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National Medical Director
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11 December 2023

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Kimberley Sampson who died on 22 May 2018 and Samantha Mulcahy who died on 4 July 2019.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 17 September 2023 concerning the deaths of Kimberley Sampson and Samantha Mulcahy. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Kimberley's and Samantha's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about the care that Kimberley and Samantha have received has been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused to Kimberley's and Samantha's family or friends. I realise that responses to Coroner Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones and appreciate this will have been an incredibly difficult time for them.

Strain of Herpes Simplex Virus contracted by Kimberley and Samantha

The first matter of concern in your Report was that the inquest was unable to establish if the strain of Herpes Simplex 1 infection suffered by both Kimberley and Samantha was of the same strain and came from the same source and that the evidence on whether this was the case was inconsistent.

NHS England are not the appropriate organisation to provide comment on any investigation into the source of Herpes Simplex Virus (HSV) 1 infection contracted by Kimberley and Samantha. You may wish to refer this matter of concern to East Kent Hospitals University NHS Foundation Trust (hereafter "the Trust") or to the UK Health Security Agency (UKHSA), who assumed many of the public health and health protection responsibilities following the disbandment of Public Health England (PHE) in October 2021.

NHS England has however engaged with UKHSA and the Trust following receipt of your Report. We have been sighted on a letter sent from PHE to the Trust on 12 September 2018, following phylogenetic analysis of the HSV samples that were provided to them following the deaths of Kimberley and Samantha. NHS England notes PHE's findings that while the sequences within both samples are identical, due

to the evolutionary rate of HSV this does not mean that the virus will have the same common source or that they are part of a transmission chain.

NHS England also understands that the Trust has taken on board recommendations and implemented several actions following investigations into the deaths of Kimberley and Samantha and have been sighted on the Trust's Improvement Plans. Actions have included developing guidance for women and their families about HSV which has been added to postnatal discharge leaflets and a full Infection Prevention Control (IPC) review within the Trust which has included ensuring staff are aware of IPC guidelines related to HSV infections as well as sharing learnings from these cases across the Trust.

National guidance for prescribing antiviral medication for postpartum women who present with signs of systemic infection

Your second concern related to the delays in prescribing the antiviral medication Acyclovir to Kimberley and Samantha and that there was no national guidance in relation to prescribing antiviral medication in such cases, and that more needed to be done to raise awareness of the possibility of HSV to exclude in sepsis pathways.

The relevant national guidance does not come under the remit of NHS England. The Royal College of Obstetricians & Gynaecologists (RCOG), who you also addressed your Report to, are one of the organisations responsible for the national guidance on diagnosing and treating sepsis during pregnancy and we note their response to you that they are in the process of updating their Green-top Guidelines on Sepsis in pregnancy (No. 64a) and Bacterial sepsis following pregnancy (No. 64b). The update will result in a new combined guideline titled Identification and management of maternal sepsis during and following pregnancy (No. 64), which will include guidance on the timely and routine identification and treatment of herpes simplex. NHS England notes that this is scheduled for publication in March 2024.

The UK National Screening Committee (UK NSC) does not currently recommend screening for genital herpes in pregnant women. This is because it is not known how many women in the UK are infected with HSV-1 and HSV-2, how accurate screening tests are in pregnant women, how effective treatments are to stop women passing HSV to their babies and how effective treatments are to stop pregnant women from catching the disease.

NHS England notes some of the actions included in the Trust's Improvement Plans, which have included implementation of a new HSV-1 pathway with the aim to improve early diagnosis and teaching of care of deteriorating women within their Skills Update in Maternity (SUM) training day, which includes Modified Early Obstetric Warning (MEOW) scores and necessary escalations.

I would also like to provide further assurances on national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both

a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

National Medical Director