

5 February 2026

Oliver Longstaff
HM Area Coroner
His Majesty's Coroner's Office
The Coroner's Court
Burgage Square
Wakefield
WF1 2TS

[REDACTED]

[REDACTED]

Dear Mr Longstaff,

Re: Regulation 28 report to prevent future deaths in respect of Edwards Richard Jones

I write in response to the sad death of Edward Richard Jones. I would like to express my sincere condolences to Edward's family.

I note that you have not made a specific request for NICE. As such, we have reflected on the circumstances surrounding Edward's death and senior clinical advisers within our patient safety team have reviewed the concerns raised in your report. I hope that you find the following observations helpful.

In terms of our current guidance, the management of a child with sepsis is covered in our guideline on [suspected sepsis in under 16s](#) (NG254), which was published in November 2025. The criteria for managing risk are consistent with the previous guideline.

Contrary to your comment that nationally there is no sepsis screening tool validated for use in a paediatric emergency department, there are several screening tools that clinicians can use. These include our guidance [NG254](#), the [Sepsis Trust documents](#), the [AoMRC documents](#), or local guides, such as the one from Leicester (see attached). These are, however, 'sepsis trigger scores' and rely on both an earlier more general severity of illness score (such as NPEWS, PAWS etc.) and a clinician observing the child and thinking 'could this be sepsis'. Our guidance

starts with a person in whom sepsis is suspected, not with a child in the emergency department (or any other setting) who has a non-specific illness.

We acknowledge that recognition of sepsis in children is often very difficult as clinical signs and symptoms can be similar to self-limiting or less severe conditions. The tools mentioned above are widely misunderstood as the scores do not diagnose sepsis, this would be a matter for clinical judgement. There needs to be an initial 'is this child unwell' score, such as PAWS mentioned in this report, or NPEWS or another validated score, and consideration by the clinician of 'could this be sepsis' which then leads to an intervention based on a sepsis specific tool such as those mentioned above.

In summary, the management of a child with sepsis is dependent on:

Firstly, recognising that they are unwell, documenting it, and responding to changes in trajectory of illness. This is done using a generic score such as the National Paediatric Early Warning System (PEWS) score,

Secondly health professionals should consider 'could this be sepsis',

If they believe that the child could have sepsis they should apply a sepsis specific tool, such as that outlined in NICE guidance, or guidance published by the Academy of Medical Royal Colleges or Sepsis UK and then escalating management (including the administration of antibiotics and other treatments) in line with NICE guidance (or that of the AoMRC, etc.)

National PEWS is designed to effectively recognise and respond to the deterioration of children or young people in a healthcare environment. It has been adopted by NHS England, the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of Nursing (RCN). Since its launch in November 2023 it is the preferred model of care and over 70% of hospitals are using or developing plans to use it. [NHS England » National paediatric early warning system \(PEWS\)](#).

We are planning to update our guidance on paediatric sepsis in 2026 and will consider adapting the current 'traffic light' system to one that is based on NPEWS.

There is a suggestion in your report that a 'threshold' for the administration of antibiotics was not reached. We are unsure what this refers to, but the national guidance for the administration of antibiotics in suspected sepsis is as follows:

From NICE Guidance, where children have suspected sepsis and meet 1 or more high risk criteria; or 2 or more moderate to high-risk criteria and lactate of 2 mmol/L or more.

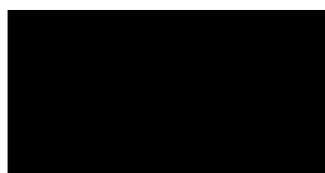
From the 'Sepsis Six' document, a PEWS score of 9 or above; or a PEWS score of 5-8 and a lactate of 4mmol/l or more; or 'does the child look extremely unwell to a health professional'.

Finally, this event occurred during a time when Invasive Group A Streptococcal infections were known to be unusually prevalent. Given that the UK Health Security Agency released a blog about it in December 2022, and there were several communications from NHS England about the high prevalence, there is an expectation that this would have raised suspicion of sepsis, particularly in 'unusual' presentations or those that 'didn't quite fit'.

If you have not already contacted NHS England, you may wish to consider approaching them for their view. As the commissioner of the service, they are probably in a better position to respond to this report, particularly regarding the delivery of care in the emergency department.

I do hope this information is helpful. I would like to reiterate my condolences to Edward's family

Yours sincerely,

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Chief Executive