

Trust Headquarters
Health and Wellbeing Centre
Sandwell General Hospital
Lyndon
West Bromwich
B71 4HJ

Mr Z Siddique
HM Senior Coroner
Black Country Coroner's Court
Jack Judge House
Halesowen Street
Oldbury B69 2AJ

12th December 2025

Re: Mrs Sultana (deceased)

Dear Mr Siddique,

Thank you for your Prevention of Future Deaths report of 23 October 2025 raising the concerns you have regarding following two points within the Sandwell and West Birmingham NHS Trust policies:

- There was confusion and lack of understanding by nursing staff in relation to when the EMRT should be called in an emergency particularly when a DNAR was place.
- There was a lack of risk assessment of when SALT assessments for those patients at risk of dysphagia should take place.

We have taken appropriate steps to address your concerns and ensure that staff have the clarity required to support decision making when required in the emergency situation. We have undertaken the actions listed below:

- Amended the Emergency Medical Response Team (EMRT) policy to clarify that EMRT calls are appropriate when there is an immediate/recoverable/un-expected event such as choking or airway compromise – even when a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) is in place
- This policy has been uploaded onto the policies platform to ensure availability to all staff who require it – staff will be notified of a new version being available
- The policy update has been communicated to Senior Leaders, Governance and Safety leads and team leader/ward management within the Clinical Directorates via weekly clinical directorate governance meetings and at the monthly Patient Safety Oversight Meeting to ensure effective dissemination of the updates
- It is planned to highlight the updated policy to Senior Leaders within the Risk and Assurance Group scheduled for 15th December 2025

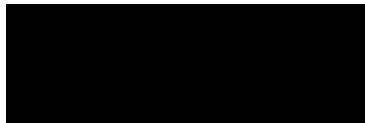
- A safety alert has been published across the whole Trust, to ensure that staff are aware of the need to call the EMRT when an immediate/recoverable/un-expected event such as choking or airway compromise – even when a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) is in place. Assurance has been received from the clinical directorate representatives at the Patient Safety Oversight Meeting that they are aware of the safety alert and have disseminated in their areas
- A communication bulletin has been released to highlight the policy update to all staff
- An exercise to align the wording within the EMRT policy and the Treatment Escalation Plan policy has been undertaken to provide consistency in language across both policies to reduce confusion for staff and reinforce the required message to staff

To address the concerns related to the SALT assessment requirements, we have undertaken the following:

- Commenced a cascade training programme to have swallowing safety cascade trainers for each ward area, who are responsible for training their ward teams. To date 44 nurses have been trained in this role.
- As a priority ALL emergency admissions routes now have swallowing safety cascade trainers in place.
- 80% of nursing and HCA staff in our ED department have received AT LEAST one form of direct training in swallowing awareness
- We deliver training on the new junior doctor induction programme bi-annually (each intake)
- Referrals to SALT continue to be available
- Dysphagia guideline has been re-circulated to all clinical directorates
- Dysphagia guideline is available on the policy platform to ensure availability when required by all staff
- Online training available to all staff for swallowing assessment
- Swallowing assessment/Nutritional assessment is the topic of a planned safety bulletin to be circulated in December

I trust this information will provide you with reassurance regarding the concerns raised in your report, however, if I can assist with anything further, please do not hesitate to contact me.

Yours sincerely,



Group Chief Executive