

Miss Laurinder Bower
Nottinghamshire and Nottingham
HM Coroners service
The Council House
Old Market Square
Nottingham
NG1 2DT

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

[REDACTED]
11 March 2024

Dear Coroner

Re: Regulation 28 Report to Prevent Future Deaths – Carrienne Franks who died on 27 August 2021.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 21 December 2023 concerning the death of Carrienne Franks on 27 August 2021. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Carrienne’s family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Carrienne’s care have 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 Carrie’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.

In your Report you raised the concern that current clinical and public health guidelines do not identify healthcare professionals as a group at heightened risk of TB exposure.

The Tuberculosis (TB) Programme Team at NHS England works closely with the TB Unit in the UK Health Security Agency (UKHSA) on TB issues, who we note your Report was also sent to. This has included the development and publication of the [TB Action Plan for England, 2021- 2026](#) and day to day operational and service delivery issues. This includes monitoring TB epidemiology at a local and national level.

Most recently NHS England commissioned the [GIRFT \(Getting It Right First Time\)](#) Programme to review TB service provision across England through a series of 10 questionnaires. This was linked to [Hospital Episode Statistics](#) (HES) and national [TB surveillance data](#). This work is being fed back to Trusts, Integrated Care Boards (ICBs), UKHSA and NHS regions to improve patient outcomes. This included questions on Occupational Health screening of new staff and contact tracing but did not specifically address healthcare workers.

NHS England, together with UKHSA, is committed to working collaboratively with its external partners and doing all that it can to increase awareness, reduce the impact of

TB and prevent future deaths occurring through the work of the action plan referenced above and the GIRFT TB project.

Clinical guidelines are provided by the National Institute for Health and Care Excellence (NICE). Their guidelines on TB can be found here: [Recommendations | Tuberculosis | Guidance | NICE](#)) and NHS bodies are under the same duties to have regard to the guidance, as they are with other NICE guidance. The NICE guidance, which was last updated in 2019, defines 'close contact'. Healthcare staff are not specifically referred to in the section on contact tracing in healthcare settings. Any change to the guidance sits with NICE, however the action plan referenced above includes an action and deliverable to work with NICE on updates to their guidance. UKHSA have approached NICE regarding updating the guidance and are meeting with them shortly.

NHS England has [wider information](#) available on its website to support health care services and inform patients. The [Green Book](#) is the guide to the vaccination schedules for infectious diseases. It has a chapter on TB and Bacillus Calmette-Guerin (BCG) and identifies health care workers as at higher risk.

The role of the RAF Occupational Health for staff potentially working overseas is also an opportunity to raise additional awareness of TB as an infection risk.

The [information](#) provided by UKHSA for the diagnosis, screening and management of TB is extensive and updated regularly to reflect the latest published evidence. The Royal College of Nursing (RCN) has also published [Case Management TB | Publications | Royal College of Nursing \(rcn.org.uk\)](#). This includes a chapter on contact investigations and references workplace contacts.

In 2016, Public Health England (the predecessor organisation of UKHSA) published a detailed [analysis](#) on TB in healthcare workers. This reported that there was 'no increased risk of TB in healthcare workers compared with non-healthcare workers after stratifying by country of birth for all but two countries of birth, combined with the very small number of cases with a molecular and epidemiological link consistent with nosocomial transmission, suggests that TB diagnosed in healthcare workers in the UK is generally not acquired as a result of UK occupational exposure'. It also highlighted that only 10 nosocomial (in healthcare) acquired cases of TB occurred in healthcare workers between 2010 and 2012 – approximately three cases per year in over one million healthcare workers.

UKHSA is currently undertaking an updated analysis of TB disease in healthcare workers and is expected to publish this in the next 12 months. This analysis will enable an up to date understanding of transmission of TB in health care settings.

The [action plan](#) recognises the impact of the COVID-19 pandemic on TB services and those affected by TB and the role of Occupational Health. Its five priorities of Recovery from Covid-19, Prevention, Detection and Control of TB and Workforce are supported by a number of actions and deliverables which, as well as those referenced above, include:

- Development and implementation of national contact tracing guidance and /or toolkits for HPTs, TB services and occupational health services including national, evidence-based guidance on occupational health screening for TB.
- Working with NICE to update contact tracing guidance with a focus on strengthening prevention, detection and treatment of active TB and/or LTBI in higher risk groups including healthcare workers through occupational health departments.
- Improved messaging for patients and staff on how to access TB services, face to face and virtual.

UKHSA and NHS England meet regularly with stakeholders including patient representatives to monitor progress of the action plan deliverables.

World TB Day is an annual event held on the 24 March. This date is used to raise awareness of TB with many TB services holding education sessions and running stalls in their hospital and/or public areas. Information is provided by UKHSA for use by local services.

NHS England has previously supported publication of posters for display in all hospital departments and within primary care settings. This is in addition to leaflets, cards and short animation videos. Some of these can be viewed at [Professional awareness and education - The Truth About TB](#). These resources were in paper format and are still available electronically for local printing. Anecdotally, many departments and GPs still have these posters on display. We have also supported a [TB eLearning resource](#), which is available on the Royal College of General Practitioners (RCGP) and is open to all healthcare professionals.

NHS England has also issued a TB service specification. It is not mandatory, so ICBs and Trusts can use it to reflect local commissioning and service delivery arrangements. The document references informing all appropriate services including Occupational Health departments re the transfer and discharge of patients. This specification includes a section on evidence-based contact tracing.

NHS England has also engaged with NHS North West London on the concerns raised in your Report. We note that Chelsea and Westminster Hospital NHS Foundation Trust's internal investigation found that there was no evidence of direct contact between Carrienne and the patient with TB. We have also been sighted on the Trust's updated policy for TB infection control, which we understand has also been shared with the coroner.

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