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Assistant Coroner
Inner North London
St Pancras Coroner's Court
Camley Street
London
N1C 4PP

National Medical Director

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

22nd January 2026

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Lina Piroli who died on 20th February 2025.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 4th December 2025 concerning the death of Lina Piroli on 20th February 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Lina’s family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Lina’s care have been listened to and reflected upon.

Your Report raised concerns around the lack of available beds on the elderly care ward at the time Lina re-presented to the Emergency Department (ED), and the delay in transferring her to a ward. The busy and overcrowded ED meant that the guidance on treating patients with dementia was unachievable. You raised that this is a problem across all hospitals nationally and the ED is not set up to deliver care to elderly and complex patients.

Emergency Department capacity and bed availability on wards

NHS England recognises the significant pressures on all NHS services and, in January 2023, published a two-year [Urgent & Emergency Care \(UEC\) Recovery Plan](#). The plan prioritised improvements to the 4-hour standard – a constitutional standard aiming for 95% of patients to be admitted, transferred, or discharged within four hours of arrival. The plan outlined key actions to recover and improve urgent and emergency care services. Despite significant challenges, including high demand for services, there was an improvement in the headline ambition between 2023 and 2025.

Recognising that there is further work to be done, in June 2025, NHS England published the [Urgent and Emergency Care 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 with the regions to support Acute Trusts to eliminate crowding in EDs in the longer term. Improvements are being progressed through [NHS England's operational planning guidance](#), where [Integrated Care Boards](#) (ICBs) were asked to focus on delivering improved patient flow. This has included increasing the productivity of acute and non-acute healthcare 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.

NHS England also undertook a bed occupancy reduction sprint to manage demand nationally, which commenced in October 2025 and concluded on 24th December 2025. This has enabled a reduced bed occupancy and enabled providers to respond to surges in demand that the NHS traditionally experiences during winter, enabling patients to move in a more timely manner to ward beds.

NHS England's London regional team has liaised with the Whittington Hospital in relation to this case. The Trust (Whittington Health NHS Trust) has advised that on 2nd February 2025, when Lina presented to hospital, they were in a high Opel 3 (red alert) status with 16 patients waiting for beds. An Opel 3 score signifies major operational pressures, compromising patient flow. The Trust has a standard operating procedure to support the care of patients waiting for beds, which sets out expected standards of care.

Unfortunately, Lina's stay in the ED was prolonged as she required neurosurgical advice from the Royal London Hospital (RLH) and additional MRI imaging was requested to identify the stability of her spine.

We are advised that the Trust recognises that caring for patients in the ED, particularly those with dementia, is far from ideal. The Trust is committed to continuing to work on patient flow initiatives which include supporting safe and timely discharges from the wards, home treatment via virtual wards and Same Day Care to improve the flow of patients throughout the Trust and reduce the time that patients spend in the ED once a decision to admit has been made.

Review by the Geriatric Team

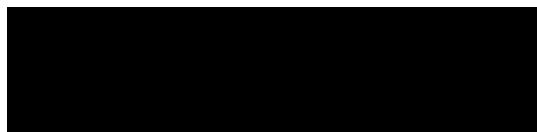
The Trust has advised NHS England that their geriatric team does not currently provide a direct in-reach service into the ED. However, they do have a dedicated frailty team and are actively developing this service further. As part of this work, they are creating a dedicated frailty area within their Same Day Emergency Care unit to offer a more suitable environment for this patient group.

They are also focusing on ensuring that, from the moment patients arrive in the ED, their frailty score is used to guide placement and prioritisation. Their aim is to minimise the amount of time that frail and vulnerable patients spend in the ED and ensure they receive timely, appropriate care in the most suitable setting.

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 Lina, 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,

A large black rectangular redaction box covering a signature.

[Redacted]
National Medical Director
NHS England