deterioration. This is to enable patients, families, carers and healthcare professionals to identify, understand, communicate and escalate concerns about deterioration in addition to NEWS2 and other indicators. To expand understanding in this area, NHS England have also commissioned the Florence Nightingale Foundation and King's Fund partnership to research leadership and cultural influences that affect the ability to raise concerns around patient deterioration to aid implementation.

Furthermore, we want to ensure that updates to national sepsis guidance is well recognised amongst a wide range of healthcare professionals who may come into contact with acute deterioration. NHS England currently works with Health Education England to ensure that clinical staff caring for patients have access to appropriate education and are trained to spot and manage sepsis, including through a range of materials and learning tools on Health Education England's website.

Additionally, the National Institute for Health and Care Excellence (NICE) has launched a consultation on updating the NG51 guideline for sepsis, based on the Academy of Medical Royal Colleges' statement. The consultation will run from 7 to 21 December and can be reached on NICE's website. As updated national sepsis guidance is implemented, the Department along with NHS England will continue to work closely with AoMRC and NICE to consider how healthcare professionals, including nurses and community health workers, will be educated and informed on its use. The Department will also continue to work closely with colleagues in the National Institute for Health and Care Research to understand, where appropriate, evidence and evaluation can be commissioned to support best practice implementation of new guidance that is complemented by useful educational tools and awareness interventions.

With regard to concerns regarding the NHS workforce, the Department has commissioned NHS England to develop a long-term plan for the NHS workforce for the next 15 years. This high-level long-term NHS workforce plan will look at the mix and number of staff required across all parts of the country and will set out the actions and reforms that will be needed to reduce supply gaps and improve retention.

Further to this, we have continued to see growing numbers of staff working within Hospital and Community Health Services, including almost 4,000 more doctors and 9,300 more nurses over the last year.

In addition, the Government has funded 1,500 more medical school places each year for domestic students in England, which is a 25% increase over three years. This expansion was completed in September 2020 and has delivered five new medical schools in England. We have seen the first graduates from this expansion enter foundation training in August 2022. Additionally, the Government temporarily lifted the cap on medical school places for students who completed A-Levels in 2020 and in 2021 and who had an offer from a university in

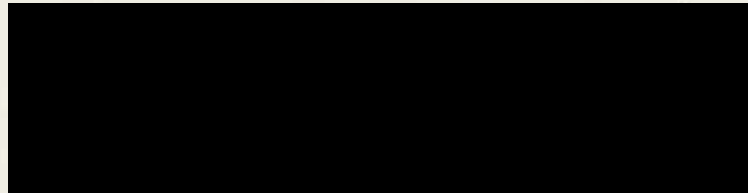
England to study medicine, subject to their grades, and there are currently record numbers of medical students in training.

The Government is committed to ensuring that the number of medical school places are in line with England's workforce requirements, and we continue to monitor the effectiveness of current arrangements.

Finally, the Government has committed to publishing the workforce plan next year and this will include independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in five, 10- and 15-years' time, taking full account of improvements in retention and productivity. This plan will help ensure that we have the right numbers of staff, with the right skills to transform and deliver high quality services fit for the future.

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

Yours sincerely,



20/12/2022