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17 June 2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Ellen Mercer who died on 10 February 2023.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 26 April 2024 concerning the death of Ellen Mercer on 10 February 2023. In advance of responding to the specific concerns raised in your report, I would like to express my deep condolences to Ellen's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Ellen's care have been listened to and reflected upon.

Your report raises concerns around increasing wait times within Emergency Departments (EDs) and the delays that that this can cause to patients undergoing venous thromboembolism (VTE) risk assessments while they await admission to a ward, and that the current policies do not take long waits in emergency departments into account.

NHS England recognises the pressures that continue to be placed on Urgent & Emergency Care (UEC) services. In January 2023, we published the Delivery Plan for recovering urgent and emergency care services which set out our plans and ambitions to improve the service over the next two years. The plan commits to improvements in five key areas:

- Increasing UEC capacity
- Increasing workforce size and flexibility
- Improving discharge
- Expanding care outside of hospital
- Making it easier to access the right care.

This includes patients being seen more quickly in emergency departments. An update on the plan, published in October 2023, noted that significant progress had been made, despite pressures on the service remaining high.

The National Institute for Health and Care Excellence (NICE), who I note you have also addressed your Report to, are responsible for the relevant clinical guidelines [NG89] for VTE risk assessment.

The guidelines currently state that patients should be risk assessed as soon as possible after admission, with admission defined as 'Admission in the context of this guideline refers to admission as an inpatient, where a bed is provided for 1 or more nights, or admission as a day patient, where a bed is provided for a procedure including surgery or chemotherapy but not for an overnight stay'.

Following a period of consultation, the VTE risk assessment data collection restarted as of 1st April 2024. NHS England's VTE Risk Assessment Guidance has been updated with the following:
'To support the collection of data, NHS England has clarified that risk assessment should be completed on inpatients within 14hrs of admission; NICE guidelines state that where required, pharmacological thromboprophylaxis should be started within 14hrs of admission, therefore risk assessment should be completed prior to this, unless otherwise stated in the population-specific recommendations.'

We do not think it is likely to be effective to require ED staff, who are already experiencing issues with their capacity, to undertake a specific risk assessment for VTE. This is supported by the Royal College of Emergency Medicine (RCEM), who we note in their response to you, have stated that 'it is not the role of emergency medicine doctors to be undertaking risk assessments that specifically relate to the hospital admission process' and that this is the 'role of the admitting specialty doctors, even when a patient is still in the ED'. The RCEM has issued clinical guidance on the clinical responsibility for patients who are located in the ED but who have been seen and are under the clinical care of another team. The guidance states that 'Once a patient in the ED is seen by a specialty team, then the patient becomes the responsibility of the speciality team'. UEC colleagues at NHS England have also advised that they would view the admission process to start once a decision has been made to admit a patient and that an assessment for VTE should then be made, including if the patient remains in the ED.

However, to further clarify this issue and acknowledging that there is an ongoing heightened demand in EDs leading to significant waits, NHS England's national Patient Safety Team have been in touch with NICE to suggest that their guidance is updated to reflect that VTE assessments should be undertaken within 14 hours of a **'decision to admit'**, as opposed to admission. NICE have advised that they will be addressing the issue with their Prioritisation Board.

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,

[redacted]
National Medical Director