

Ms Joanne Andrews

Area Coroner
West Sussex, Brighton and Hove Coroner Service
The Coroner's Office
Woodvale
Lewes Road
Brighton
BN2 3QB

National Medical Director

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

16th October 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Maureen Brenda Batchelor who died on 26 February 2025.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 5 August 2025 concerning the death of Maureen Brenda Batchelor on 26 February 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Maureen’s family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Maureen’s care have been listened to and reflected upon.

Your report raises concerns around patients being moved to and treated in the corridor when the Emergency Department (ED) has reached capacity, and the rising use of corridors to care for patients across the country due to insufficient space within the ED.

The delivery of care in Temporary Escalation Spaces (TES) in EDs experiencing patient crowding (including providing care at beds and chairs) is not acceptable and should not be considered as standard. TES refers to care given in any unplanned settings (such as corridors) and, in September 2024, NHS England published a [set of principles for supporting improved quality of care](#) should patient demand outstrip capacity. These principles have been developed to support point-of-care staff to provide the safest, most effective and highest quality care possible when TES care has been deemed necessary, and the principles should be applied alongside any local standard operating procedures and arrangements governing flow pathways and safe staffing.

In June 2025, NHS England published the [Urgent and Emergency Care \(UEC\) Plan for 2025/26](#), which included an ambition to ‘*improve flow through hospitals with a particular focus on patients waiting over 12 hours and making progress on eliminating corridor care*’. NHS England is working through the operating model to support providers to eliminate crowding in EDs in the longer term. Improvements are being progressed through NHS England’s [Operational Planning guidance](#), where healthcare systems were asked to focus on areas to deliver improved patient flow. This has included increasing the productivity of acute and non-acute hospital services, improving flow and length of stay, as well as clinical outcomes. In addition to this, we

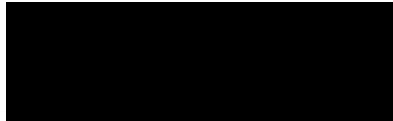
are continuing to develop services that shift activity from acute hospital settings to settings outside of an acute hospital for patients with unplanned urgent needs, supporting proactive care, alternatives to admission and improving hospital discharge.

Furthermore, since January 2025, NHS England has mandated all acute hospitals to report daily TES usage in EDs and wards. Most are now submitting data, and NHS England is working with regional teams to improve its quality, timeliness and completeness. The goal is to begin publishing data during 2025/26, to drive reductions in the use of corridor care across the country and achieve the ambition set out in the UEC plan.

I would also like to provide further assurances on the 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 events, such as the sad death of Maureen, are shared across the NHS at both a national and regional level and helps us to 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,

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National Medical Director
NHS England